



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Queen Elizabeth Centre (Steele Haughton Unit)**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Queen Elizabeth Centre (Steele Haughton Unit) in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Queen Elizabeth Centre (Steele Haughton Unit) is three years until 28 August 2012.

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

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

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

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

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name:	Queen Elizabeth Centre (Steele Haughton Unit)				
RACS ID:	3422				
Number of beds:	20	Number of high care residents:	20		
Special needs group catered for:	<ul style="list-style-type: none"><li>Aged care mental health</li></ul>				
Street/PO Box:	1103 Dana Street				
City:	BALLARAT	State:	VIC	Postcode:	3350
Phone:	03 5320 3591		Facsimile:	03 5320 3599	
Email address:	darreng@bhs.org.au				

### Approved provider

Approved provider:	Ballarat Health Services
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### Assessment team

Team leader:	Jennifer Thomas
Team member/s:	Judith Pymer
	Michael Holden
Date/s of audit:	10 June 2009 to 11 June 2009

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

## Accreditation decision

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

### **Accreditation decision**

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

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



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## **SITE AUDIT REPORT**

Name of home	Queen Elizabeth Centre (Steele Haughton Unit)
RACS ID	3422

### **Executive summary**

This is the report of a site audit of Queen Elizabeth Centre (Steele Haughton Unit) 3422 1103 Dana Street BALLARAT VIC from 10 June 2009 to 11 June 2009 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 Queen Elizabeth Centre (Steele Haughton Unit).

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 10 June 2009 to 11 June 2009.

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

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

## Assessment team

Team leader:	Jennifer Thomas
Team member/s:	Judith Pymer
	Michael Holden

## Approved provider details

Approved provider:	Ballarat Health Services
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## Details of home

Name of home:	Queen Elizabeth Centre (Steele Haughton Unit)
RACS ID:	3422

Total number of allocated places:	20
Number of residents during site audit:	20
Number of high care residents during site audit:	20
Special needs catered for:	Aged care mental health

Street/PO Box:	1103 Dana Street	State:	Victoria
City/Town:	BALLARAT	Postcode:	3350
Phone number:	03 5320 3591	Facsimile:	03 5320 3599
E-mail address:	darreng@bhs.org.au		

### Assessment team's recommendation regarding accreditation

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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
Manager	1	Residents/representatives	4
Registered nurses	7	Director of nursing	1
Nurse unit manager	1	Laundry staff	1
Residential services quality manager	1	Cleaning staff	1
Catering staff	3	Maintenance staff	1
Lifestyle staff	1		

#### Sampled documents

	Number		Number
Residents' files	8	Medication charts	15
Summary/quick reference care plans	8	Personnel files	3

#### Other documents reviewed

- The team also reviewed:
- Action plans
- Activities calendars
- Admission documentation
- Approved suppliers contracts
- Approved suppliers lists
- Assessment schedule
- Audit schedule
- Behaviour assessments, management plans and evaluations
- Blood glucose monitoring documentation
- Business meeting - minutes of meeting
- Care plan reviews
- Certificate of currency
- Certificate of registration of a food premises
- Charter of resident's rights and responsibilities
- City council premises audit report (compliant)
- Cleaning contractor's cleaning policy

- Clinical assessments
- Clinical audits
- Clinical committee meeting minutes
- Clinical observation charts
- Clinical policy, procedure and guidelines manual
- Compulsory reporting guidelines folder
- Continuous improvement plan
- Contractors service agreement
- Data base of staff attendances
- Diabetes management protocols
- Dietary guide form
- Diversional/recreational therapy assessments
- Education attendance records
- Electrical testing and tagging record
- Electronic documentation system
- Emergency procedures manual
- Emotional/spiritual/cultural requirements assessments
- Employee training needs analysis survey
- End of life choices forms
- Equipment service and calibration records
- Essential services records
- Fluid balance charting
- Food safety plan unit level
- Food Safety Program organisation level
- Handover sheets
- Interim behaviour/risk management plans
- Interim care plans
- Lifestyle program guidelines
- List of activities/participation levels for group/individual monthly activities chart
- Maintenance documents and procedures
- Maintenance requests
- Management and care agreements
- Mandatory reporting information folder
- Mandatory reporting of reportable assault, absent / missing resident protocol
- Mandatory reporting register
- Manual handling information
- Material safety data sheets
- Menu sheets
- Minutes of various committees
- Mission, values and objectives statements
- Nurses' registration records
- Occupational health and safety minutes of meeting
- Organisational chart
- Pain management and evaluation documentation
- Performance appraisals
- Physiotherapy exercise plans
- Police check monthly report
- Policy and procedure manuals
- Policy and procedures for cleaning and laundry, waste management
- Portfolio holder lists
- Portfolio reports
- Position descriptions and duty lists
- Preventative maintenance schedule
- Psychiatric treatment plans
- Quality projects register
- Recreational activities and participation level record



- Recruitment policies and procedures
- Referrals to specialist services
- Residency agreement
- Resident and relative satisfaction surveys
- Resident lists
- Residents continence aids identification information
- Residents' information handbook
- Residents' information package
- Risk management assessments and plans
- Short term care plans
- Staff education folder
- Staff Handbook
- VIP system of care review
- Visitor and resident sign in and out books
- Weight monitoring documentation
- Wound charts

### **Observations**

- The team observed the following:
- Activities in progress
- Activities notice board
- Administration of medications
- Advocacy services brochure
- Aged care complaints investigation scheme brochure
- Antiseptic hand wash
- Call bell system in operation
- Certificate of attainment – 1999 certification assessment instrument
- Certificate of audit – food hygiene services
- Charter of resident rights and responsibilities poster
- Chemical and oxygen storage signage where appropriate throughout the home
- Cleaners' storage room and cleaning in progress
- Comments and complaints forms
- Communal bathrooms and toilets
- Designated smoking area
- Equipment and supply storage areas
- Evacuation kit
- Evacuation plans
- Fire and emergency equipment and egress
- Fire fighting equipment within test date
- Food act 1984 registration certificate
- Gastroenteritis kit
- Hand washing facilities
- Infection control brochure
- Information brochures
- Information displayed on notice boards
- Interactions between staff and residents
- Intranet information for staff
- Kitchen and laundry areas
- Levels of stock and equipment
- Lifting equipment
- Linen storage
- Living environment - internal
- Meals and snacks served
- Medication refrigerators
- Medication trolleys and storage areas
- Monthly activity planner

- Nurses stations
- Occupancy permit
- Outdoor living environment including barbeque, outdoor furniture and landscaped areas
- Pan rooms
- Personal protective equipment in use
- Pet therapy
- Quiet room
- Residents using mobility aids
- Residents' and staff noticeboards
- Residents' rooms and en suites
- Spills kits
- Staff communication books
- Staff emails
- Staff practices
- Staff room
- Staff work areas
- Storage areas for nursing equipment
- Storage of medications
- Suggestion box
- Vision mission and values poster
- Visitors sign in book

## **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 displays quality practice and has a system in place to demonstrate that continuous improvement is actively pursued by the home and is supported by the Ballarat Health Services at an organisational level. “C” forms are the formal avenue for comments complaints and suggestions to be made, and together with audits, meetings, incident reports and surveys, inform the business meeting, that meet on a monthly basis and monitors the home’s continuous improvement plan. Management regularly reports at stakeholder meetings and to the Ballarat Health Services residential services quality and risk management committee, with reporting to the organisation’s quality governance committee and board, ensuring all stakeholders are informed of the continuous improvement activities conducted by the home. Residents and staff stated that they are aware of the continuous improvement system and that management are responsive to their suggestions and receiving the appropriate feed back at meetings.

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

- A staff training needs analysis has been conducted identifying key education needs and has been incorporated within the home’s training calendar
- The electronic documentation of resident care plans and progress notes has commenced with the necessary staff training provided
- The home’s comments and complaints form is included in the residents and relatives meeting reminder letters sent to families prior to each meeting
- Training sessions have included sessions to include staff awareness of the importance of signing off of resident’s specialised nursing needs
- Resource folders have been initiated to ensure portfolio holders have access to information required to manage their responsibilities.

### **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 organisation’s residential services quality manager monitors and identifies changes to legislation, industry standards and guidelines relevant to the home’s operation. The home is supported by the Ballarat Health Service which subscribes to a legislative update service and reviews government departmental publications reporting to the residential services quality manager on a weekly basis of changes to relevant legislation. Policy and procedures are subject to a review process by relevant staff and by the Ballarat Health Service prior to adoption. Staff have access to policies and procedures on the home’s intranet system with printed formats also available. Information relating to changes to policies and procedures is conveyed to stakeholders via relevant meetings and memorandum. The Ballarat Health Service maintains an appropriate register of staff and contractor police checks with expiry dates clearly noted, with the nurse unit manager maintaining copies at a local level. Staff confirmed they are informed and acknowledge changes to regulatory compliance requirements and that they have current police checks.

### 1.3 Education and staff development:

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

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

Does comply

Staff at the home have the knowledge and skills to perform their roles effectively. An education planner shows the education plan for the year with other sessions added as required. Education requirements are assessed from an annual needs analysis, audits, feedback from staff, surveys, legislative changes, and industry identified needs. The program includes external and internal education sessions that are evaluated for effectiveness. Attendance records are maintained and training sessions are monitored through attendee evaluation and feedback. Staff are required to attend mandatory sessions relevant to their roles and competency testing is conducted.

Education provided related to management systems includes: professional conduct, governance and management, quality compliance, approaches to service delivery, performance management, risk management and management assistance program for middle managers.

### 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

Stakeholders have access to both internal and external avenues to resolve complaints or concerns. Comments and complaints can be made on the home's "C" form and are recorded with each complaint logged onto an appropriate register and monitored at the monthly business meeting. Issues are analysed and evaluated by the organisation's residential services quality manager who provides trending and benchmarking data. Minor issues are dealt with promptly with larger items linked to the continuous improvement plan. Resident meetings provide forum for residents to raise concerns with management. Departmental complaints resolution scheme and advocacy literature is available and together with the residents handbook, provides information regarding external complaint avenues. Residents stated that they are comfortable in raising issues directly with management and staff stated that they assist residents to use the formal comments and complaints system.

### 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, vision, philosophy and objectives statements throughout the service and is provided to stakeholders in a number of documents including the handbook for residents and representatives, staff handbook and the organisation's annual report. The home's stated values such as respect and a commitment to quality are inherent in the objectives. The charter of resident's rights and responsibilities are displayed throughout 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

The home has systems for ensuring qualified staff are employed so residents receive consistent service and care in accordance with the organisation's quality objectives. Staff are recruited by management at the home in collaboration with the organisation's human resources department. The home is staffed as per the public sector ratio and the selection criteria is specific for each position to be filled. The human resource department ensures nursing registrations and police record checks are current and sends reminders to staff when these are due. Staff numbers and skill mix are reviewed regularly. The home accesses replacement staff from the Ballarat Health Services casual staff pool. The home provides orientation for personnel on commencement of employment and undertakes annual performance appraisal for evaluation of performance. Residents and representatives are satisfied with the consistency of regular staff and their commitment to a high standard of care and service.

### **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 organisational processes for identifying preferred equipment, suppliers and for assessing and evaluating new equipment as applicable. Organisational maintenance staff attend the home regularly. Responsive and preventative maintenance systems show that equipment is maintained in a timely manner. All electrical equipment is tested and tagged annually by an external contractor and as required by the central engineering and maintenance department. Staff are able to request repairs, new work, or movement of furniture and equipment, and said requests are attended to promptly. New equipment is trialed for suitability. The team observed sufficient supply of equipment and staff stated there is adequate equipment and supplies for them to assist residents according to their needs.

### **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has processes in place to communicate with staff, residents, representatives, suppliers and management. All confidential material relating to staff and residents is stored securely with access to authorised staff only. The home is currently implementing an electronic resident record system and is running some documents in hard copy during the transition phase. Stakeholders receive information through email, handover, meetings, minutes, notice boards, meeting minutes, memoranda, communication books and staff pigeon holes. An update of legislation, policy, procedures and meetings minutes are emailed to the nurse unit manager each Friday and disseminated to staff residents/representatives through memos or at appropriate meetings. Staff have access to current and significant changes about residents through handovers and communication books, while other matters are conveyed via memos, meeting minutes, and a newsletter. Staff and residents stated that they felt well informed about important, relevant matters.

### **1.9 External services**

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

### **Team's recommendation**

Does comply

The home has established contracts or service agreements with external providers, specifying the home's needs including regulatory requirements and specific services required. External providers are orientated to the home, provided with information related to the home and management monitors service performance. Contractors are required to provide necessary police check records. All external service providers are reviewed on an annual basis and management could demonstrate where changes had been made following evaluations that resulted in improved services and resident satisfaction. Residents and staff reported satisfaction with the services provided by the home's current contractors

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

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

### **2.1 Continuous improvement**

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

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

Does comply

An annual audit schedule provides the necessary tools for conducting clinical and management indicators that measure the home's performance against the accreditation standards and is complemented by the home's portfolio system that allocates procedural and practice reviews to staff members. An activity action plan is initiated to address any issues raised and is registered on the home's continuous improvement plan. Results are analysed and evaluated by the organisation's residential services quality manager who provides trending and benchmarking data against all of the organisation's homes and is reported at the business meetings. Issues identified by trending and benchmarking activities prompts an activity action plan with improvement activities monitored. Feedback is reported to stakeholders at appropriate meetings with staff confirming that they participate in the continuous improvement system and stakeholders stated that they are aware of the home's continuous improvement system.

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

- Residents' care plans have been reviewed and updated following a review of resident files revealed documentation gaps relating to pain management
- Visiting medical officers were noted not to be always documenting in resident files. A communication book has been initiated with staff now reminding medical officers of specific resident needs as they visit the home
- Registered nurse division one staff now review all care plans on a monthly basis
- Staff are participating in a case study where the behavioural patterns of a resident are being monitored providing staff with education on how to deal with challenging behaviours within a physical environment.

### **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 monitors compliance in relation to health and personal care and maintains a system to identify changes to relevant legislation, regulations and guidelines. The organisation's residential services quality manager reviews policies and procedures as changes are made to laws or guidelines and are subject to a review process by relevant staff and by the Ballarat Health Service prior to adoption. Monthly business meetings are the forum for identifying policy and procedural changes, with education sessions initiated by the home to ensure that staff has the necessary information and skills to conduct their roles. The annual audit schedule includes clinical reviews that monitor ongoing compliance in accordance with current practice. The home maintains copies of professional registrations and the staff handbook provides staff with guidelines to the home's privacy and confidentiality policy. Staff stated that they are aware of their roles and responsibilities.

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

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

**Team's recommendation**

Does comply

The organisation has systems in place to gather data from management and staff relating to educational needs and educational sessions are planned to provide staff with mandatory and regular education in clinical management in aged care. Staff confirmed that they are supported to gain skills and qualifications in clinical areas of interest to them for example; clinical documentation training, basic life support, medication management, mandatory reporting, skin care, pharmacy, falls minimisation and continence care. Residents and representatives confirmed that they have confidence in the clinical skills and knowledge of staff.

**2.4 Clinical care**

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

**Team's recommendation**

Does comply

There are registered nurses divisions one, three and two to supervise and carry out clinical care. The home has processes and procedures in place to ensure residents receive appropriate clinical care according to their needs and preferences. Care plans are developed following comprehensive assessment of each resident. This is demonstrated through the ongoing assessment and review of resident clinical information, via audits, surveys and monitoring of staff practice. Staff are able to demonstrate that they are aware of the individual care needs of residents. Residents expressed appreciation and satisfaction with the clinical care provided.

**2.5 Specialised nursing care needs**

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

**Team's recommendation**

Does comply

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

**2.6 Other health and related services**

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

**Team's recommendation**

Does comply

Residents have access, via internal referrals to a number of other health services according to their needs and preferences. Progress notes entries and staff confirm the availability of specialist health practitioners. Representatives stated they are consulted before referrals are made and are informed of the outcome following an appointment. They said they are satisfied with the services provided.

**2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

**Team's recommendation**

Does comply



The home has processes and procedures in place to ensure medication is ordered, stored, administered, checked and disposed of safely and correctly. Registered nurses division one and three administer medication from original packaging. Staff are aware of their legal obligations in relation to administering medication. Medication management is part of the education calendar and staff said they attend these sessions. Medication chart audits are undertaken and the medication advisory committee meets regularly. Resident and representatives confirmed they are satisfied with medication management.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Resident’s pain is assessed on entry and if pain identified a pain management care plan is implemented. The plan includes regular and as required analgesia and non-medication strategies to relieve resident pain. The outcomes of these strategies are recorded in the progress notes. Protective equipment and assistive devices are also available for residents with pain. Organisational pain management services are accessed as required. Staff reported that they attend education sessions on pain management and use this information to monitor and assist residents to be comfortable. Residents told the team they are assisted to be as pain free as possible.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

The home adopts a palliative approach to care involving the resident, representatives and staff at the home. This enables residents who wish to remain at the home to receive ongoing palliative care that includes end of life care. Resident files reviewed have an end of life form completed. An external palliative care team is accessed for management strategies, education and advice. When a resident enters the palliative phase of care a review of their care plans is undertaken and updated to reflect the changing care needs. Staff are aware of the special needs of residents and families at this time. Progress note entries highlight the emotional support offered to residents and families.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

On entry to the home information regarding the residents dietary likes, dislikes, food allergies and preferences is recorded. This information is detailed on residents care plans and sent to the kitchenette and to the main kitchen to ensure residents receive the meals and drinks of their choice. Residents are weighed regularly and if significant changes in weight are identified staff refer the resident to the dietitian and/or speech pathologist. The team reviewed weight charts and observed that the dietitian and/or speech pathologist see a number of residents regularly. Resident feedback was positive about the meals, all residents said they have enough to eat and drink.

## **2.11 Skin care**

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

**Team's recommendation**

Does comply

Resident files reviewed contained skin integrity assessments and detailed care plans to assist staff to maintain and protect resident's skin using creams, pressure relieving equipment and protective devices. When impairment to the skin occurs wound management plans are implemented. Staff said they always have adequate supplies to ensure wound and skin care can be provided. Residents stated they are satisfied with the skin care they receive.

**2.12 Continence management**

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

**Team's recommendation**

Does comply

On entry to the home residents have continence assessments undertaken that include current urinary status and bowel habits. If continence issues are identified staff develop individual continence management plans. Each continence care plan is evaluated and changes made to reflect the current care needs for residents. Education for staff is provided and staff confirmed that they attend these sessions. Continence is a portfolio allocated to specific staff members to coordinate and support other staff in the provision of care. Residents and representatives stated they are satisfied with the continence care provided by staff.

**2.13 Behavioural management**

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

**Team's recommendation**

Does comply

Residents with challenging behaviours are accommodated in this home and on entry are assessed and comprehensive management plans implemented. Registered nurses with registration and/or experience in mental health are employed by the home. Staff access the residents general practitioner, a consultant psychiatrist and a community psychiatric team for resident review and management advice and support. Staff interviewed demonstrated knowledge of resident's individual behavioural management strategies. Lifestyle staff work closely with care staff to integrate care for residents to minimise their behaviours, for themselves and on others in the home. Representatives interviewed said the environment of the home was monitored by staff and said staff intervene promptly if any resident behaviours impact on others

**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

The physiotherapist assesses each resident on entry and if required staff will refer residents for reassessment and review of individual mobility and dexterity plans as required. Care plans and exercise programs are implemented and detail the number of staff required to safely transfer and mobilise each resident and the equipment required to maximise dexterity. The team observed residents being assisted to mobilise Residents said they appreciate the assistance given to them to remain active.

**2.15 Oral and dental care**

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

**Team's recommendation**

Does comply

Each resident has a detailed oral and dental care plan in place. If required a dental service can be accessed for all residents who require treatment or who choose to attend. Staff are aware of the individual oral hygiene requirements of residents. Residents and representatives confirmed to the team that they do have access to a dental service and they are satisfied with their oral and dental care.

**2.16 Sensory loss**

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

**Team's recommendation**

Does comply

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

**2.17 Sleep**

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

**Team's recommendation**

Does comply

All residents have a comprehensive sleep management plan; this details resident settling routines and their preferences in relation to the environment most conducive for sleep. Staff administer medication, as prescribed, to aid sleep and offer residents drinks and snacks to help them to settle to a natural sleep. Progress note entries confirm that staff spend one on one time with restless residents and staff record the number of times they return to check on unsettled residents. Residents told the team they generally sleep very well because of the assistance given to them by the staff.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

Resident lifestyle enhancement is encouraged by the home who maintains systems and processes to pursue continuous improvement. Resident and representative surveys, activities attendance records, and residents and representative meetings, provide the input mechanisms for residents’ lifestyle improvement opportunities to be communicated to the home. Comments, suggestions, complaints and compliments can be made using the home’s “C” forms that are reviewed by the nurse unit manager and reviewed at the monthly business meeting. Staff stated that management encourage them to be involved with continuous improvement system at the home, with stakeholders confirming they are informed of changes through meetings, newsletters and informal discussions.

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

- Families are invited to attend resident and representative meetings with previous minutes of meetings and newsletters sent to families with an invitation to the next meeting that includes a proceeding afternoon tea
- A protocol has been developed for the mandatory reporting of reportable assaults and includes missing and absent residents
- A specific orientation sheet has been initiated for the home’s volunteers
- Education has been sourced for the home’s volunteers to provide information on mental health and includes a first aid component
- A resident satisfaction survey has been conducted
- The hand over process has been reviewed to ensure that lifestyle staff receive all relevant resident information.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

The home identifies legislative, professional standards and industry guideline changes relating to resident lifestyle and maintains a suitable system to monitor and introduce these changes. Residents’ rights and responsibilities information is posted about the home and together with residents’ security of tenure is respected and clearly documented in the residents’ handbook that is made available to residents on entry to the home. Privacy legislation is observed by the home with resident files and agreements maintained in a secure location. Mandatory training sessions are provided by the home ensuring all staff has information in relation to mandatory reporting with management maintaining a suitable register for the recording of such incidents. Staff stated that they are aware of their responsibilities regarding mandatory reporting. Stakeholders are aware and have access to both complaints mechanisms at the home and advocacy services.

#### **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

Through the initial orientation program, position descriptions, duties lists, policies, procedures and work instructions staff are provided with training and information to effectively perform their roles. Ongoing training needs are identified through review of residents' needs, through staff performance appraisals, the mandatory training needs matrix, audits, staff training needs surveys and resident feedback. An education, training and meeting calendar is developed annually and includes external, internal and mandatory training. Additions to the training calendar occur on an ongoing basis in response to changes in legislation or resident care needs. Staff evaluate education sessions, whilst the unit manager monitors staff attendance. Staff from all disciplines understand the requirements of their positions and demonstrate knowledge and skills applicable to their various roles.

### **3.4 Emotional support**

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

### **Team's recommendation**

Does comply

A residential admissions officer is provided at an organisational level and provides support to residents and families during the admission process with the home providing a detailed information pack to residents and representatives ensuring a thorough orientation to the home upon entry. A comprehensive assessment process is conducted on admission and details residents' emotional needs. Families are encouraged to participate in the assessment process with reassessments conducted on an ongoing basis. Care plans and progress notes are updated to identify the changing needs of the residents. Lifestyle staff conduct regular "one on one" sessions, with the home offering referral mechanisms to social workers at an organisational level and supports regular attendance by ministers of religion. The team observed a supportive and a caring approach by staff toward the residents. Stakeholders displayed satisfaction with the emotional support provided.

### **3.5 Independence**

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

### **Team's recommendation**

Does comply

The home encourages residents to maintain friendships within the home and local community, assisting residents to achieve maximum independence. An exercise program regularly features on the activities calendar to encourage residents to maintain or improve their physical condition. Community links are encouraged with residents regularly participating in walking groups and on bus trips visiting places of interest requested by residents. Families are invited to participate in resident activities including social barbeques with a resident quiet room established for residents and their families and friends to meet.

### **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

The home ensures privacy, dignity and confidentiality is recognised and respected in accordance with residents' individual needs. The home's accommodation provides residents with single rooms most with private en-suites, however in one section of the home, four

residents are required to share two en-suites. Information pertaining to resident care needs is stored in a secure location and resident agreements are located off site and maintained at an organisational level. Stakeholders are informed of the home's commitment to privacy and dignity, this policy is detailed in the home's resident and families information handbook. The team observed staff respecting residents' privacy and dignity.

### **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

On entry to the home, residents participate in the home's "diversional/recreational therapy" assessment that details leisure interests, club affiliations, and physical abilities. Care plans are regularly reviewed or on an as need basis by the lifestyle staff. Attendance records are maintained by the home detailing residents' participation and are monitored by lifestyle staff and together with the resident satisfaction survey, assists with the evaluation of the program. An activities calendar is provided to residents and displays a variety of leisure interests and activities with residents actively encouraged to participate. Exercise groups, regular bus outings and carpet bowls are popular activities.

### **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' individual interests, cultural, religious and ethnic backgrounds are assessed on entry to the home with residents participating in an "emotional/spiritual/cultural requirements" assessment. Care plans detail residents' individual strategies that are formulated from the initial assessment process that is completed in consultation with representatives and the lifestyle staff. Multidenominational church services are conducted on a regular basis including Uniting and Catholic faiths. Significant days of interest are celebrated by the home with the Christian calendar observed, and Anzac, remembrance and Melbourne cup days celebrated. Staff displayed an appreciation and respect for residents' cultural and spiritual needs.

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

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

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

Does comply

Residents' preferences regarding their preferred name, meal choices, personal care, and dress preferences are documented on entry to the home with care plans reflecting individual resident needs. Residents have choices about their daily lives including the right to refuse services and activities and are involved in regular informal discussions regarding their individual preferences. The residents and representatives meeting is regularly held and is a forum for stakeholders to discuss the way care and services are provided by the home. Residents have a choice of the general practitioner they wish to see and the pharmacy for their medication supply, staff stated residents are provided with choices in all areas of their daily life 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 an admission coordinator who oversees the admission process ensuring that residents understand that they have secure tenure within the home. Residential care service agreements are in place for residents and include the rules of occupancy, a charter of residents' rights and responsibilities and termination of agreement details. Sources for independent advice are provided, such as advocacy and the complaints investigation scheme. Residents and representatives said they are satisfied with the information the home provides and feel secure 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

The home has systems in place to identify improvement opportunities to ensure the maintenance of the homes physical, environmental and safe systems. The business meetings are the forum where results of environmental and occupational health and safety audits are reviewed and discussed to enhance the safety and comfort for the staff and residents. Improvement activities are generated in response to issues raised through the audit system and are monitored on the home’s continuous improvement plan. The home conducts scheduled maintenance and service work to maintain the home’s living environment. Stakeholders stated that their improvement requests are considered, with feedback given in a timely manner.

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

- Carpet has been replaced throughout the home
- The external living environment has been enhanced with the inclusion of synthetic grass, landscaping, a barbeque and an outdoor furniture setting
- Commissioning of a resident quiet room
- Linen skips have been provided with lids
- Evacuation plans have been audited with missing plans replaced.

### **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 monitor regulatory changes in relation to the physical environment and safety systems. The organisation’s residential services quality manager reviews policies and procedures as changes are made to laws or guidelines and are subjected to a review process by relevant staff and by the Ballarat Health Service initial implementation. Staff has access to policies and procedures on the home’s intranet system with printed formats also available. Resident and family satisfaction surveys are conducted providing feedback on the performance standards of the hospitality services, with safety and occupational health and safety audits conducted by the home. A current food safety plan is maintained by the home with the necessary registration certificate displayed with an independent third party audit annually commissioned. Essential safety measures are regularly monitored and an annual report prepared. Staff are informed at the appropriate meetings of changes to regulations and staff confirmed that the home notifies them of changes to policies and procedures.

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

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

#### **Team’s recommendation**

Does comply



The home has processes in place to ensure appropriately qualified staff are employed with appropriate knowledge and skills based on their position descriptions. Staff confirmed attendance to an extensive orientation program, which provided additional skills to guide them in the event of an emergency. Staff education attendance in physical environment and safe systems include fire and evacuation training, manual handling, fireboard training, food safety and hygiene, occupational health and safety, and infection control including anaphylaxis, is monitored.

#### **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

Management is actively working towards providing a safe and comfortable environment consistent with the residents' care needs. A secure living environment is provided, with appropriately furnished living and dining areas. The home is clean and well maintained with large windows providing natural light in communal areas. Residents' are accommodated in single rooms overlooking courtyards, many rooms are personalised. Maintenance personnel carry out preventative and corrective maintenance to ensure a safe and comfortable environment is maintained. Residents and representatives said they are satisfied with the safety and comfort of the living environment including their rooms, communal areas and the outdoor areas.

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

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

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

Does comply

Management actively works to maintain a safe working environment and staff practices are guided by policies and procedures to promote safety. There are trained occupational health and safety representatives' who work with the occupational health and safety committee and the continuous improvement committee to identify and minimise risk across all areas of the home. Issues raised in audits, meetings, incident reports or comments and complaints are discussed at regular staff and committee meetings. Orientation for new staff includes occupational health and safety training, and mandatory education is provided for staff on manual handling/smart lift. Staff attend mandatory education in manual handling and fire safety annually. Management is committed to the provision of 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

Staff demonstrate awareness of a range of emergency procedures relevant to the home, as well as procedures for emergency evacuation; clearly identified evacuation maps are displayed throughout the home. Fire systems are in place and regularly maintained; fire exits are signed, free from obstruction; electronic keypads and the perimeter gate are linked to the fire system. An emergency evacuation pack including current resident information and identification tags is maintained. Residents who smoke do so under direct supervision at all times. Entry is by keypad to the residential area and a sign-in book is kept in this area. Fire detection and fire fighting equipment is regularly tested and maintained by specialist contractors or the maintenance supervisor, and all electrical appliances have been tagged and tested. Orientation education on fire and emergencies for staff is supported by annual

education on emergency procedures and fire and emergency audits. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff are aware of their responsibilities in the case of 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 infection control policy and procedure and information on resident infections is analysed monthly and strategies to minimise individual residents' infections are considered. Staff practice standard precautions and are provided with personal protective equipment such as gloves and gowns. Hand washing facilities throughout the home include signs on hand washing techniques and staff were observed to appropriately attend to hand washing following provision of resident care and staff practices were observed that minimise the spread of infection. The home has systems for the disposal of sharps, waste and contracts for pest control. Care staff and hospitality staff demonstrate they know about infection control guidelines and practices relevant to their roles and responsibilities.

#### **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

All hospitality services operate seven days per week. Meals are prepared and plated in the Ballarat Health Services main kitchen and transported via a trolley system to the home. Systems are in place for communicating residents' dietary requirements and preferences to food services staff. The kitchen was observed to be clean, stocked and well maintained. The home's menu is reviewed six monthly with input from a dietitian. The home has a separate food safety plan.

The home has a cleaning schedule and clearly documented processes to guide staff with their cleaning duties. The home was observed to be clean throughout the visit. Laundering is outsourced daily, the home has laundry facilities for residents' who wish to wash their personal items. Staff are aware of their roles and responsibilities within their designated service areas. Cleaning storage and utility rooms are well maintained. Cleaning records are signed and dated daily. The team observed colour coded equipment, spill kits, material safety data sheets, procedures, stocks of supplies, chemicals and personal protective equipment in use. Residents are satisfied with the provision of catering, cleaning and laundry services provided at the home.