



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Regis Heathcliff Manor**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Regis Heathcliff Manor in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Regis Heathcliff Manor is three years until 3 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: Regis Heathcliff Manor

RACS ID: 4077

Number of beds: 90      Number of high care residents: 55

Special needs group catered for: Nil

Street/PO Box: 118 Somers Avenue

City: MACLEOD      State: VIC      Postcode: 3085

Phone: 03 9434 6079      Facsimile: 03 9434 6239

Email address: macleod@regis.com.au

### Approved provider

Approved provider: Regis Group Pty Ltd

### Assessment team

Team leader: Gerard Barry

Team member: Jennifer Thomas

Dates of audit: 26 May 2009 to 27 May 2009

<b>Executive summary of assessment team's report</b>
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**Accreditation decision**

<b>Standard 1: Management systems, staffing and organisational development</b>
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Expected outcome	Assessment team recommendations
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

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Standard 2: Health and personal care</b>
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Expected outcome	Assessment team recommendations
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

Agency findings
Does comply
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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
Does comply
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Does comply

<b>Agency findings</b>
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Does comply

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

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

# SITE AUDIT REPORT

Name of home	Regis Heathcliff Manor
RACS ID	4077

## **Executive summary**

This is the report of a site audit of Regis Heathcliff Manor 4077, 118 Somers Avenue, MACLEOD VIC 3085 from 26 May 2009 to 27 May 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 1 June 2009.

## **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 Regis Heathcliff Manor.

The assessment team recommends the period of accreditation be 3 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 26 May 2009 to 27 May 2009.

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

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

## Assessment team

Team leader:	Gerard Barry
Team member:	Jennifer Thomas

## Approved provider details

Approved provider:	Regis Group Pty Ltd
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## Details of home

Name of home:	Regis Heathcliff Manor
RACS ID:	4077

Total number of allocated places:	90
Number of residents during site audit:	55
Number of high care residents during site audit:	55
Special needs catered for:	

Street/PO Box:	118 Somers Avenue	State:	VIC
City/Town:	MACLEOD	Postcode:	3085
Phone number:	03 9434 6079	Facsimile:	03 9434 6239
E-mail address:	macleod@regis.com.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Regis Heathcliff Manor.

The assessment team recommends the period of accreditation be 3 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
General manager	1	Residents	7
Quality support manager	1	Relatives	4
Clinical Care Coordinator	1	Activities assistant	1
Registered nurses division one	3	Physiotherapist	1
Registered nurses division two	1	Catering staff	3
Care staff	3	Cleaning staff	2
Catering staff	2	Laundry	1
Activities coordinator	1	Maintenance staff	2
Senior administration officer	1	Occupational health and safety representative	1
Receptionist	1		

#### Sampled documents

	Number		Number
Residents' files	12	Incident forms	20
Summary/quick reference care plans	12	Complaints	10
Medication charts	28	Residents' agreements	5

#### Other documents reviewed

The team also reviewed:

- Activities calendars
- Activities daily attendance tick sheets
- Advanced care planning documents
- Allied health communication folder
- Behaviour assessments, care plans and evaluations
- Care consultation forms
- Cleaning guidelines and schedules
- Clinical assessments
- Clinical audits
- Clinical issues care plans
- Clinical observation charts

- Comments complaints compliments folder
- Competency questionnaires
- Completed clinical competencies
- Complex health care procedure charting
- Contractors' service agreements
- Daily assessments folder
- Diabetes management charts
- Dietary change forms
- Dietary supplements recording sheets
- Education calendars and evaluation documentation
- Emergency contacts register
- Emergency procedure and contact lists
- Emergency procedures manual
- Essential services inspection documentation
- Fluid balance/nutritional charts
- Food Safety Plan
- General practitioner communication folders
- Handover sheets
- Health practitioner review matrix
- Improvement logs
- Improvement requests folder
- Incident log
- Incident reports review and follow up records
- Infection control data
- Infection control documentation
- Infection control self-directed learning package
- Infection logs
- Kitchen registration certificate
- Leisure and lifestyle care plans
- Maintenance request slips
- Management, clinical, lifestyle and living environment policies and procedures
- Mandatory education staff questionnaires
- Material safety data sheets
- Medication advisory committee meeting minutes
- Medication review reports
- Meeting minutes
- Memoranda
- Menu
- Newsletters
- Nutrition and dietary needs folder
- Pain management flow chart
- Pain monitoring and evaluation documentation
- Physiotherapy exercise plans
- Position descriptions
- Preventive maintenance
- Progress notes
- Quality system records, including the results of audits, audit schedule and corrective action information
- Recruitment policies and procedures
- Referrals to specialist services
- Resident of the day review processes and flow chart
- Resident satisfaction survey
- Residents continence aids and allocation folder
- Residents' information package
- Restraint authorisations and reviews
- Risk management assessments and plans



- Staff competencies records
- Staff duties folder
- Staff Handbook and employment pack
- Staff Police check records
- Terminal care wishes forms
- Therapy charting forms
- Training needs analysis
- Wanderer charting/sighting charts
- Weight management folders
- Wound management documentation

### **Observations**

The team observed the following:

- 'What's coming up' board in corridor
- Activities in progress
- Biohazard spill kit
- Catering processes
- Catering whiteboard lists
- Cleaning in progress
- Emergency exits
- Equipment and supply storage areas
- Evacuation packs
- Fire panel
- Gastro outbreak kit
- Hairdresser salon being built
- Hand sanitiser units around home
- Hand washing facilities – various locations
- Infectious waste containers
- Information displayed on notice boards
- Interactions between staff and residents
- Kitchenettes
- Lifting equipment
- Living environment
- Meal preparation and service
- Medication administration
- Medication refrigerator
- Medication rooms
- Medication storage areas
- Mobility aids storage area
- Nurses' stations
- Palliative care trolley
- Pan rooms
- Personal protective equipment in utility room
- Resident internal and external living areas
- Resident meals
- Resident rooms
- Staff and resident noticeboards
- Staff practice in relation to privacy screen usage
- Staff work area
- Storage of chemicals
- Suggestion box and information brochures
- Utility room

## **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

Regis Heathcliff Manor is part of the Regis Group and as such has a mature and comprehensive quality management system in place that has been successfully deployed throughout the home. Staff know, and accept, that quality, safety and continuous improvement is everybody’s responsibility. Senior management is enthusiastic in their support for improvement, training and the care of their residents. Quality improvement is managed by the general manager and monitored through a series of internal/peer and external audits, a comments and complaints system, clinical indicators, education and safety records. Data on resident incidents or infections is analysed monthly. The team observed that the improvement register includes items from audits, monthly reports and complaints as well as suggestions.

Recent improvements include:

- Progressive introduction of new corporate quality system
- Introduction of a meeting schedule and improved minute taking to allow better transfer of information especially to any who were not present at the meeting.
- Introduction of one database to record staff police checks, professional registration and attendance at mandatory training.
- Reviewed the archive storage area, rearranged and organised files, sent some to off site storage
- Improvement made to the communication amongst staff following the introduction of a mobile phone system following a complaint from a visiting general practitioner that phones kept dropping out and from staff who could not contact senior care staff once they had left their office.

### **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 receives updates on regulatory and legislative changes through an agreement with a commercial service, government departments and communiqués, newsletters/journals from industry bodies and from the corporate head office. Management informs staff of changes through memoranda, education and staff meetings. Management monitors the industrial relations laws, meets the requirements of equal opportunity employment and discrimination, police checks and mandatory reporting. Management also makes sure that relevant policies and procedures are revised and updated on a regular basis or as changes occur.

### **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

The home has systems in place to ensure that staff can easily access education to improve their skills and knowledge and to comply with professional training requirements. The corporate education calendar comprises mandatory topics and topics required for professional registration. Additional training is provided and sourced from staff suggestions, performance reviews, changes to legislation, audit and incident results, continuous improvement logs and resident clinical changes. The corporate organisation supports staff training through the provision of scholarship and sponsorship programs. Attendances are recorded and sessions are evaluated by staff and management. Staff confirm their satisfaction with their opportunities to access relevant education. Recent training includes: introduction to the new quality system, customer service, mandatory reporting, the new funding tool and Aged Amendment Care Act 2008.

#### **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

Information on the comments/complaint and improvement system is contained in the resident information pack given to residents and relatives when entering the home. Spare forms and information on the complaints resolution scheme is available in the home and there is a suggestion box for anonymity. All concerns, complaints, compliments and suggestions are registered in a log, corrective actions are detailed in the reports and issues requiring capital expenditure or long term consideration are added to the continuous improvement plan. The team observed that the system was well used by residents, their relatives and staff. A number of suggestions submitted by staff were also made on behalf of residents or their relatives. The team observed memoranda written to the originators of complaints/concerns detailing the actions taken and confirming satisfaction of the result. Residents and relatives spoken to during the assessment stated they knew of the system, had used it and were pleased with the actions taken and feedback provided to them by management.

#### **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 published its mission and vision and philosophy statements in resident and staff information packages and displays it around the home. The Regis Group adopts a strategic approach to all its aged care residential services to ensure that maintenance, safety, quality and capital improvements are accounted for. Managers from all Regis homes in the region meet on a monthly basis to discuss clinical indicators and the strategic plan.

#### **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

Staff interviews and the roster indicate that staffing is adequate and that minimal agency staff are required. A minimum of one registered nurse division one is on duty at all times, supported by division two, medication endorsed nurses and personal care assistants.

Lifestyle staff provide activities and support to residents. Position descriptions are located in individual staff files and in the staff room. Staff said rosters have regular set shifts but management is flexible to staffing needs. Staff are encouraged to expand their professional development and are offered ongoing professional development opportunities. Clinical questionnaires and competencies are undertaken annually and as required. Staff appraisals are carried out after a six month probationary period and annually thereafter.

### **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 sufficient supplies of both consumable and non consumable items along with equipment stored at designated areas around the home. The home and equipment is well maintained through a preventive maintenance program. Stock levels and purchasing responsibility is deployed to the relevant personnel. Purchased equipment is inspected and evaluated upon arrival and electrical equipment is properly tagged. Foodstuffs are inspected upon delivery, appropriately stored, and rotated. Chemicals are securely stored and relevant staff have had training in their safe handling. Residents and relatives state they are never left short of anything.

### **1.8 Information systems**

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

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

Does comply

Management and staff are provided with appropriate information to ensure the delivery of quality care to residents. The home's policies and procedures are available on the computer system, care plans and incident /accident reports are in hardcopy. Systems and processes are in place to ensure the secure storage of residents' care plans, financial information, staff files and management information. There is an archive area and documents have set destruction dates. Computers are password protected with limits on the level of access to prevent unauthorised use of confidential information. Information flows from different streams of clinical and lifestyle care so that staff are aware of any changes in the residents' needs. Staff and residents confirm they are provided with information including staff and resident handbooks, memoranda, handovers and notices.

### **1.9 External services**

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

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

Does comply

There are contracts or service agreements, reviewed every six months, established for a range of services from fire monitoring, pharmacy, podiatry and physiotherapy to waste management. Contractors must sign in when entering the home and upon leaving and are required to have shown proof of having acquired a police check. While on site they must adhere to all regulatory requirements, observe safe work practices and residents' privacy. The home either provides or can arrange dental care, visiting general practitioners, podiatrists, physiotherapists and audiologists. Residents and relatives are highly appreciative of the services provided.

## 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

Audits are scheduled and performed and clinical indicators are reviewed with the results being used in the continuous improvement system. Data analysis is trended for falls, wounds, infections and medication errors. Staff are committed to improvement and the residents are very appreciative of their efforts.

Recent improvements include:

- Gaps were found in the continence program through internal auditing. All residents have been reviewed with respect to their continence and gaps have been found in continence management through internal audits. Revised procedures have been implemented.
- A new wheely bin has been provided for medical waste when it was determined that the previous system was not functioning correctly in that the medical waste bin was being overfilled.
- Commenced medication competencies on all registered nurses. This now occurs during orientation and is repeated whenever an error occurs.
- Pain management is the subject of a project to ensure that all residents have access to a range of interventions other than medicinal. Results so far have shown an improvement in pain management, a view supported by residents interviewed by the team.

### 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

Competency of staff is monitored, especially with respect to medication management and staff have been kept informed of the legislative changes in that area. Drugs of dependence and other medications are properly stored and administered, and management reviews the registration of all nurses annually. Police checks are conducted on new and existing staff and contractors, a mandatory reporting system is in place. Noticeboards contain information for staff on nursing awards and staff rosters. Staff confirm management makes sure they are informed of changes.

### 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

Clinical staff at the home participate in orientation programs that address the requirements for education for their specific roles. A peer support system further assists them to gain this knowledge. Clinical staff have input into topics on the education calendar that will

improve their skills or knowledge in specific clinical areas. The corporate sponsorship/scholarship program enables staff to gain or achieve higher professional credentials. Competency tests are conducted on all care staff who administer medications. Care staff confirm they are supported and encouraged to attend education sessions and are satisfied with their training opportunities. Recent education includes: continence management, pain management, understanding persistent pain and quality use of opioids, lifting equipment.

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

Residents receive clinical care in accordance with their assessed needs and preferences. Clinical care is undertaken and/or supervised by registered nurses division one well supported by registered nurses division two and personal care assistants. Long-term care plans are developed, implemented, reviewed and evaluated two monthly and as required. Clinical issues care plans are implemented for acute care episodes such as wounds or infections and for all specialised care needs for each resident. Staff are able to demonstrate their knowledge of resident care needs and preferences. Care consultation was evident in clinical files and residents and representatives confirmed that they are consulted regarding their care needs and said they are satisfied with the 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

Registered nurses division one and two carry out the specialised care required by residents. Detailed care plans are in place and contain additional information for staff to assist them to deliver current specialised care to residents. Staff have access to numerous external specialist services and education is provided on specialised care topics such as wound care, behaviour management, palliative care and diabetes management. Residents with diabetes have documented reportable blood sugar levels and treatment strategies available for staff. Residents and representatives said they are satisfied with the specialised care they receive

## **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 to specialists and other health services as their needs or preferences dictate. Staff contact the residents doctor and discuss referring residents to appropriate services as required. Referrals are completed and appointments made for residents. Some external health practitioners that visit the home include a dietitian, optometrist, podiatrist, physiotherapist; psychiatric aged care team and a palliative care team. Residents and representatives said they are consulted before an appointment is made and are assisted to attend the specialist of their choice.

## **2.7 Medication management**

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

**Team's recommendation**

Does comply

Registered nurses division one and medication endorsed division two nurses administer medication from blister packs. The team observed staff administering medication in a correct and safe manner. Medication charts were clearly identifiable with photographs of residents and specific information detailed on optimum ways to administer medication to each resident, including any behaviours that may impact on safe medication administration for that resident. All medication areas are locked when staff are not in attendance and medication trolleys are stored securely and correctly. Staff signature audits are undertaken and medication reviews are carried out. The medication advisory committee meets regularly. Residents and representatives said their medication is managed well by staff.

**2.8 Pain management**

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

**Team's recommendation**

Does comply

Residents with identified pain are assessed and have specific pain management care plans implemented. Cognitively impaired residents have a non-verbal assessment carried out to determine their level of pain. Residents, staff and progress note entries confirm the use of non-medication strategies to relieve pain. Staff have access to 'as required' analgesic medication orders for residents and give these as required and/or requested. Staff document the effectiveness of these interventions in the residents progress notes. Residents said they are assisted to be as pain free and comfortable 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

Residents are asked to complete a terminal wishes care form on entry to the home. The clinical care coordinator stated that the home is introducing an advanced care directive plan for each resident. This plan will be discussed with the resident and/or representative soon after entry. These forms are kept at the front of each residents file. Palliative care offered at the home is comprehensive and provides for individual resident requests and preferences for their end of life care. Files reviewed contained progress notes detailing the individual palliative care provided to the resident. Palliative care plans are in place to guide staff in providing individualised palliative care. A palliative care trolley is available to provide staff with additional resources to offer optimal palliative care. Staff stated that they provide care and emotional support to residents and support the family during this time. The resident's doctor and representatives are involved in the ongoing review of palliative care.

**2.10 Nutrition and hydration**

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

**Team's recommendation**

Does comply

On entering the home residents are asked for their dietary likes, dislikes, food allergies and preferences. This information is recorded on their care plans and a dietary preference list is sent to the kitchen. Residents are weighed regularly and if a significant change in a resident's weight is identified the doctor is notified and a review by a dietitian and/or

speech pathologist is undertaken. Food supplements are available and the team observed residents being offered food and drinks throughout the day. Residents and representatives interviewed said they are satisfied with the food and drinks supplied and said there is always enough to eat.

### **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 and risk assessments and care plans. The home uses a ‘body diagram’ to indicate actual skin integrity issues, this document is accompanied by a care plan that outlines strategies for care such as application of appropriate wound dressings, creams and use of protective devices. Resident progress notes confirm wound dressings and skin care are carried out as per orders and evaluated regularly. Staff attend education on wound and skin care and said they always have adequate supplies to enable wound dressings and skin care to be provided. The team observed residents skin to be clean, with residents confirming they are happy 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

The home identified that continence management required review and this has been carried out. All residents have had continence assessments undertaken and management plans implemented. These plans record the level of assistance and the continence aids required by residents to maintain their optimal level of continence. Individual toileting times are recorded on resident care plans. The continence nurse reviews and evaluates residents continence aids and ensures residents are being provided with the correct aid. Staff stated that there is always adequate stock and this ensures resident continence needs are met. The supplying company’s representative is available for additional support and information. Staff said continence education assists them to ensure continence aids are applied correctly and to identify when a resident requires reassessment and change of aid. Resident and representative feedback was positive regarding their continence management.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

On entry to the home residents are assessed for any challenging behaviours. If behaviours are identified a detailed behaviour management plan is implemented. Staff said they can access a visiting psychiatric team for advice and support as required. Staff confirmed they attend behaviour management education. Wandering residents are able to freely mobilise throughout the home including extensive out door areas. The newly commissioned wing has keypad entry. Residents requiring or requesting restraint are assessed, an authorisation form signed by the attending general practitioner and the resident or representative are in place and regular review is undertaken. The team observed the overall atmosphere of the home to be calm and quiet. Residents and representatives said that if another resident’s behaviour impacted on them staff are quick to intervene and redirect the resident.



## **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 are assessed by the physiotherapist on entering the home. Their mobility status is recorded and an individual exercise plan is developed. Care plans are documented and detail the number of staff and equipment required to safely transfer and mobilise each resident. There is a physiotherapy aid who is available one day per week to carry out exercise regimes as per the physiotherapist's instructions. Care staff said they assist residents to mobilise and to undertake their daily exercise program. The team observed residents walking around the home with staff assistance and using mobility aids. Residents interviewed stated they attend exercises and appreciate the assistance given to them by staff to optimise their mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

The home has processes in place to assess, plan, document and review residents' oral and dental care and needs. If a referral to a dental service is required staff consult with the resident or representative and arrange a domiciliary service to visit the home or assist residents by organising transport and escorts if required to external dental services. Residents and representatives confirmed they have access to dental services and 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

All residents have sensory assessments undertaken on entry and during their time in the home. A care plan is implemented detailing individual needs and preferences in relation to sensory loss and aids to be used. Staff said they consult with residents and representatives if the resident requires a sensory loss review. Staff can organise an appointment to an appropriate external or visiting practitioner such as an optometrist or audiologist. Resident feedback was positive regarding the sensory loss care they receive.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

On entry to the home residents have a three-day sleep assessment that records their settling preferences and routines. Individual information documented includes the number of blankets and pillows required by the resident and the ambient environment preferred at night. This information is incorporated into the sleep and settling care plan to assist staff to settle residents to achieve a natural nights sleep. Staff record in the progress notes if a resident has required additional assistance to sleep at night. Residents commented to the team that the environment is quiet at night and said that staff give one on one attention if

they are unable to settle to sleep. Residents said staff offer them drinks, snacks and medication and confirmed that these interventions generally assisted them to sleep well.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The home has effective systems and processes in place to identify improvement activities, to analyse incidents and to implement changes in a planned manner. Internal audits, quality improvement requests, comments, complaints, meetings and residents’ surveys are used to identify and document improvement activities with respect to the residents’ leisure and lifestyle program. Residents and staff confirm that the system provides them with an effective method to request improvements and that feedback is provided in a timely fashion.

Recent improvements include:

- Flexible seating arrangements have been arranged for residents in the dining room following discussions with care/kitchen and activities staff. Residents are much happier with the new arrangements. The dining experience is now more sociable.
- A small lounge area is being converted into a hairdresser’s saloon with sliding glass doors and fully equipped with appropriate chairs and sinks. There is also the provision for the room to be used for relatives to make tea and coffee when the room is not being used for hairdressing. Residents are eagerly awaiting its opening.
- A new person has been appointed to the lifestyle staff following a resignation. New programs have been introduced including a men’s only percussion group, late afternoon exercise classes, a Saturday entertainer, a monthly happy hour, and regular Karaoke sessions.
- A new call bell system to improve resident/staff communication has been implemented following the completion of the new building.

### 3.2 Regulatory compliance

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

#### Team’s recommendation

Does comply

Processes are in place to notify residents and their representatives of any changes to legislation or applicable fees. Notification is provided to residents and their representatives through letters and at meetings. Documents detailing powers of attorney or guardianship on behalf of residents, along with signed resident agreements are securely filed to maintain privacy and confidentiality. Prudential requirements regarding trust accounts and bond payments are met by the home annually. Residents and relatives confirm they receive sufficient initial information and are kept informed of changes through a variety of means.

### 3.3 Education and staff development

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

#### Team’s recommendation

Does comply

The home's orientation program provides new staff with education on privacy and dignity, residents' rights and responsibilities and the home's policies and procedures in relation to the mandatory reporting of elder abuse and missing residents. The home allows residents to attend certain education sessions for example fire and emergency. Staff confirm their satisfaction with their opportunities in accessing education relevant to residents' lifestyle. Recent education includes: supporting residents with sensory loss, dementia, Certificate IV in lifestyle, and diversional therapy.

### **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

The lifestyle department conducts assessments of residents' emotional needs on entry to the home. Interviews are conducted to gather information to establish a social profile. Community groups visit to provide extra support and entertainment. Residents and representatives interviewed were extremely happy with the emotional support given to them on a daily basis. Representatives indicated that management was very approachable and residents said lifestyle staff often come to see them, to ensure they are satisfied with the care and support being provided. Representatives said they had observed care and activities staff providing compassionate emotional support to others particularly during palliative and end of life care.

### **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 interviewed said they were able to be as independent as they are able during their daily care and also said staff assist them as required. Some residents are assisted to leave the facility to attend external activities or appointments, including organised bus trips to local areas. School groups and entertainers are invited into the home with residents saying they can suggest activities to lifestyle staff. Residents said physiotherapy and exercise groups contributed to them maintaining movement and independence. Residents are assisted to maintain family relationships and friendships, a telephone and daily newspapers are available. The home provides comfortable indoor and outdoor spaces for residents to visit privately with family and friends.

### **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' privacy and dignity during daily care is facilitated through the provision of privacy screens between beds and the use of capes when moving residents between their rooms and the shared bathrooms. Indoor and outdoor areas are available to visit privately with family and friends. On entry to the home, residents are provided with information relating to their rights in relation to privacy and dignity. Confidential resident information is securely stored in the office and resident files and care plans are stored in each unit's nurses' station in lockable cupboards. Privacy legislation and the organisations policies are included in orientation and staff education. It is evident from resident and representative feedback, that privacy and dignity is respected.

### **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, activities staff spend time getting to know residents and their individual interests and needs. This is documented on care plans and reviewed on a regular basis. Two staff members are employed in the activities department, with additional staff to be employed as beds are filled in the new units. The displayed calendar has a comprehensive list of activities Monday to Friday. Lifestyle staff said that with the introduction of Saturday entertainers each month and an Italian group every second Sunday the program is developing and adding additional activities for residents. A monthly calendar is displayed throughout the facility and weekly calendars are in each resident's room, there are designated activities noticeboards in the home and a chalkboard alerting all stakeholders to upcoming events including education sessions is in a communal area. Changes to the program are made based on participation records that assess individual participation and interest levels. A variety of activities are planned on a monthly basis, on a group level as well as one on one. External outings are very popular with residents. A new hairdressing salon is currently being completed. Resident/relative feedback was very positive about 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' cultural and spiritual needs are identified on admission to the home through the assessment process. Some residents still attend their own churches for services; and spiritual gatherings are conducted weekly and monthly at the home. Culturally appropriate volunteers are being sought and cultural information relating to residents is available in each residents file. Staff are very supportive of residents during their stay at the home, particularly during end of life care by respecting their beliefs and customs.

### **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

On entry to the home, resident's preferences are recorded and staff confirmed that they are respected. Resident surveys and meeting minutes are a forum where ideas are sought and satisfaction is monitored. Residents are able to choose their own doctor, pharmacy and specialist services. Staff said each residents right to refuse treatment or care is documented, staff are aware and ensure these wishes are carried out. Residents and representatives interviewed said they were offered a choice of activities and said staff respected their right to choose not to participate.

### **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 relatives are provided with a comprehensive information package including a resident handbook explaining the complaints and improvement system, their rights and responsibilities and the services provided by the home. Financial arrangements are discussed prior to entry and advice is offered to any who require assistance. Staff compile an interim care plan for new residents prior to the period of assessment and ease residents into the home and its activities to minimise the emotional impact of moving into the facility. All residents' financial files and agreements are securely stored to maintain privacy and confidentiality. Residents report they feel safe and secure in the home and indicate that they, or their relatives, had been informed of the process at admission and that they receive ongoing information whenever changes occur.

## 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 physical environment and safe systems are monitored through scheduled audits and workplace inspections conducted to assess resident satisfaction and staff implementation of procedures related to standard four. Incident reports are collated on an internal log, analysed for trends and actioned. A risk management system is in effect to ensure staff and resident safety.

Recent improvements include:

- The menu is now printed in large font on A3 size paper to assist residents.
- The kitchen has been revamped to improve the layout and has been fitted with two new ovens and a blast chiller in preparation for the increase in the number of residents when the new building is fully occupied.
- The older building has been repainted throughout with new curtains and carpets to some areas and refurbishment of bathrooms.
- Two new ceiling fans have been installed in the day room for improved safety and comfort previously two large freestanding fans had been in use.
- The laundry has been enlarged and equipped with new washing machines and driers.

### 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

Staff are made aware of changes in legislation through memoranda, notices, meetings, in-service education sessions. Chemicals are securely stored and there are material safety data sheets accompanying the substances at point of use. Appropriate building certification has been obtained. Fire and emergency equipment is serviced as per mandated requirements and records maintained. There is a registered food safety plan in place for catering and an active occupational health and safety committee representing all staff.

### 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

New staff are oriented to the home’s systems for fire and emergency, manual handling, chemical handling, food handling and infection control and receive education on these topics annually. The home’s education calendar includes topics that deal with the physical environment and safe systems and these are sourced from staff performance reviews, audit and incident results, continuous improvement logs and mandatory topics. Staff

confirmed their satisfaction with their opportunities to access relevant education on the physical environment and safe system.

#### **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

Recently refurbished and extended the home offers accommodation in the form of single, double or shared rooms with ensuites. The home is tastefully furnished with furniture appropriate for residents' needs. The internal and external environments are well maintained providing residents with a choice of outdoor living areas and communal lounges to enjoy or entertain their visitors. The home's preventive maintenance is conducted according to annual schedules and environmental audits are undertaken to ensure the home is safe for residents and staff. Systems are in place to quickly address reactive maintenance issues as they arise. The team observed the home was a comfortable temperature, well lit and free of odour. Residents were observed to have access to their mobility aids and call bells. Residents and relatives confirmed that they are happy with the environment of the home.

#### **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 in place for the reporting of hazards, maintenance issues and staff injuries and staff advised the team that management responds promptly to issues raised. Management collects analyses and reports back to staff on incident data. Occupational health and safety is managed by a committee that draws members from all designated work areas. The occupational health and safety representatives review incidents/hazards/infection rates and conduct environmental audits to identify and address issues of concern. Chemicals are stored safely, with regular training provided by the supplier. Staff receive education in occupational health and safety including manual handling, chemical handling and infection control. Staff state that their work environment is safe.

#### **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

Systems are in place to detect and respond to fire and other emergencies. Emergency procedures and maps are clearly displayed throughout the facility. The home meets current certification requirements and all staff have attended education sessions about the emergency systems. All electrical equipment is tested and tagged by a qualified contractor according to legislated requirements. All exit doors were observed to be free of any obstruction, exit signs were all illuminated and external paths well maintained. Staff interviewed were knowledgeable about the home's emergency procedures and what is required of them should an emergency arise.



#### 4.7 Infection control

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

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

Does comply

The home has an effective infection control program that includes education, provision of personal protective equipment and infection information surveillance. Individual resident infections are recorded and collated monthly. The clinical care coordinator said this information is discussed at staff meetings. Staff state they have attended infection control education in the past year. Staff also confirm they have adequate supplies of stock to maintain infection control practices when providing resident care. The home has a gastroenteritis outbreak kit with guidelines for outbreak management for staff, a biohazard spill kit, yellow infectious waste disposal units and lidded soiled linen bags. The team observed staff following infection control practices prior to and after carrying out resident care activities. The home has installed hand sanitisers outside some resident rooms and in communal areas. Practices in the kitchen, laundry and cleaning services are in line with infection control policies. Staff are aware of current infection control protocols and have an understanding of standard precautions.

#### 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

The home has systems in place for the on-site provision of catering and laundry services, cleaning is performed by an external contractor providing staff who are based at the home. Chemicals are automatically fed to machines to ensure resident safety and ease of use. There is a registered food safety plan in place and meals are provided according to a rotating menu to provide variety. Cleaning is undertaken over seven days per week according to a schedule. The team observed that the home was clean and tidy with residents, relatives and staff confirming that this standard is maintained at all times. The laundry offers a twenty four hour turn around time on resident's clothing and works with the maintenance department in ensuring privacy curtains are regularly laundered. All hospitality areas had ample supplies of personal protective equipment with relevant material safety data sheets available in each area. Residents and relatives stated their satisfaction with the home's catering, cleaning and laundry services.