



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Regis Valley Views**

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

The Agency has decided that the period of accreditation of Regis Valley Views is three years until 9 July 2014.

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

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

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

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

The Agency has taken into account the following:

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

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		Regis Valley Views			
RACS ID:		5352			
Number of beds:		60	Number of high care residents:		30
Special needs group catered for:			<ul style="list-style-type: none"> <li>Dementia and related disorders</li> </ul>		
Street/PO Box:		22 Dawson Drive			
City:	GATTON	State:	QLD	Postcode:	4343
Phone:		07 5462 0000		Facsimile:	07 5462 0099
Email address:		jdouglas@regis.com.au			
<b>Approved provider</b>					
Approved provider:		Regis Group Pty Ltd - Qld			
<b>Assessment team</b>					
Team leader:		Mary Tattam			
Team member/s:		Felette Dittmer			
Date/s of audit:		5 April 2011 to 6 April 2011			

<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
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.



**Aged Care**

Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Regis Valley Views
RACS ID	5352

### **Executive summary**

This is the report of a site audit of Regis Valley Views 5352 22 Dawson Drive GATTON QLD from 5 April 2011 to 6 April 2011 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Regis Valley Views.

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 5 April 2011 to 6 April 2011

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

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

## Assessment team

Team leader:	Mary Tattam
Team member/s:	Felette Dittmer

## Approved provider details

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

Name of home:	Regis Valley Views
RACS ID:	5352

Total number of allocated places:	60
Number of residents during site audit:	60
Number of high care residents during site audit:	30
Special needs catered for:	Dementia and related disorders

Street/PO Box:	22 Dawson Drive	State:	QLD
City/Town:	GATTON	Postcode:	4343
Phone number:	07 5462 0000	Facsimile:	07 5462 0099
E-mail address:	jdouglas@regis.com.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Regis Valley Views.

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### 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
Facility manager	1	Residents/representatives	10
Clinical manager	1	Physiotherapist – team leader	1
Registered nurse	1	Physiotherapist	1
Administration assistant	1	Physiotherapy assistant	1
Workplace health and safety officer	1	Catering staff	2
Manager (external service provider – cleaning)	1	Maintenance officer	1
Care staff	4	Chef	1
Continence nurse/care staff member	1	Laundry staff	1
Activities officer/physiotherapy assistant	1	Cleaning staff (contracted)	1
Administration officer	1		

### Sampled documents

	Number		Number
Residents' files	8	Medication charts	19
Personnel files	4		

### Other documents reviewed

The team also reviewed:

- 'As required' [PRN] stickers
- Activity evaluation survey
- Anti-coagulant treatment charts
- Archive register
- Audit schedule



- Audits, tools and reports
- Building information sheet
- Calibration records
- Chemical register
- Chlorine sanitizer log
- CIS communication form
- Cleaning rosters and schedules
- Clinical pathway folder
- Comments and complaints log
- Communication books/diaries
- Condemned linen log
- Controlled drug register
- Corrective action log
- Diabetes management folder/resources
- Dietician review summaries
- Doctors' clinic documentation
- Documentation location guide
- Duties list
- Emergency bed register
- Emergency contacts list
- Emergency evacuation folders
- Emergency plan flip charts
- Emergency procedures manual
- Enrolled nurse reference folder
- Enteral feeding regimes
- Environmental and workplace health and safety condition report
- Evacuation diagrams
- External provider contracts
- Falls management and prevention flow chart
- Falls management policy
- Feedback forms
- Fire and emergency equipment - services and checks records
- Fire and emergency resource manual
- Fire and evacuation plan
- Fire and evacuation practice record
- Fire drill report
- Fire fighting equipment inspection tags
- Fire safety certification
- Food and drink thickener recipes
- Food and fluid intake charts
- Food safety plan
- Handover supplement sheets
- Hazard identification inspection report
- Hazardous / non-hazardous chemical register
- HR orientation guide/package
- Improvement request forms
- Incident investigation forms
- Incident reports
- Infection control / antibiotic log
- Infection control monthly summary chart
- Internal building inspection report
- Mandatory reporting template
- Material safety data sheet

- Medical officer review checklist
- Memorandum
- Minutes of meetings
- Nutrition records
- Nutrition supplement – record of administration
- Opportunities for improvement request form – external environmental services contractor
- Oxygen cylinder check sheets
- Palliative care documentation
- Police check matrix
- Position descriptions
- Post orientation checklist
- Power failure / storm damage guidelines
- Preferred supplier list
- Pre-operational checklist
- Preventative maintenance schedules
- Product retrieval sheet
- Refrigerator temperature records (medication)
- Repairs and maintenance log
- Reportable assaults folder
- Resident – care plan evaluation records
- Resident movement form
- Resident newsletter (April 2011)
- Resident welcome packs (male and female)
- Residents' dietary preference lists
- Restraint authorisations
- Restraint release charts
- Roster
- Schedule eight analgesic patch application records
- Shelf life for foods reference sheet
- Staff handbook
- Staff handbook pocket guide
- Staff medication competencies
- Staff training matrix
- Stock take form
- Supplementary fluids lists
- Temperature logs
- Training course attendance sheet
- Visitors' food register
- Weekly monitoring of infections chart
- Weight management protocol
- Weight tracker and resident weight charts
- Weight, blood pressure, blood glucose level monitoring records
- Work request forms

## **Observations**

The team observed the following:

- 'Do not report this fault' sticker
- 'Standard infection control precautions for linen handling' signage
- Accreditation site audit information on display
- Activities in progress
- Activity calendar on display
- Armbands
- Call assistance system

- Cleaner's trolley
- Clinical and personal care equipment and supplies
- Comments and complaints posters
- Emergency assembly points
- Emergency exits with signage
- Equipment and supply storage areas
- Evacuation diagrams
- Evacuation packs
- External service brochures including advocacy
- Fire fighting and safety equipment
- Fire panel
- Hand washing facilities
- Information leaflets on display
- Interactions between staff and residents
- Internal and external living environment
- Maintenance working area, supplies, equipment and storage
- Meal service
- Medication administration
- Medication storage, security and administration practices
- Midday meal settings, service and practices
- Morning and afternoon tea/beverage round
- Notice boards
- Power failure kits
- Resident and staff notice boards
- Spill kits
- Staff care, communication and clinical practices
- Staff practices
- Storage of medications
- Storage of resident files
- Suggestion box
- Values statement on display
- Vision, mission and philosophy statement on display
- Wall mounted dry hand gel dispensers

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has improvement systems and processes in place. Key personnel have specific roles to support improvement activities and for monitoring outcomes, including review of audit results, incidents, accident/incidents and hazard reports, observation of staff practice, review of clinical indicator trends and the incidence of infections. Staff and residents receive information regarding continuous improvement during orientation to the home and reported they are aware of the mechanisms available to have input, such as meetings, suggestions forms, complaints mechanisms, surveys and one-to-one interviews; feedback is provided through newsletters, memos, letters, one-to-one, notices and/or meetings. Residents and staff are satisfied that when areas for improvement have been identified, actions have been planned and completed in a timely manner.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- In preparation of the home’s accreditation audit, electronic learning packages have been made available to staff. Staff and management report that e-learning is a flexible learning model enabling numerous topics to be covered at times convenient to staff; allows improved monitoring of learning by management while supporting staff to upgrade their skills and knowledge.
- Feedback forms have been reviewed and changed by national office. The modified forms have not been fully evaluated; however, to date, the simplified format has been an improvement as residents are now providing written feedback more frequently.

### **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 has established systems to identify and ensure compliance with a wide range of legislation, professional standards and industry guidelines; has access to government bodies and industry sources that provide regular updates of legislative and regulatory requirements. This system is monitored by the Facility Manager, in conjunction with the quality team, and updates are discussed with key personnel, and actioned at management meetings. Changes are communicated to staff via policy and procedure reviews, education sessions (e.g. orientation and compulsory annual training), posted on notice boards and memos. Changes are also communicated to residents and families where appropriate. Compliance with legislation is monitored through the audit process, performance appraisals and observation of staff work practices.

### **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

Required knowledge and skills for each role are specified in position descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored, and staff are paid for all or part of their attendance time. Site specific education needs are identified through staff request, audit results, organisational feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs and organisational education requirements, and processes are in place to assist staff to access external education opportunities. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Staff and management demonstrated knowledge and skills specific to their roles.

### **1.4 Comments and complaints**

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

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

Does comply

Residents/representatives have access to the home's internal comments and complaint system and to external complaints mechanisms. The home provides relevant information to residents, their representatives and other stakeholders through a variety of communication channels including resident entry processes, residential care agreements, resident handbook and entry pack, meetings, and via brochures about external complaints management processes. Residents are invited to raise issues at resident meetings and/or privately with management and staff. Residents have access to confidential comments boxes and processes are in place for the regular retrieval of suggestion/complaint forms from assigned receptacles. A process is in place to manage informal and formal comments and complaints. There are processes in place to provide feedback whilst maintaining confidentiality. Residents and staff are familiar with the mechanisms available to initiate a suggestion or raise a concern and report that management is responsive to their suggestions and responds to their requests in a timely manner.

### **1.5 Planning and leadership**

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

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

Does comply

The organisation's vision, mission and philosophy statement is documented and on display within the home. This information is also provided to staff through the orientation process and staff handbook, and to residents through the resident handbook.

## **1.6 Human resource management**

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

### **Team's recommendation**

Does comply

The organisation has systems and processes to recruit appropriately skilled and qualified staff. The home has recruitment and selection processes in place which includes an orientation program and buddy shifts for all new staff. All staff must have a current criminal history clearance prior to commencement of work; staff are notified when criminal history clearance certificates are due to expire. Shifts of staff on planned or unplanned leave are filled. Position descriptions are provided to staff prior to commencement of work; work instructions are detailed on duty lists appropriate to the shift and job role, and are available to staff. Staff practice is monitored and performance appraisals are conducted at the end of probation and then annually. Residents/representatives are satisfied that the home maintains sufficient appropriately skilled and qualified staff to provide care and services to residents.

## **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

Staff and residents/representatives are satisfied with the availability of goods and equipment at the home and that the equipment is well maintained. The home has systems for ordering environmental services, maintenance, clinical and care goods with quality checked on delivery, and stocks of goods are stored in line with food safety, infection control and workplace health and safety requirements. Processes are in place to monitor the condition of equipment and to repair or replace as required. New equipment is tested prior to purchase to ensure that it is appropriate to the needs of the home. Equipment is maintained according to the existing maintenance schedules or in response to a maintenance request from staff or residents/representatives.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

There are systems in place to enable staff and management to access sufficient and reliable information for appropriate decision making. Policies, procedures and forms are monitored by the organisation and the home's quality team. Confidential information is stored securely on computer files or in locked cabinets and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as back-up systems for computer records with access to residents' and staff records being restricted. Information necessary for staff to perform their roles is available and regular briefings, distribution lists and electronic and paper based memorandum keep staff informed. Meetings are held regularly for residents, staff and key groups to support information sharing. Case conferences, satisfaction surveys and auditing processes are in place to monitor effectiveness; notice boards, newsletters and verbal announcements/reminders are used to inform residents of

daily activities. The archiving process is managed by the home's administration officer with archived records stored securely at the home or transferred to the State office; there is a file culling schedule and redundant files are destroyed securely. Staff and residents are satisfied that communication of information is timely and management regularly correspond with residents/representatives to seek their input into improving communication systems.

### **1.9 External services**

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

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

Does comply

Residents/representatives and staff are satisfied with the quality of services provided by external suppliers. The organisation has service agreements with regular external service providers to specify and establish service and performance criteria. Processes are in place to monitor and evaluate services provided. Contractors who work on site sign in and out; wear company uniform or display their company identification and those contractors who work without being accompanied by a staff member are required to have a current criminal history check.

## **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

The home actively pursues continuous improvement with the organisation's continuous quality improvement framework deployed at the home. Management, staff and residents use the system's mechanisms to identify opportunities for improvement, to implement improvement initiatives, and to monitor the home's performance.

Examples of recent improvements in health and personal care include but are not limited to:

- Following a Quality Manager's review of resident charts, education sessions were conducted to improve the development of care plans. Management and staff report that care plans are now more individualised to ensure the home meets resident's individual needs and captures links between resident's issues leading to improved clinical care.
- Management identified that in some cases, staff were almost transcribing care plans. To improve the quality of progress note entries education sessions on 'exceptional reporting' have been conducted with a significant improvement identified by all – progress notes now capture more the day to day feelings of the residents and activities as well as any shift in their health status. The change has also enabled the progress notes to be a more effective tool for monitoring the health and wellbeing of residents.

### **2.2 Regulatory compliance**

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

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

Does comply

The organisation's management has implemented systems to identify regulatory requirements and systems to ensure compliance. Personnel at the home and the organisation's national office are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and external service providers; information is also available through the home's intranet system. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. Systems are in place to monitor and ensure compliance with relevant regulatory requirements; nursing services are provided as per the Quality of Care Principles 1997 and medications are administered according to relevant protocols.



### **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

Required knowledge and skills for each role are specified in position descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored, and staff are paid for all or part of their attendance time. Site specific education needs are identified through staff request, audit results, organisational feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs and organisational education requirements, and processes are in place to assist staff to access external education opportunities. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Staff and management demonstrated knowledge and skills specific to their roles.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

The clinical care system and processes at the home are effective in ensuring residents receive appropriate clinical care. The Clinical Manager oversees and monitors care delivery with the support of registered and care staff. Assessment and re-assessment processes on entry to the home and on an ongoing basis identify the care needs of residents and inform individual care planning. Care plans are reviewed on a regular basis and reflect a multi-disciplinary team approach to resident care that includes resident/representative consultation. Medical officers and other health professionals regularly attend the home. Communication processes such as shift handover, communication diaries, sticker alerts and meetings are effective in informing staff of changes in residents’ health status. Monitoring mechanisms include the conducting of audits, surveys and the collation of incident (flash) reports to identify trends in clinical incidents. Residents/representatives are satisfied with the clinical care provided at the home.

### **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 specialised nursing care needs of residents are identified and met by appropriately qualified staff. The home currently provides specialised nursing care to residents who require oxygen therapy, diabetes, chronic wound and percutaneous endoscopic gastrostomy management. Individual care plans, treatment regimes, information resources and monitoring processes are in place to guide staff practice in the safe management of residents’ complex care needs. Processes to manage chronic wounds include the use of specific dietary supplements to promote healing. External health professionals and specialised equipment is accessed when a need is identified and processes are in place to ensure staff competence.

Residents who receive specialised nursing care are satisfied that their care needs are met and that care is undertaken by appropriately qualified staff.

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

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

### **Team’s recommendation**

Does comply

Residents have access to other health professionals and related services in accordance with their needs and preferences. The services of a dietician, physiotherapist and podiatrist are provided at the home on a regular basis and other health professionals such as the speech pathologist, audiologist and optometrist are accessed as required. Processes are in place to assist residents to attend specialist appointments in the wider community. The recommendations of other health professionals are captured in residents’ clinical records and summary reviews and communicated to relevant staff. Residents are satisfied that they have access to appropriate health specialists when their health indicates or at their request.

## **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 in place to ensure that residents’ medication is managed safely and correctly by appropriately qualified and trained staff. Residents’ medication requirements are assessed and regularly reviewed; no residents currently self administer their medications. Medication orders are prescribed by medical officers and dispensed by pharmacy services. Registered nurses, enrolled nurses and care staff are responsible for the administration of residents’ medications. Medication charts reflect identification, allergies and specific administration instructions where indicated. Medications are stored safely and urgent and after-hours access to vital medications is via the pharmacy or local hospital. Both medical and pharmaceutical reviews are conducted regularly to review medication orders. The safety of the medication management system is monitored through routine medication audits, observation of staff practice and analysis of medication related incidents. A clinical reference group (organisational) also meets regularly with medication management as an agenda item. All staff who administer medications complete annual medication competencies and education is provided to staff. Residents are satisfied with the management of their medications, as well as with the assistance and support provided.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Regular pain review processes are effective in ensuring that all residents are as free as possible from pain. Pain assessment is conducted by registered staff and non verbal assessment is conducted for those residents who are unable to articulate their pain. The multi-disciplinary team involves the resident, their medical officer, care staff, activities officer and physiotherapist and care planning reflects this approach. A pain clinic is established at the home and residents are offered a range of alternative methods of pain relief such as heat

packs, massage, re-positioning, passive exercise and transcutaneous electrical nerve stimulation. Care staff are aware of the signs and symptoms that may indicate a resident is experiencing pain and specific pain management interventions. Residents who experience pain are satisfied with the management of their pain and with the response of staff when they experience pain.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Residents’ end of life wishes are identified on entry to the home and/or when a resident’s health status indicates. Palliative care processes include consultative planning and management with the resident, their family or significant other person, other health professionals, registered nurses and spiritual advisors. A registered nurse oversees and monitors the individual needs of residents during this time and ensures the development of care plans that reflect a person centred approach. The home is able to access external palliative care health professionals and specialised equipment to maintain the comfort of residents. Residents indicated that staff are caring and supportive when they experience periods of being unwell.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home has processes in place to identify residents’ individual dietary needs and preferences. Communication processes between nursing and catering staff ensures residents’ dietary information is current and residents receive the appropriate textures and diets. Residents are regularly weighed and residents with significant weight discrepancies are reviewed, care plans are modified and interventions (including supplements, textured or modified diets and more frequent weighs) for weight loss or gain are implemented. A dietician visits the home on a monthly basis and liaises with the Care Manager in relation to those residents who require review. The home’s four week rotating menu is reviewed by a dietician at an organisational level to ensure residents’ receive adequate nutrition and hydration. A speech pathologist can be accessed to assess residents when a need is identified. Health specialist reviews are recorded and recommendations communicated to staff. The effectiveness of nutrition and hydration processes is reviewed during residents’ meetings, through audits and resident satisfaction surveys and on a one to one basis. Residents/representatives indicated they were satisfied that adequate food and fluids are provided at the home.

### **2.11 Skin care**

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

#### **Team’s recommendation**

Does comply

Residents at risk of impaired skin integrity are identified through comprehensive and focused assessment which includes pressure risk assessment. Care plan interventions outline measures required to maintain residents’ skin integrity including the use of emollient creams, limb protectors, repositioning, sheepskins and pressure mattresses. Staff meetings, observation of staff practice and discussion of monthly incident data ensures care staff have an ongoing awareness of interventions to maintain residents’ skin integrity and of safe manual handling practices. Breaks in skin integrity are recorded and reported through incident reporting processes and qualified nursing staff oversee wound management, monitor healing progress and the effectiveness of wound treatments. Residents/representatives are satisfied with the assistance provided to maintain skin integrity.

### **2.12 Continence management**

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

#### **Team’s recommendation**

Does comply

Assessment and re-assessment processes identify the ongoing continence needs and preferences of residents and inform individual care planning. Residents are provided with continence aids as their assessed needs indicate and a continence link nurse has responsibility, with the support of care staff, to monitor and identify any changes in residents’ continence requirements. Residents requiring staff intervention have a continence management program developed to maximise their individual ability. An external continence advisor regularly reviews the home’s continence system and provides education and support for staff. Staff have an awareness of interventions to maintain residents’ privacy and dignity when attending to residents’ hygiene care needs. Residents/representatives provided feedback that supported effective continence management at the home.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

The needs of residents with challenging behaviours are identified pre-entry and management interventions discussed with residents’ representatives, where appropriate and other health professionals as indicated. Triggers for behaviours are identified where possible and care plans reflect interventions to minimise behaviours to direct staff practice. Social activities and events at the home support behavioural management interventions. External mental health services can be accessed when required to assess residents with challenging behaviours and provide staff with support and recommendations of care. Staff have an awareness of behavioural management interventions to meet the individual needs of residents and demonstrated a calm approach when interacting with the residents.

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

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

### **Team's recommendation**

Does comply

The home has processes in place to optimise residents' mobility and dexterity. All residents are assessed by the physiotherapist on entry to the home and on an ongoing basis and care plans are developed by the physiotherapist. Care plans reflect individual interventions that include interventions to support pain management and skin care. A physiotherapist assistant and the activities officer support the implementation of a comprehensive passive and active exercise program at the home under the supervision of the physiotherapist which supports the home's falls prevention clinic. Mobility aids and specialised dietary aids are provided for residents as required. All staff attend manual handling education annually or refresher sessions when required. Monitoring mechanisms include the analysis and trending of resident falls data, audits and monitoring of staff practice. Residents with identified mobility and dexterity issues are satisfied with the exercise programs and the assistance provided 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

Residents' dental history, preferences relating to management of their teeth and dentures and other oral/dental care needs are identified on entry to the home through interview and assessment of their oral health status. Care staff monitor residents' ability to self manage their oral care and assist when required. Residents have access to a visiting dental service and are able to attend their preferred dentist at their request and when a need is identified. Registered staff co-ordinate the dental referrals and transport is arranged to enable residents to attend their external appointments. Equipment to meet residents' oral hygiene needs is provided to residents. Residents are satisfied with the assistance provided by staff in relation to the maintenance of their oral health and dental needs and access to oral care supplies.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

Information about each resident's care needs in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs, and are linked with other relevant care plans such as hygiene and leisure activities. Care staff provide residents with support in relation to the cleaning and care of sensory aids. Residents are referred to specialists including audiologists, optometrists and speech pathologist as needs indicate and in consultation with the resident/representative. Residents with identified sensory loss are satisfied with the individualised management strategies and the assistance provided by staff.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents’ normal sleep patterns and assistance required to achieve natural sleep patterns are identified and assessed in consultation with the resident/representative. Care interventions are developed, communicated to staff and implemented in response to residents’ needs and preferences. Staff provide assistance when residents have difficulty sleeping which includes the provision of refreshment and snacks and re-positioning if required. Residents who experience difficulty settling and sleeping are reviewed by their medical officer as required to assess the need for medication support. Residents report that they sleep well and are satisfied with the assistance staff provide during the night when this is required.

### **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 actively pursues continuous improvement with the organisation’s continuous quality improvement framework deployed at the home. Management, staff and residents use the system’s mechanisms to identify opportunities for improvement, to implement improvement initiatives, and to monitor the home’s performance

Examples of recent improvements relating to resident lifestyle include but are not limited to:

- In response to a request from a resident to add ‘weights’ to the daily exercise program, cylindrical polyethylene foam strips have been cut to provide low impact ‘weights’ for use by residents. Residents report enjoyment with the addition to their exercises and staff report enhanced physical cares and an improvement in participation levels since the introduction of the ‘weights’ – the residents now want to upgrade to ‘heavier’ weights.
- To provide meaningful activities for residents with higher support needs, some of the bingo cards have been modified with shapes replacing numbers and including different colours. Since this initiative has been enacted, there has been an increase in participation and attendance at bingo.

#### **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 organisation’s management has implemented systems to identify regulatory requirements and systems to ensure compliance. Personnel at the home and the organisation’s national office are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and external service providers; information is also available through the home’s intranet system. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. Systems are in place to monitor and ensure compliance with relevant regulatory requirements; there is a system in place to manage the mandatory reporting of assaults and absconding, and to ensure residents’ privacy, dignity and security of tenure.

### **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

Required knowledge and skills for each role are specified in position descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored, and staff are paid for all or part of their attendance time. Site specific education needs are identified through staff request, audit results, organisational feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs and organisational education requirements, and processes are in place to assist staff to access external education opportunities. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Staff and management demonstrated knowledge and skills specific to their 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

Processes are in place to ensure that residents are emotionally supported on entry to the home and on an ongoing basis. Information about the resident's social and family history, lifestyle choices and preferences is collected from the residents/representatives through initial and ongoing assessment, which contributes towards formulating the resident's individualised care plan to guide staff's provision of care. Processes in place to assist new residents include orientation to the home, provision of information on the home and general planned activities, pastoral visits, and introduction to other residents. Residents are able to bring personal possessions to furnish their rooms and family visits are encouraged and supported. Staff are aware of residents' needs for support at particular times such as loss and bereavement. Residents/representatives are satisfied with support received from staff to assist residents to adjust to life in their new home environment.

### **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 assistance residents require to maximise their independence in activities of daily living such as the physical, emotional, cultural, social, civic and financial aspects of their life is identified on entry to the home and on an ongoing basis. Mobility aids and other assistive equipment and devices are provided for residents as their assessed needs indicate. Residents are supported to maintain existing friendships and interests outside the home and encouraged to participate in events and activities offered within the home. Residents' family members and significant other persons are encouraged to visit the home and are invited to



join the residents at social functions. Assessment processes identify those residents who have sensory impairment and care plans reflect interventions to promote the independence of these residents and maximise their input and participation in the services offered at the home. Residents are satisfied with the support provided to enable them to maintain an optimal level of independence.

### **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

Resident's specific privacy and dignity needs are identified and the needs and preferences of each individual resident are communicated to staff. The home's expectations for maintaining privacy, dignity and confidentiality are communicated to staff and reinforced during observation and supervision of staff practice. Resident's care, lifestyle, cultural and spiritual beliefs and preferences are identified on entry to the home and recorded on the care plan to guide staff practice. Staff obtain consent for entry to residents' rooms, address residents by their preferred name, close doors when residents are being attended to, have knowledge of individual residents preferences, and interact with residents in a respectful manner. Resident confidential information is stored securely. Residents are satisfied their privacy is respected and confidentiality and dignity maintained.

### **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

The leisure interests and activity needs and preferences of residents are identified in consultation with the resident and/or their representative and through assessment processes. Residents have input into the monthly activities program through meetings, surveys and on a one to one basis. Staff encourage and support resident participation at social events/activities and implement interventions to meet any sensory and cultural needs residents may have. Activities are communicated to residents via activity calendars displayed around the home and verbal reminders from staff. The home accesses an electronic translation program to translate the home's newsletter, activities calendar and game information when this is required for residents who have English as their second language. Processes to monitor the effectiveness of the leisure program include evaluation of activities, monitoring of resident attendance, resident feedback at meetings and through individual conversation. Residents are satisfied with the support and encouragement provided by staff to enable their participation in a wide range of activities that are of interest to them.

### **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, customs, beliefs and cultural and ethnic backgrounds are valued and fostered at the home. Lifestyle and clinical assessment processes identify residents' spiritual and cultural needs and preferences. The home is able to cater for residents specific cultural dietary requirements when this is indicated. Church services of different denominations are held at the home and residents are assisted to maintain affiliations outside the home if this is their preference. Pastoral care workers visit the home to meet with residents on an individual basis and offer spiritual support. Residents are satisfied their cultural practices and spiritual beliefs are provided for and respected.

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

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

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

Does comply

Residents are provided with opportunities to exercise choice and decision making in the planning and provision of care and other activities of daily living. The home ensures that residents with impaired cognitive ability have representation from appropriate advocates. Input and feedback is sought from residents/representatives throughout their time in the home through case conferences, resident meetings, resident surveys, comments and complaints processes, and daily conversation with staff. Staff utilise interventions to incorporate choice into resident's daily care routines and leisure interests. Residents receive information in relation to internal and external complaint mechanisms and information is displayed around the home. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services. Residents are satisfied with options offered in matters relating to their care and lifestyle and that staff demonstrate consideration for their personal preferences and choices.

### **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/representatives are provided with information about their rights and responsibilities and security of tenure prior to and on entry to the home and this information is re-enforced during their time at the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure, services to be provided by the home and the resident's rights and responsibilities. Management ensures that all parties understand the terms of the agreement prior to signing the residential care agreement. Further information regarding resident's rights and responsibilities is contained in the resident handbook. Ongoing information is provided through correspondence, newsletters and discussions at residents/representative meetings as the need arises. Residents are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

## **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 actively pursues continuous improvement with the organisation’s continuous quality improvement framework deployed at the home. Management, staff and residents use the system’s mechanisms to identify opportunities for improvement, to implement improvement initiatives, and to monitor the home’s performance

Examples of recent improvements in the physical environment and safe systems include but are not limited to:

- The home identified that residents may benefit from replacing the carpet with vinyl floor covering. This has occurred in the common areas with a roll out of vinyl floor coverings in resident’s bedrooms. The vinyl has been evaluated as enabling easier mobility across the floor; improved aesthetics, and increased infection control. Residents informed the team that mobilising was less effort on the new vinyl flooring.
- One previously lawned area of the home has been modified to include concrete paths, a fountain and covered, furnished gazebo. This modification has been evaluated as providing safe, easy walking pathways and an additional outdoor seating area for residents to engage in activities, sit quietly, meet with co-residents or entertain guests. Residents provided the team with positive feedback in relation to this improvement activity and that they were involved with the design of the area and the shrubs planted.
- Blinds have been fitted to the outdoor verandah area of Hibiscus (high care) which has been evaluated as reducing the glare and heat both inside and outside enabling residents to sit on the verandah earlier and longer, encouraging residents to receive their required dose of vitamin D. Power points have also been fitted on exterior walls of the verandah enabling residents to sit in comfort and safety outside (even if electrical devices required for clinical reasons e.g. oxygenators or activities e.g. CD players). Residents informed the team that this had improved their comfort when seated outside.
- Residents submitted a feedback form for a clock to be placed in their favourite sitting area. A clock has been placed on the wall with residents reporting that they are able to get to activities and meals on time; management reports it promotes independence and enhances residents’ wellbeing.

### **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

The organisation’s management has implemented systems to identify regulatory requirements and systems to ensure compliance. Personnel at the home and the organisation’s national office are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and external service providers; information is also available through the home’s intranet system. The orientation program and mandatory

education sessions reinforce relevant regulatory requirements. Systems are in place to monitor and ensure compliance with relevant regulatory requirements; the home has met building certification requirements; the home has a food safety program, and provides a safe working environment.

#### **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

Required knowledge and skills for each role are specified in position descriptions; these are considered during recruitment and monitored on an ongoing basis through the performance appraisal process and competency assessments. There is a mandatory education program and an annual plan developed to ensure this education is provided. Attendance at education and training sessions is monitored, and staff are paid for all or part of their attendance time. Site specific education needs are identified through staff request, audit results, organisational feedback and development system, monitoring of indicator data and performance appraisal results. An education plan is developed based on identified needs and organisational education requirements, and processes are in place to assist staff to access external education opportunities. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Staff and management demonstrated knowledge and skills specific to their roles.

#### **4.4 Living environment**

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

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

Does comply

The living environment and resident safety and comfort needs are assessed and reviewed through regular staff meetings, audits, incident/hazard reports, maintenance requests and staff observation. The home consists of single storey interconnected buildings with single private or twin share en-suite rooms. The environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for residents' needs. Handrails are in place throughout the home and concrete paths facilitate resident mobility outside. The Maintenance Officer implements a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as is appropriate. Restraint is utilised for some residents and appropriate authorisation and monitoring is undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken, and staff have access to police and emergency telephone numbers in the event of a security breach. Residents/representatives are satisfied with the maintenance, safety and comfort of their living environment.

#### **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 of the home have implemented a safety system that meets regulatory requirements. The home's safety system is coordinated by a corporate workplace health and safety officer (WHSO) in association with on-site personnel. Effective processes are in place for the notification and control of hazards; for managing exposure to risks; for the reporting and investigation of staff incidents; for the management of chemicals; for regular safety and environmental audits, and for the rehabilitation of injured staff and to support their return to work. Staff are given education on their responsibilities in relation to workplace health and safety, and the home actively works to provide a safe working environment that meets regulatory compliance.

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

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

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

Does comply

Processes are in place to identify and minimise risks associated with fire, security and other emergencies through regular fire inspections and auditing of the environment as well as practices. Emergency and evacuation procedures are documented and available to guide staff practice along with resident lists that are updated when there is an entry or exit of a resident. A preventative maintenance program for fire systems, equipment and signage are completed by an external provider. The most senior person on site is the designated fire warden. Internal environmental and maintenance audits are conducted to monitor emergency systems and equipment and deficiencies are actioned accordingly. Evacuation diagrams are located across the site and exits are clear of obstructions. All staff participate at orientation and annually thereafter in a mandatory education program which includes evacuation training in response to fire and other emergencies, and are made aware of lock up procedures for security. Staff have access to an emergency response manual and flip charts and the home's management maintain links to the local area disaster management group. Residents are informed of the fire, security and emergency procedures. Procedures are in place to ensure night time security of residents and staff.

#### **4.7 Infection control**

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

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

Does comply

The home has systems and processes in place to prevent and minimise infections including personal protective equipment, spill kits, sharps management equipment, an outbreak management process, and a colour coding system for laundry items. Procedures and education are in place to guide staff in the correct use of personal protective equipment, the correct disposal of infectious waste, safe food handling and correct handling of soiled linen. Individual resident infections are identified, referred to medical officers and monitored until resolved. The home has processes to deal with outbreaks of infection. Staff follow effective

infection control practices in line with their areas of responsibility. Residents and representatives are satisfied with the actions of staff to control the risk of cross infection.

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

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

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

Does comply

Residents/representatives are satisfied with the standard of the catering, cleaning and laundry services provided at the home. Residents' dietary needs are assessed and along with their allergies, likes, dislikes and preferences are recorded so their needs and preferences can be met. Catering services are operated according to the home's food safety program. A rotating four weekly seasonal menu is planned with dietetic consultation prior to implementation. Meal alternatives are provided; special items are made for individual residents on request, and specific food, drinks and snacks are provided according to resident preference and clinical need. The home's linen laundry services and residents' personal clothing items are attended to in the house laundry using specialised equipment and practices that minimise risks of cross infection, and these items are folded and delivered to laundry supply cupboards and the resident's wardrobe. Cleaning services are carried out by trained staff from a contracted external provider using appropriate cleaning and waste disposal practices in line with the organisation's policies and according to schedules suitable to residents. Staff are directed by duty lists and complete work and cleaning schedules to ensure duties are carried out as required. Hospitality services are monitored via regular audits, observation of staff practice and through resident feedback in meetings, surveys and complaints mechanisms.