



Aged Care  
Standards and Accreditation Agency Ltd

## **Seymour District Nursing Home**

RACS ID 3489

Bretonneux Street

SEYMOUR VIC 3660

Approved provider: Seymour District Memorial Hospital

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 10 October 2015.

We made our decision on 29 August 2012.

The audit was conducted on 24 July 2012 to 25 July 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

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

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

### 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.

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

**Standard 3: Resident lifestyle****Principle:**

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

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

**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.

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Seymour District Nursing Home 3489**

**Approved provider: Seymour District Memorial Hospital**

## Introduction

This is the report of a re-accreditation audit from 24 July 2012 to 25 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 24 July 2012 to 25 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

## Assessment team

Team leader:	Gerard Barry
Team member:	Tracey Gemmill

## Approved provider details

Approved provider:	Seymour District Memorial Hospital
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## Details of home

Name of home:	Seymour District Nursing Home
RACS ID:	3489

Total number of allocated places:	30
Number of residents during audit:	30
Number of high care residents during audit:	30
Special needs catered for:	Nil

Street:	Brettonneux Street	State:	Victoria
City:	Seymour	Postcode:	3660
Phone number:	03 5793 6100	Facsimile:	03 5793 6199
E-mail address:	jane.jenkins@seymourhealth.org.au		

## Audit trail

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

### Interviews

	Number		Number
Management/administration	7	Residents	8
Nursing/care/lifestyle	7	Representatives	8
Hospitality/environmental	7	Allied health	2

### Sampled documents

	Number		Number
Residents' files	8	Medication charts	28
Paper based care plans	10	Personnel files	7
Blood glucose charts	4	Residents' agreements	5

### Other documents reviewed

The team also reviewed:

- Advanced care planning forms
- Approved nurse initiated medication list
- Assessments and charting
- Audit schedule and results
- Beauty therapy release forms
- Bed pole observation charts and risk assessments
- Care plan consultations
- Catering records
- Drinks list
- Education records
- Emergency manual
- Essential service inspection records
- Hip protector records
- Incident reports
- Infection surveillance data
- Influenza vaccination consent forms
- Leisure and lifestyle records
- Maintenance records
- Mandatory reporting quiz
- New staff orientation handbook
- Nursing registration database

- Person centred care – monthly checklist
- Portfolio folders
- Position descriptions
- Publicity information release forms
- Quality improvement plan and actions
- Resident entry (orientation) checklist
- Resident interaction records
- Resident medication management reviews
- Resident newsletters
- Resident self medication assessments
- Residents' information package and handbook
- Residents' life history
- Roster
- Selected policies and procedures
- Terminal care wishes consultation form
- Toileting schedules

### **Observations**

The team observed the following:

- Activities in progress
- Advocacy brochures around home
- Cleaning and laundry in progress
- Equipment and supply storage areas
- Evacuation kit and spill kits
- Events noticeboard
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Storage of medications in residents' rooms

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Seymour District Nursing Home (Barrabill House) comes under the auspices of Seymour Health. The board of management is responsible for strategic planning; the home's management consults with senior management within Seymour Health to develop operational plans. The home's management monitors its quality system through an internal auditing process with corrective actions recorded in the continuous improvement system. Audits are scheduled or can result from areas of identified concern or suspected problems. Management identifies possible improvement activities through data analysis of infections and incidents, complaints, meetings, survey results and stakeholder suggestions. Management registers all improvement activities and monitors the progress. When completed the improvement activity is evaluated and feedback provided to the originator and other concerned stakeholders. Management discusses continuous improvement at meetings. We observed that the home actively pursues continuous improvement in all aspects of care and service.

Recent improvements include:

- Management has reviewed the orientation program for new staff to include information on the person centred care program adopted by Seymour Health in 2010. Management introduced the new orientation program in February 2012; commencing staff now have to complete a questionnaire on person centred care as proof of their training and understanding. We sighted several examples of completed questionnaires and reviewed the two orientation programs to confirm the differences.
- In the interests of staff health and wellbeing, Seymour Health has adopted a policy of no smoking on the site. However, management realises that under the Aged Care Act 1997 residential aged care homes are exempt from tobacco laws and has provided a designated smoking area for the few residents who do smoke. The area is equipped with a fire blanket and extinguisher. Care staff perform a smoking risk assessment on those residents expressing the desire to continue smoking while living in the home.
- Management has introduced electronic pay slips and placed policies/procedures on an intranet to improve efficiency and reduce paper usage as part of an environmental improvement project. Staff confirmed improved efficiency with access to procedures.



## **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 findings**

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. The home receives information through a commercial update service, peak bodies, publications, coronial communiqués and government departments. Senior management reviews and amends policies and procedures in response to legislative changes; the home’s management monitors the system for continued compliance. Management informs stakeholders of changes through memoranda and meetings. Management provided examples of regulatory compliance relevant to Standard One including a process to ensure relevant staff, volunteers and contractors have current police checks. Staff said they are aware of their regulatory compliance responsibilities.

## **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 findings**

The home meets this expected outcome

The home demonstrated management and staff had the knowledge and skills required for effective performance relating to the Accreditation Standards. An annual calendar schedules mandatory and other relevant education topics and is responsive to current residents’ needs. Management selects education requirements based on data gathered from surveys, incidents, clinical and lifestyle trends and suggestions from staff and other stakeholders. Management monitors attendance records and evaluates sessions for their relevance and effectiveness and staff undertake appropriate competencies to ensure they maintain their skills. The home provides training facilities on site and staff are encouraged and supported to attend external courses and conferences to increase their skills and qualifications. Staff stated they are satisfied with the education opportunities offered to them at the home.

Examples of education topics undertaken over the last 12 months in relation to Standard one include:

- audits-making them work for you
- orientation
- professional development plan update
- the coronial process.

#### **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 findings**

The home meets this expected outcome

Documentation showed the home records, actions and monitors concerns, suggestions and compliments through their continuous improvement system. The residents' information pack explains the home's internal complaint system. Information brochures explaining the external complaint system are also available in the home. The team observed examples of stakeholder concerns having been recorded and actioned in the system. Residents generally told the team that if they had any concerns they would raise them directly and verbally with management or staff.

#### **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 findings**

The home meets this expected outcome

The home has a series of documented statements proclaiming the home's vision, mission, and objectives. These statements define the home's commitment to delivering quality care and services. The home displays these statements prominently for all to see. The home repeats the statements in the information packages supplied to residents, representatives, staff and other stakeholders. The board of management develops strategic direction.

#### **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 findings**

The home meets this expected outcome

The home has sufficient and appropriately skilled and qualified staff. The wider organisation oversees human resource management systems. Registered nurses are available at all times and the home reviews staffing numbers and skill mixes where needed to meet resident care needs. Rosters and management of annual leave ensure there are sufficient types and numbers of staff and vacant shifts are filled appropriately. The organisation maintains professional registrations, provides education and training, position descriptions, handbooks and employment agreements. Recruitment, orientation and induction programs are in place for new staff with staff performance monitored through annual performance appraisals. Residents say they are generally satisfied with the responsiveness of staff and the level of care.

### **1.7 Inventory and equipment**

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

#### **Team's findings**

The home meets this expected outcome

The home has sufficient stocks of goods and equipment to support quality service delivery. There is an effective stock system where designated staff regularly check and reorder inventory before reaching minimum stock levels. Staff inspect and evaluate purchased goods/equipment upon arrival and a contractor inspects and tags electrical equipment prior to use. There are preventive and requested maintenance systems with stock being securely stored in safe, clean areas. Staff, residents and representatives confirmed their satisfaction with the quantity and quality of goods and the equipment management makes available to them.

### **1.8 Information systems**

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

#### **Team's findings**

The home meets this expected outcome

Management and staff generally have access to accurate information appropriate to their roles. Staff adherence to policy maintains confidentiality and security of stakeholder information and the archiving of older information. Computers used by staff and management are networked providing staff with access to policies, procedures and forms. Computer systems are password protected with restricted levels of access to files and with regular back up of electronic data. The home provides residents with information appropriate to their needs assisting them to make decisions about their care and lifestyle. Residents, staff and documentation confirmed management keeps stakeholders informed through verbal and written communication such as memoranda and minutes of meetings.

### **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 findings**

The home meets this expected outcome

Management has established systems to ensure the quality and suitability of externally sourced services. The Seymour Health as the approved provider arranges contracts aimed at improving quality and lowering costs. Management regularly reviews the contracts which specify the home's service requirements. Staff can access a list of approved providers with emergency contact numbers if required. Residents and representatives expressed their satisfaction with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

#### **Team's findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home's overarching system. Management maintains an internal audit and competency program to measure performance against the Accreditation Standards. Resident and medication incident reports assist in providing clinical and management indicators. Management encourages staff to complete improvement forms, attend meetings and to improve their skills by attending educational sessions. Staff confirmed they actively participate in the continuous improvement system.

Recent improvements include:

- Staff expressed concern that agency personnel may have difficulty identifying some residents because of small photographs and that some were in black and white. Staff re photographed all residents in colour and produced larger size prints for medication charts. Staff have linked the improved digital images to the computerised care planning software. Staff are now satisfied that the new photographs have resolved any resident identification issue.
- In recognition of a resident having a hypoglycaemic event management has introduced a diabetic kit. The kit includes jelly beans, glucose paste and glucagen. The container is stored in the medication room. Management has a monitoring system in place to ensure the included products are within their 'use by dates'.

### **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system for regulatory compliance. Staff confirmed management updates them on regulatory changes through regular staff meetings, verbally or through educational sessions depending on the extent of the change and the effect it has on their roles. Management updates policies and procedures to reflect any changes and then makes them available to staff. There is a system for the reporting of unexplained absence of any resident from the home.

### **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 findings**

The home meets this expected outcome

Management demonstrates that staff have appropriate knowledge and skills to provide health and personal care to residents. Ongoing education opportunities ensure the maintenance of staff’s skills which are reflective of current residents’ needs. Staff stated they are satisfied with the clinical education offered and generally undergo skill competencies. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Examples of education some of the topics undertaken over the last 12 months in relation to Standard two include:

- assessment and care planning
- dementia behaviour management
- motor neurone disease
- pain management
- Parkinson’s disease
- viral hepatitis.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Staff assess residents on entry and on an ongoing basis for their clinical care needs and preferences. Registered nurses supervise and countersign assessments and care plans for all residents, and are available at all times to provide assistance and advice. Staff develop care plans in consultation with the resident or their relatives and health care professionals. Staff communicate changes in residents’ conditions at handover as well as documenting in progress notes and care plans. Residents said they were satisfied with the care provided and that the care met their needs.

### **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 findings**

The home meets this expected outcome

The home generally has systems to ensure appropriately qualified staff monitor specialised nursing care needs. The home currently cares for residents with diabetes, oxygen, enteral feeding, stomas, complex wounds and complex pain. A registered nurse monitors the care of residents with specialised nursing care needs. Referral to appropriate external health specialists and professionals generally occurs as necessary. Education supports the provision of specialised nursing care. Staff advised they feel supported in meeting residents

specialised nursing care needs. Residents said they were confident staff have the skills to provide appropriate specialised care.

## **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 findings**

The home meets this expected outcome

The home refers residents to allied health services such as podiatry, physiotherapy, dietetics, behavioural management support, palliative care, dental and optometry in accordance with their assessed needs and preferences. Allied health professionals visit the home and staff support residents to access related services in the wider community as necessary. Care staff record interventions recommended by allied health professionals in plans of care. The home implements, monitors and evaluates care for effectiveness. Residents confirmed the home provides assistance to attend external appointments and residents’ have access to allied health professionals.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home generally has systems to ensure safe and effective medication management. There are policies and procedures to guide staff in medication administration and staff who administer medications have undertaken a competency to ensure they practice in a safe manner. Staff administer medications from original packaging, and medications are securely stored in each resident’s room. Stock medication is stored according to legislative requirements. Staff generally monitor medications administered on an ‘as required’ and ‘nurse initiated’ basis. Staff generally reviewed and reassessed residents when increased doses are required. We observed staff delivering medications in a safe manner. Residents said they were satisfied with how staff managed their medications.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure all residents are as free from pain as possible. Staff document each resident’s past history and level of pain during the initial assessment phase. Pain assessment tools are generally utilised to assist staff in assessing pain in residents who are either aware or cognitively impaired. Care staff generally review pain when there is a new episode of reported pain or for the administration of increasing ‘as required’ analgesia. Alternatives to medication such as exercise programs, massage, heat packs, pressure care, and individualised diversional tactics are utilised. A registered nurse oversees residents’ pain management and follows up on any concerns. Residents and representatives interviewed say they are satisfied with the home’s management of pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home provides holistic end of life care to dying residents. The home accesses medical care for residents as necessary and staff make referrals to external palliative services if required. Consultation with representatives occurs in relation to end-of-life care wishes and their role in terminally ill residents’ care. Staff felt confident in their knowledge and skills in providing end-of-life care to residents, and were satisfied they were now able to provide holistic care to residents. Residents conveyed that they were confident in staff’s ability to provide palliative care to them.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure that residents receive adequate nutrition and hydration. Information around modified food and fluids is generally consistent. Staff make referrals to allied health professionals in a timely manner in response to weight loss or swallowing difficulties. Staff confirmed their understanding of the processes to ensure resident’ dietary needs are met. Residents and their representatives confirmed satisfaction with the quality, type and quantity of meals provided.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to protect residents’ skin integrity consistent with their overall health. Policies and procedures are available to guide staff, a skin assessment identifies residents at risk of skin breakdown and care plans identify strategies to reduce this risk. Strategies to promote skin integrity include the use of pressure relieving devices, regular repositioning, and the use of emollient creams. Registered nurses monitor and manage all wounds and referral to appropriate wound care specialist generally occurs. Education on wound management has occurred. Residents were satisfied with the home’s approach to maintaining their skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Processes at the home ensure effective management of resident’s continence and toileting requirements. Staff assess resident’s continence needs and the assistance required when

attending the bathroom. Care plans outline strategies to promote continence levels and independence, as well as individualised toileting times. The home provides staff education to assist residents with continence requirements. Staff confirm they have adequate supplies of continence aids for residents' needs and confirm their knowledge of residents' toileting requirements. Residents confirmed satisfactory continence management and the provision of appropriate aids to assist their independence and dignity.

### **2.13 Behavioural management**

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

#### **Team's findings**

The home meets this expected outcome

The home provides care for some residents with challenging behaviours. Staff assess residents' behaviour on entry to the home and additional monitoring and review is undertaken as required. Care plans provide interventions to enable staff to provide a response to residents' challenging behaviours. Staff access medical practitioners, geriatricians and specialist advisory and assessment services for residents who require review and the management of challenging behaviours. We observed staff providing assistance to residents with dementia in a calm, respectful manner. Residents said they were satisfied staff manage behavioural issues effectively within the home.

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

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

#### **Team's findings**

The home meets this expected outcome

The assessment process ensures that all residents achieve optimum levels of mobility and dexterity. Care staff complete mobility and falls' risk assessments for all residents on admission. A physiotherapist visits the home on a regular basis, and develops activities programs for staff to implement. A mobility care plan highlights any requirements identified during the assessment phase such as the use of special equipment and the number of staff required for transfers. Residents and representatives advised they were generally satisfied with the assistance provided to residents 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 findings**

The home meets this expected outcome

The home has systems to assist residents to maintain optimal oral and dental health. The home assists residents to attend external dental appointments as needed. Staff conduct assessments for oral and dental needs and preferences upon entry and care plans include details about any assistance required with daily care of teeth, mouth and dentures. Staff assist and prompt residents' daily dental hygiene and observe and document any relevant dental issues. Residents stated that staff provided assistance with their oral and dental hygiene as needed.



## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

All five senses are assessed following entry to the home, and care staff manage sensory deficits effectively. Residents are assisted to attend appointments with their own preferred provider when required to manage their sensory loss. The home is well lit, with handrails, appropriate signage and clear outdoor garden paths. Staff are aware of residents’ individual sensory needs and assist residents who require help with care, fitting and cleaning of aids and devices. Residents stated that staff assisted them with their sensory loss needs.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure the natural and non-invasive management of residents’ sleep. The home assesses normal sleep and waking patterns on entry and supported by the home through care planning process where practical. A review of documentation confirms that staff respect resident wishes in relation to sleep. Residents confirmed they were rarely disturbed by noise or interruption overnight and outlined ways that staff assisted them to achieve natural sleep.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home’s system. Lifestyle staff identify continuous improvement activities in relation to residents’ lifestyle through in consultation with management and by using results from internal audits and resident satisfaction surveys. Resident comments, complaints and feedback from meetings also help to identify opportunities. The team observed management documented and evaluated improvements and formally notified the originator of the results. Residents and their representatives stated the home’s management informs them of changes through meetings, newsletters and informal discussions.

Recent improvements include:

- Staff identified that a resident of a cultural and linguistically diverse background had reverted to their original language as their condition had deteriorated. Subsequently staff researched information that would prove useful in communicating with this resident. Staff have introduced a language booklet that provides basic words and phrases and said this had proved highly effective.
- A resident survey to assess if the lifestyle program was meeting the residents’ needs and preferences showed they could make improvements. Staff have introduced new activities such as, a gardening project, a life story project, increased the number of sessions of indoor bowls and introduced a happy hour. Residents reported they were very satisfied with the lifestyle program. We observed residents participating in a range of events over our visit.

### **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.2 for specific details on the home’s processes for regulatory compliance. Management provides residents with information packs upon entering the home detailing information about the specified care and services, security of tenure, complaints mechanisms and their rights and responsibilities. The home displays its quality objectives along with the Charter of resident’s rights and responsibilities. Information brochures on the external complaint system and other aged care related matters are readily available. Management inform residents of changes in legislation through letters and at meetings. The home’s management has a consolidated system for reporting elder abuse and management has trained staff in mandatory reporting.

### **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 findings**

The home meets this expected outcome

Management demonstrated staff have appropriate levels of knowledge and skills relating to resident lifestyle outcomes and have access to relevant training opportunities. Attendance records confirmed staff have attended training on topics relevant to this Standard. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Examples of education topics undertaken over the last 12 months in relation to Standard three include:

- dignity in care
- promoting health and wellness.

### **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 findings**

The home meets this expected outcome

Residents spoke warmly about the support they received from staff in adjusting to life on admission and then on an ongoing basis. Lifestyle staff and management take an active role in supporting residents and their families from the time they enter the home. Staff gather information about the resident's life, their preferences and emotional needs through ongoing consultation with the resident and their family. Staff demonstrate awareness of residents' emotional support needs and describe ways they provide emotional support to the individual. Residents confirmed that staff and management were readily available for individual discussion and the provision of emotional support to them.

### **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 findings**

The home meets this expected outcome

The home actively supports and encourages residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Community members are actively involved in activities at the home. On entry, staff assess residents' needs and preferences for maintaining an independent lifestyle. The home formulates and regularly reviews care plans in consultation with the resident and their representative to support residents' physical and social independence. The home assists residents to access and use mobility and other aids to optimise their independence, and undertake risk assessments for the use of equipment that will maximise independence. Residents confirmed their satisfaction with the support they received to optimise their 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 findings**

The home meets this expected outcome

The organisation ensures that residents' right to privacy is known and respected. Management explain residents' right to privacy to residents and their representatives pre-admission, and residents or their representatives give written approval for the use of their personal information or photographs. We observed staff liaising with residents in a respectful manner, knocking on their doors and waiting for a response before entering. Residents appeared well groomed and stated that staff respected their privacy and dignity.

### **3.7 Leisure interests and activities**

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

#### **Team's findings**

The home meets this expected outcome

The home supports and encourages residents to participate in a wide range of interests and activities of interest to them. Assessment and consultation with residents and representatives following entry identifies individual interests and these contribute to the overall program, which runs seven days per week. The lifestyle program is evaluated regularly and lifestyle staff provide a diverse range of group activities and individual sessions to meet residents' needs ensuring residents with sensory or cognitive difficulties can participate. Notice boards and information provide regular reminders of upcoming sessions. We observed residents enjoying a range of activities. Residents confirmed the lifestyle program offered a range of activities that catered for their interests

### **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 findings**

The home meets this expected outcome

The home assesses residents' cultural and spiritual beliefs and customs on entry. The home holds church services rotated between various religious denominations. The home assists individual residents to attend church services of their choice outside the home if requested and arranges for visits to the home by spiritual advisors or pastoral care workers if required. Residents' cultural and spiritual needs are met through the celebration of events, days of significance and practices that are of importance to residents as a group and individually. Residents reported they were satisfied with the home's response to their cultural and spiritual needs.

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

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

#### **Team's findings**

The home meets this expected outcome

The home has effective systems to ensure that residents participate in decisions and exercise choice and control over their lifestyle, while not infringing on the rights of other people. The home respects the right of the resident to make choices in all aspects of their care including choice of doctor, showering frequency and times, food choices and residents own interests. Assessments and care plans are individualised with consultation occurring on a regular basis. The home holds regular resident and representatives meetings. Residents and representatives confirmed choices and the ability to make decisions in all aspects of daily living are generally respected, and said they were well informed.

### **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 findings**

The home meets this expected outcome

Residents and their representatives confirmed they receive appropriate information in regard to the home's provision of services prior to entering the home. Management has implemented systems to ensure residents have security of tenure within the home and understand their rights and responsibilities. The resident agreement contains information about their rights and responsibilities, terms of tenure and the schedule of specified services. Management stated they are available to explain the information or to suggest prospective residents or their representatives seek independent advice when necessary. Residents stated they felt secure in their tenure in the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 for more details on the home’s continuous improvement system. Management monitors the physical environment and safety systems through environmental inspections, analysis of incident and infection reports, resident and staff surveys and comments and complaints. Residents can make suggestions or express concerns through the regular resident and relative meetings or using the home’s feedback forms. Actions identified for attention are included on the home’s continuous improvement plan for further development.

Recent improvements include:

- Following a review of power outages and emergency preparedness management decided to purchase a generator as a back up source to maintain electricity supply to the home. Management has installed the generator and placed it on the maintenance schedule including testing. Initial concerns regarding no display if an internal battery source was not working has been corrected by the installation of a visual alarm. Maintenance told us the system cuts in automatically in the event of a power disruption.
- Management has worked with maintenance and contractors to replace down lights with the safer light-emitting diode (LED) down lights. This has resulted in an 11% reduction in energy consumption providing an average cost saving of \$2000/month and reduced the fire risk associated with the previous type of down light.
- Following the results of a resident survey showing that residents would like improvements in the dining room the home’s management has implemented a number of changes. Management has provided dining cloths, condiments, flowers and placemats for each dining table. Management has improved the room’s ambience by tuning off the television off and playing soft music during meals. Residents have reacted positively to the changes.

### **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 findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system for regulatory compliance. The home has systems to ensure continued compliance with essential services, occupational health and safety and food safety programs. The home has registered its kitchen with the local council and an external provider audits it annually. Contractors maintain the home’s fire and security equipment and there is active staff representation on the occupational health and safety committee.

### **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 findings**

The home meets this expected outcome

Educational programs monitor and enhance the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Staff confirmed they attend annual mandatory training and expressed an understanding of processes required during environmental emergencies or infectious outbreaks. Refer to expected outcome 1.3 Education and staff development for a description of the home's education system.

Education sessions attended relevant to Standard four includes:

- emergency and evacuation procedures
- food safety
- hand hygiene
- infection control
- manual handling.

### **4.4 Living environment**

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

#### **Team's findings**

The home meets this expected outcome

Barrabill House is a purpose built residential care facility specially designed for disabled, frail and aged persons. The home consists of two wings each with a small lounge overlooking gardens and two double rooms, the remaining rooms provided single accommodation. Residents either have private or shared ensuites according to the room configuration. Most residents have their meals in a social atmosphere in the dining room but some choose to eat in their bedrooms, a request accommodated by staff. Security measures include closed circuit television, duress alarms, call bells and key pad or swipe card operated doors. A preventive maintenance system along with cleaning schedules maintains a comfortable home for the residents. Residents and representatives told us residents felt secure and comfortable in 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 findings**

The home meets this expected outcome

Occupational health and safety manuals and information is available to all staff and residents. There is a committee that meets to discuss hazards, incidents, training needs regarding safety, workplace inspections and trend data. A comprehensive risk management system priorities hazards so that the responsible person or authority can take effective action in a timely manner. Management encourages all staff and residents/representatives to report

any hazards or to offer improvement suggestions. Staff demonstrated an understanding of their occupational health and safety responsibilities and the home's incident and hazard reporting mechanisms and processes. Staff and documentation confirmed that training in safety related mandatory subjects occurred annually and at orientation for new staff.

#### **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 findings**

The home meets this expected outcome

Management uses an external contractor to maintain and perform system checks on the home's fire safety system. Staff maintain clearly marked and unobstructed fire exits. Legislative requirements regarding essential services is being met by a preventive maintenance program that includes the testing and tagging of all electrical equipment, the cleaning of mobility aids and the maintenance of plant and equipment. Key pad locks that, automatically release in the event of an emergency, control external doors for resident security. Closed circuit television and a duress alarm system completes the security measures. Staff interviews and documentation confirmed annual training in fire and emergency occurs. Residents and representatives stated they would wait for instructions in the event of an emergency. We observed appropriate security measures, equipment and environmental controls in the home.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

The home is part of a wider health organisation, with access to comprehensive infection control resources and support. A qualified infection control nurse visits the home regularly and monitors the infection control program. The home demonstrated personal protective equipment and hand-washing facilities were available and accessible throughout the home with pest control contractors visiting regularly. We observed staff practising good hand hygiene techniques after resident contact, and demonstrated an understanding of precautions, infection prevention and the use of personal protective equipment. In the event of an outbreak, infection control policies and procedures are available and accessible to guide staff in the management and control of infections. The home offers residents and staff yearly influenza vaccinations.

#### **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 findings**

The home meets this expected outcome

The home's catering staff generally have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. There is a registered food safety plan and a rotating menu offering variety and choice to residents. The home conducts all cleaning and personal laundry services in house. The home contracts its linen to an external laundry service. There are cleaning schedules that meet individual



resident and service needs and promptly return personal laundry. The home's management monitors its hospitality systems to identify and correct deficits throughout the services. Residents and representatives confirmed their satisfaction with the catering, cleaning and laundry services provided by the home.