



**Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to accredit St Catherine's Hostel**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit St Catherine's Hostel in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of St Catherine's Hostel is three years until 4 December 2012.

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

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

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

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

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name:	St Catherine's Hostel		
RACS ID:	3072		
Number of beds:	59	Number of high care residents:	22
Special needs group catered for:	<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
Street/PO Box:	1 Clayton Road		
City:	BALWYN	State:	VIC
		Postcode:	3103
Phone:	03 9857 9488		Facsimile:
			03 9857 6001
Email address:	Michelle.Willison@catholic-homes.org.au		

### Approved provider

Approved provider:	Catholic Homes For The Elderly Inc
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### Assessment team

Team leader:	Stephen Koci
Team member/s:	Sue Dockrell
	Susan Hayden
Date/s of audit:	14 September 2009 to 16 September 2009

**Executive summary of assessment team's report**

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

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

**Standard 2: Health and personal care**

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

**Accreditation decision**

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

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

**Accreditation decision**

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
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Does comply

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	St Catherine's Hostel
RACS ID	3072

### **Executive summary**

This is the report of a site audit of St Catherine's Hostel 3072 1 Clayton Road BALWYN VIC from 14 September 2009 to 16 September 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Catherine's Hostel.

The assessment team recommends the period of accreditation be three years.

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 September 2009 to 16 September 2009.

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

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

## Assessment team

Team leader:	Stephen Koci
Team members:	Sue Dockrell
	Susan Hayden

## Approved provider details

Approved provider:	Catholic Homes For The Elderly Inc
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## Details of home

Name of home:	St Catherine's Hostel
RACS ID:	3072

Total number of allocated places:	59
Number of residents during site audit:	58
Number of high care residents during site audit:	22
Special needs catered for:	N/A

Street/PO Box:	1 Clayton Road	State:	Victoria
City/Town:	BALWYN	Postcode:	3103
Phone number:	03 9857 9488	Facsimile:	03 9857 6001
E-mail address:	Michelle.Willison@catholic-homes.org.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit St Catherine's Hostel.

The assessment team recommends the period of accreditation be three years.

### Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

### Audit trail

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

#### Interviews

	Number		Number
General manager residential services	1	Residents/representatives	22
Residential services manager	1	Care staff	6
Facilities manager	1	Admissions officer	1
Registered nurses (Care coordinators)	2	Cleaning staff	3
Registered nurses	1	Cleaning contracts manager	1
Laundry staff	1	Chef	1
Lifestyle coordinator	1	Food Services assistant	1
Lifestyle assistant	1	Maintenance officer	1
Occupational health and safety representative	1	Hostel team leader	1

#### Sampled documents

	Number		Number
Residents' files	18	Medication charts	31
Resident Agreements	4	Personnel files	2

#### Other documents reviewed

The team also reviewed:

- Activities program
- Advanced care directive
- Annual essential services report dated 24 October 2008
- Assessments
- Assets register
- Audits and audit schedule
- Automatic fire detection and alarm systems maintenance logbook
- Automatic fire sprinkler systems maintenance logbook



- Behavioural assessments and care plans
- Brief life history
- Budget variance report
- Catholic Homes annual report
- Central office strategic plan June 2006-June 2009
- Cleaners' training log records
- Cleaning schedules for residents' rooms and communal areas
- Clinical assessments and care plans
- Comments, complaints and compliments
- Communication assessments and care plans
- Comprehensive medical assessments
- Continence assessments and care plans
- Continence evaluation template
- Continuous improvement forms
- Continuous improvement plan 2009
- Contract cleaners' additional procedures for outbreak management
- Contract cleaners' chemical inventory list and chemical risk assessment forms
- Contract cleaners' employee handbook
- Contract cleaners' monthly inspection records
- Contractor performance report
- Controlled document and distribution folder and updates
- Coronial communiqué
- Council food premises registration 10 March 2009
- Diabetic assessments and records
- Dietary analysis forms (dietary changes)
- Dietician's menu assessment February 2009
- Doctors and allied health progress note entries
- Doctors' communication book
- Elder abuse policy and procedure
- Electrical testing and tagging records 2009
- Electronic preventative maintenance management program
- Emergency procedures manual
- Emergency warning and internal communication systems logbook
- Employee handbook
- Essential safety measures and preventative maintenance schedule
- Essential safety measures and preventative maintenance schedule
- Exercise programs
- Facility induction checklist
- Family conference record
- Fire safety declaration dated 31 December 2008
- Food safety policy
- Food safety program
- Four week rotating menu
- Incident reports
- Incident/accident reports and registers – staff and residents
- Infection control surveillance reports
- Kitchen cleaning schedule
- Kitchen daily monitoring records
- Kitchen memo book
- Kitchen staff chemical handling certificates
- Kitchen staff food safety training update records
- Kitchen staff illness register
- Kitchen thermometer calibration records

- Laundry cleaning schedule
- Laundry manual
- Laundry process flowchart
- Learning and development attendance record
- Legislative updates
- Lifestyle assessment and profile
- Lifestyle participation sheet
- Logbook for the maintenance of fire resistant smoke and fire exit doors
- Maintenance request book
- Maintenance request log
- Manager's monthly report
- Master essential services maintenance logbook
- Material safety data sheets
- Medication care plans
- Medication competencies
- Memorandum
- Minutes of meetings, management, staff, medication advisory and residents/relatives
- Minutes of welcoming committee 31/7/2009
- Missing resident legislative update
- Missing resident policy and procedure
- New admission checklist – Lifestyle
- New employee induction pack
- New equipment pre-purchase assessment and checklists
- Notice about bringing in food to facility
- Nurses' 2009 registrations
- Nutrition and hydration assessments and care plans
- Occupational health and safety folder
- Occupational health and safety manual for cleaners
- Occupational health and safety policy and procedure
- Oral and dental assessments and care plans
- Orientation program
- Pain assessments and care plans
- Palliative care plans
- Pandemic management plan
- Pathology reports
- Permanent resident admission form
- Physiotherapy assessments and care plans
- Planning, leadership and continuous improvement folder
- Police check lists for staff and volunteers
- Police checks policy and procedure
- Policy and procedure manuals
- Preferred providers' list online
- Privacy collection statement
- Pumpset systems maintenance logbook
- Quality graphs and benchmarking data
- Quality management intranet system including policies and procedures
- Record of exit/emergency luminaire testing
- Regulatory compliance register
- Resident activity program questionnaire
- Resident and relatives meeting minutes 23/7/2009
- Resident observations and weight charts
- Residential services contracts
- Residential services resident handbook

- Residents' monthly newsletter
- Risk assessment forms
- Risk assessments
- Safe work method statements
- Schedule of meetings 2009
- Sensory loss assessments and care plans
- Site specific learning and development program 2009
- Skin assessments and care plans
- Staff and residents' information handbook
- Staff appraisals 2009
- Staff manual handling training documentation
- Staff roster
- Standard template for meetings
- Supplements' list
- Supply order books
- Temperature checks refrigerators
- Training evaluation
- Transdermal competency administration worksheets
- Volunteers' handbook
- Warfarin orders
- Weight and observation records
- Wound assessments and care plans

## **Observations**

The team observed the following:

- Activities in progress
- Aged care brochures
- Aquarium
- Chapel being used for Mass
- Cleaners' room
- Confidential destruction bin
- Daily menu whiteboards
- Dining and lounge rooms
- Equipment and supply storage areas
- Hair salon
- Hairdresser cutting residents hair
- Hand washing facilities
- Hand washing guides
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and food storage areas
- Laundry
- Laundry labelling machine
- Lifestyle office
- Living environment
- Mass being broadcast in the Gardenia lounge on the widescreen television
- Modified food and fluids poster – kitchen
- New first aid kit
- Nurses' station
- Occupational health and safety board
- Pandemic stock, equipment supplies and checklist
- Reception area
- Reject linen bag

- Residents
- Residents' Computer room
- Sharps containers
- Staff and residents' noticeboards
- Staff room
- Storage of medications
- Suggestion box
- Training room and whiteboard
- Utility rooms
- Vision, mission and values on wall in hostel

## **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 continuous improvement plan, quality reporting and monitoring processes at the home and the organisational level show the active pursuit of continuous improvement. Improvements arise through strategic planning, suggestions, audits, feedback and meetings including the four quality circle committees at both management levels reflective of the four Standards. Items for action are logged on the continuous improvement plan, progress is monitored and evaluations and outcomes recorded. The manager who also works across the co-located nursing home submits monthly reports to Catholic Homes addressing four key balanced scorecard areas. Documentation confirms issues identified from monitoring and evaluation processes are actioned with feedback provided to stakeholders. Staff and residents confirm their involvement in continuous improvement through meetings, focus groups and informal interaction and that their input is actively sought.

Recent improvements in relation to standard one include:

- Introduction of an electronic risk and compliance program for managing risks and legislative obligations. This has streamlined the process for monitoring and managing compliance and legislative and regulatory changes and updates.
- Implementation of the online quality management systems which enables access to policies and procedures, meeting minutes and various resources.
- Development and recent implementation of a new quality services report form for comments, suggestions and complaints. The two sided form includes expanded sections for recording investigations and actions.
- Updating of the orientation program to cover all service aspects including pandemic management, computer use and quality management and accreditation outcomes.

### **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

As part of Catholic Homes, there are systems in place for identifying, monitoring and implementing relevant legislation, regulations and guidelines including changes. Information is received about legislative updates/changes through the central office online toolkit system and from aged care industry and peak bodies and associations. Legislative changes are discussed at stakeholder and quality meetings and senior executive meetings with policies and procedures amended as required and staff informed. Processes have been implemented to ensure legislative compliance regarding missing residents and police record checks for staff, volunteers and contractors. Stakeholders report they are informed about regulatory compliance and changes through meetings, education and memorandums as appropriate.

### **1.3 Education and staff development:**

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

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

Does comply

The home ensures management and staff have the appropriate knowledge and skills to perform their roles effectively. Education requirements are identified through appraisals, audit gaps, changes to resident needs and through observations. The education programme is advertised via memorandum, flyers, word of mouth and ringing staff if required. The education program is flexible so it can address any changes in legislation or resident care needs. There is also mandatory training in handwashing, infection control, medication management, continence management, basic wound, minimal lift and manual handling. Attendance records are kept and training programmes are evaluated by management. Staff confirmed to the team that they are satisfied with the education available at the home.

Examples of recent education relating to Standard one includes:

- Bullying and harassment/professional behaviours in the workplace
- Professional development for registered nurses
- Electronic care plan training

### **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, their representatives and other stakeholders have access to internal and external complaints information, processes and advocacy services. These processes are explained pre entry and on admission to the home, explained to new staff and discussed at ongoing staff and residents/representatives meetings. Staff report they would assist residents if required, a suggestion box is available, forms are displayed and issues are managed confidentially as required. The manager logs suggestions, compliments and complaints electronically, issues are addressed with verbal and or written feedback provided. Residents and representatives report there is an 'open door' policy that staff and management are very supportive and they are comfortable raising issues directly. Documentation and interviews with residents and their representatives confirm that any issues are actioned appropriately with timely feedback provided.

### **1.5 Planning and leadership**

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

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

Does comply

The home has documented its mission, vision and values and general philosophy. These are included in information provided to prospective residents, residents, staff and volunteers and are displayed within the home. The homes mission, vision and values and general philosophy are conveyed to staff through the induction program, the employee handbook, job descriptions and the mission, vision and values are in the Catholic Homes annual report. A commitment to quality is in the planning and leadership documents that layout Catholic Homes objectives.

## **1.6 Human resource management**

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

### **Team's recommendation**

Does comply

The home has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to residents. A formal recruitment process is followed by management and the home has a process to monitor qualifications and credential information. New staff at the home complete a formal orientation program for one day at central office and receive site specific orientation and buddy shifts to assist them in adjusting to their new roles. New staff are monitored and a performance appraisal program is in place. Rosters confirmed that adequate staffing levels occur over all shifts and a registered nurse division two is rostered for all night shifts. Roster vacancies are filled by part time and casual staff and agency staff as required. Residents, representatives and staff confirmed they are satisfied with the current staffing levels at the home.

## **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

Designated staff across various areas routinely review and re-order medical, health and other supplies to ensure sufficient and appropriate levels of quality stock are maintained. An online maintenance schedule and job log management system is in place and equipment is evaluated for aspects such as function and safety pre-purchase as required. A preferred suppliers' list and an assets register are maintained and electrical equipment is tested and tagged annually or six monthly according to requirements. A maintenance person attends business days, a priority action process operates and responsive and preventative maintenance systems show maintenance is timely. Stock levels were observed to be appropriate and supply areas clean, tidy and secure as required. Staff, residents and their representatives confirm their satisfaction with the quality, and availability of stock and equipment.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Policies and procedures are available in hard copy and are also on the intranet with meeting minutes and other quality management resources to guide care and work practices. Documentation control, archival systems and confidential documentation management systems are in place, computer systems are password protected and backed up. Stakeholders have access to minutes, handover, noticeboards, flyers and communication books, activity planners, a monthly newsletter and staff and resident information books. Staff and resident files are securely stored and appropriately maintained. Residents confirm they are consulted about their changing needs and that the monthly resident meetings are a forum for the exchange of information. Staff confirm they are informed about relevant issues through meetings and memos and residents report regular interaction with staff and management to keep up to date.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

The home has systems and processes in place to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. Contracts entered into specify the required standards and the timeframes for service delivery. Catholic homes head office manages all external contractors, service providers and tradespeople as required. All contractors need to complete an online induction process. External services are monitored through contractor performance reports, observations and feedback from stakeholders about the quality of service to the home. Staff, residents and representatives confirmed that they are satisfied with the home's external services.



## **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

Quality systems and processes at both home and central office level show the home actively pursue continuous improvement in health and personal care. Data from audits, residents' needs, complaints, improvement initiatives, policy and care reviews and meetings is evaluated and actioned as required. Clinical indicators, for example, falls, infections, skin tears, are used for collecting, investigating and analysing information and implementing interventions. Clinical care managers meet bimonthly to monitor clinical care and documentation confirms the implementation of improvements relative to residents' clinical needs. Continuous improvement is a standing agenda item at staff meetings; residents and their representatives confirm the home is responsive to their clinical care needs.

Recent improvements in relation to standard two include:

- Introduction of 'as required' stickers has improved monitoring and management of pain with the subsequent reduction of 'as required' medication.
- Development of a transdermal medication patch competency assessment for personal care attendants in collaboration with the sales representative to improve practice.
- Implementation of staff training for the introduction of an electronic health care documentation system and installation of computers at the nurses' station.
- Review and roll out of new oral dental care policy and procedure to improve the management of oral care.
- Organising mobile dental service visits with a number of residents attending with positive feedback from residents.
- Introduction of graphing of weight charts to enable changes to be more readily identified for follow up.
- Collaborating on a new palliative care approach with the Australian Catholic University with the implementation of six hours of education for employees across the facility. Evaluation of the education shows an improvement in staff knowledge.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has effective systems to enable compliance with regulatory requirements, legislation and guidelines relating to health and personal care. Processes include staff awareness and education for managing and securing confidential clinical information and for storage of medications. A system for monitoring currency of professional registrations ensures staff records are current. All staff administering medications complete annual medication competencies and an independent pharmacist conducts medication reviews. Registered nurses division one oversee the clinical management of residents. Residents confirm they received information relating to health care when they move into the home and through ongoing consultation and interaction with staff.

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

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles in the area of resident health and personal care. For a description of the home’s staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard two includes:

- Wound identification
- Behavioural management
- Management of Parkinson movement disorders

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Policy and procedure manuals and guidelines provide staff with information about the hostel's clinical practices; manuals are accessible in the hostel office. Residents’ clinical care needs and medical treatments are assessed by doctors who visit regularly and as required. Emergency and after hours assessment, treatment and advice are available from locum services and at local hospitals according to residents’ needs and preferences. Residents’ clinical care needs and preferences are assessed on entry and care plans are developed. Care interventions are reviewed monthly for high care and two monthly for low care residents and as needed by registered nurses and carers in consultation with residents and their representatives. Carers provide clinical care. Clinical auditing systems show that the clinical care is delivered according to policy and needs and preferences. Residents confirm that they can choose their doctor and said that their care needs are met by care staff and the health care team. Representatives confirm that they are informed of changes in residents’ condition.

### **2.5 Specialised nursing care needs**

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

#### **Team’s recommendation**

Does comply

Residents’ specialised nursing care needs and preferences are assessed on entry and are planned and documented by registered nurses division one who review residents’ ongoing clinical progress regularly and as required. Care plans document individual specialised care interventions and treatments that are implemented by registered nurses or designated carers. Current specialised nursing care provided for residents includes technical nursing interventions, complex pain management, and diabetes and wound management. Residents said that they are very happy with the specialised care provided and confirm that their preferences are respected. Representatives confirm that specialised care is discussed with them and that they are satisfied that the care provided is effective.

## **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

The hostel has systems and processes in place to identify residents’ needs and individual preferences for allied health care. Processes ensure that referrals are made promptly to health professionals including a speech pathologist, dietitian, and podiatrist as required. Documentation includes current allied health advice. Recommended changes to care management and interventions are documented in files and plans and new interventions are implemented by care staff. Residents and representatives confirm that residents’ have accessed services from allied health professionals and that their advice is implemented.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The medication system is managed by registered nurses division one and medications are administered according to legislative requirements by personal carers. Competency testing ensures that staff have the skills and knowledge to administer medications. Storage and disposal systems are safe and effective. Medications are administered according to doctors’ prescriptions and any medication incidents are identified and addressed. Independent pharmacy reviews and a medication advisory committee ensure that there are third party audits and multidisciplinary reviews of pharmacy services. Residents said and observation confirmed that staff assist them to take their medications according to prescribed times. There is a system to ensure that residents who administer their own medications are safe to do so.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents’ pain levels are assessed on entry and when their condition or pain levels change. Validated assessment tools are used to assess residents’ pain. Education on pain assessment and management was provided in 2008. Individual care plans are developed; interventions include regular and as required pharmacological supplies and non-pharmacological strategies. The effectiveness of pain interventions is assessed to ensure that pain management interventions and strategies are effective. Residents said that their pain needs are well managed and that they are as comfortable as possible.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

The hostel has an integrated system of palliative care that includes staff training, access to external services and spiritual support from clergy, religious sisters and access to advocacy from the archdiocese and religious communities. Palliative care plans to maintain care, comfort and dignity are developed when residents enter the terminal phase; individual and

specific needs and preferences for care, emotional and spiritual support and end of life wishes are known and respected. Staff confirm they have attended internal palliative care and pain management training provided in 2008. Residents' choices regarding treatment and pain management are documented and these are regularly reviewed with residents and their representatives to identify and implement changes.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents' nutritional needs and meal preferences are identified and documented on entry; processes ensure that the relevant staff are informed of the residents' dietary needs and preferences. Variations in residents' weight are monitored and weight changes may result in re-assessments of health status and referrals to appropriate health professionals. Additional nutrition and hydration, supplements and aids are available according to needs and individual preferences and customs. Residents and representatives confirm that residents have access to meals and drinks, fresh fruit and snacks according to their preferences and residents said that they enjoy the variety of food supplied.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

Residents' skin integrity and any skin defects are assessed on entry and risk of skin breakdown is identified; advice from medical and wound experts is available according to identified needs. The frequency and level of assistance required to manage personal hygiene including the care of nails and hair according to needs and preferences is documented. Residents' skin and hygiene needs are regularly reviewed and the effectiveness of care is evaluated. Residents' wound management is documented and the healing progress is reviewed and evaluated. Residents confirm that staff assist them with their hygiene and skin care needs according to their preferences.

## **2.12 Continence management**

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

### **Team's recommendation**

Does comply

Residents' initial assessments identify individual continence needs and preferences. A process of trials of continence interventions ensure the identification of an effective program. Continence management includes toileting schedules, continence aids and the management of infections and other conditions. Specialist external continence advice is available and staff have access to regular continence management education; continence supplies are ordered and supplied to high care residents according to assessed needs. Low care residents' aids may be ordered through the home and are supplied at cost price. Residents confirm that their continence issues are well managed and staff are available to assist them to the toilet according to their needs. Staff confirm that there are ample stocks of continence aids.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents’ challenging behaviours are assessed and interventions are identified to assist in the effective management of residents’ behaviours. Behavioural care plans document interventions and these are regularly reviewed for effectiveness. Staff implement generic interventions to effectively manage behaviours. Residents are referred to external geriatric and mental health services for assessment and advice as necessary. Some staff have attended education on behavioural management. Residents and representatives said that other residents’ behaviours of wandering and confusion do not disturb them.

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

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

#### **Team’s recommendation**

Does comply

Residents’ mobility and dexterity needs are assessed by the physiotherapist to identify individual mobility, falls risk and rehabilitation needs. Individual exercise plans are developed and documented for staff and residents to implement to maintain residents’ abilities and provide rehabilitation. Exercise programs are included in the lifestyle program; residents confirm that they feel the benefit of increased mobility. There are strategies in place to minimise falls including prevention programs, electronic monitoring and individual skeletal protection devices. Falls data are analysed to identify health and/or environmental conditions that may contribute to falls and the physiotherapist reviews residents to recommend remedial actions. Residents confirm that they are encouraged and assisted to walk and maintain independence.

### **2.15 Oral and dental care**

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

#### **Team’s recommendation**

Does comply

Residents’ oral and dental health is assessed and reviewed on entry and regularly by staff. Assessments identify any decayed or missing teeth, ill fitting dentures and needs and preferences for oral and dental hygiene. Care plans document the assistance and interventions each resident requires to maintain their oral and dental hygiene. Residents are supported to access a visiting dental service and dental technician on site or to attend private specialists; appointments are facilitated by representatives and or personnel from the home. Residents said that they are able to maintain their oral and dental hygiene with help or independently.

### **2.16 Sensory loss**

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

#### **Team’s recommendation**

Does comply

Residents’ sensory losses, aids used and sensory needs and preferences are assessed and documented on entry and as part of ongoing reviews and assessments. Individualised care

plans are developed that identify the management and care of aids and strategies to enable clear two way communication. Residents are regularly reviewed for any changes to effective communication or change in senses affecting communication. Residents are referred to private specialists and services as required; visiting optometry and audiology services are available. Residents confirm that their sensory losses are managed with assistance from staff.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents’ natural sleep routine and nap preferences are assessed on entry and reviewed regularly to identify any changes or disturbances to normal sleep patterns. The care plan includes residents’ preferred settling and rising times and any special sleep routines and preferences. Aids to sleep include medications and non-pharmacological interventions such as snacks and drinks and effective pain, continence and behavioural management. Documentation shows that staff attend to residents’ individual needs overnight as required. Residents said that the home is quiet and they are able to sleep at night.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has effective systems and processes in place to identify and plan residents’ lifestyle improvements to meet their needs and preferences. Improvement opportunities arise from suggestions, meetings, scheduled audits, residents’ needs and preferences and evaluation processes. Items for improvement are reviewed and evaluated once implemented and discussed at staff and resident meetings. Documentation shows that residents are consulted about their lifestyle needs and interests and their suggestions are followed up with feedback provided. Staff confirm they contribute to continuous improvement through lifestyle reviews and evaluations. Residents and their representative confirm their input is encouraged through consultations and meetings and that the home is responsive to their needs and preferences.

Recent improvements in relation to standard three include:

- A major revision of the lifestyle program with new activities broadening the program to include a range of new activities which have proved popular. Examples include new entertainers, a knitting group and the re-introduction of a regular coffee afternoon with the coffee making machine.
- Introduction of a staff buddy system for new residents to provide initial support following a resident’s suggestion.
- Combining the residents/representative meetings with the quality circle meetings for Standard Three has increased exchange of information between stakeholders.
- Introduction of a weekly creative craft activity following suggestions from a resident focus group with residents making items such as individual placemats and key rings.
- Introduction of a weekly sonas program and visits by a mobile men’s shed.
- In response to resident initiated suggestions providing them with the opportunity to name the communal areas which include dining and lounge/sitting areas. Themes and names were discussed and agreed upon and professional signs organised and erected.
- Introduction of a large print monthly resident newsletter which is also emailed to resident representatives.
- Recruitment of two new volunteer drivers to assist with bus trips.
- Development of a handbook for volunteers covering a range of care and service information including occupational health and safety aspects.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to identify and ensure compliance with all legislative and regulatory requirements relating to resident lifestyle. Documentation confirms the home fulfils requirements regarding privacy legislation, security of tenure and residents’ rights and responsibilities. All residents and relatives are offered a resident agreement and receive a

handbook which covers appropriate information. Staff confirm education and knowledge of elder abuse and mandatory reporting requirements. Residents and their representatives report they are informed of their rights and responsibilities and understand the concept of 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

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles in the area of resident lifestyle. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard three includes:

- Resident lifestyle and cultural diversity
- Reminiscing

### **3.4 Emotional support**

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

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

Does comply

The home supports residents in adjusting to life in the home and also on an ongoing basis. Residents' emotional support needs and preferences are assessed upon entry to the home and care plans are developed to meet these needs. Review of residents' emotional support needs occurs on a regular basis and care plans are updated as required. Residents and representatives are provided with information to assist their orientation to the home and the home has a welcoming committee to assist new residents in their adjustment to their new home. The effectiveness of support provided to residents is assessed through mechanisms such as meetings and feedback from residents and representatives. Residents and representatives indicated satisfaction with the initial and ongoing emotional support residents' receive at the home.

### **3.5 Independence**

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

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

Does comply

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement and access to communal areas with internet access, outings, a sign in/out resident book for residents and the use of individual mobility aids. The home welcomes visitors and supports residents to develop friendships within the home and the home uses the community visitor's scheme and supports residents to maintain



their individual interests and their community involvement. Residents and representatives confirmed they are satisfied residents' independence is supported.

### **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

Each resident's right to privacy, dignity and confidentiality is recognised and respected by the home. Staff practices to ensure privacy and dignity is respected include the use of residents' preferred names, staff knocking before entering residents' rooms, names on resident doors only if requested and the secure storage of residents' information. There are quiet indoor and outdoor areas available resident and representatives to use. Residents' right to privacy is discussed with residents and their representatives and a privacy collection statement is included in the resident information pack. Residents and representatives are satisfied their privacy, dignity and confidentiality is recognised and respected.

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

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

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

Does comply

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. A lifestyle assessment and profile is completed of the residents' lifestyle and activity needs upon entry to the home in consultation with the resident and/or their representatives. Lifestyle staff also complete a brief life history of the resident that includes special memories and their favourite pastimes. A lifestyle care plan is then formulated for each resident and these are reviewed regularly by lifestyle staff. The program is flexible and includes a range of activities including a coffee shop, cooking, exercise program, card and games, a men's group, craft and bingo and the home has its own bus for resident bus trips. A regular newsletter has been introduced to keep residents updated on the lifestyle program. The effectiveness of the activity program in meeting individual residents' needs is evaluated and feedback is encouraged through meetings, questionnaires, direct feedback and satisfaction surveys. Care and lifestyle staff communicate effectively regarding residents' needs and individual programs. Resident and representatives are satisfied with the lifestyle program and are supported to participate in a range of activities 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

The home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of its residents. Residents' pastimes, heritage and religious profiles are identified upon entry to the home. Regular religious services are provided and the home has its own chapel for reflection and devotions. Pastoral and spiritual care for residents of all faiths is available as required. The home celebrates world day of prayer and the home celebrates days of significance of its residents. Staff have access to culturally specific services like a cultural care kit to assist in meeting individual cultural needs as required.

Residents and representatives reported they are 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 recommendation**

Does comply

Residents and representatives confirmed they are satisfied they are able to participate in decisions about the services the resident receives and they are enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. Residents' individual choices and decisions are encouraged and supported by management and staff. The home has resident and representative meetings and care plan reviews are in place to ensure the home provides resident and representatives with information to make decisions and have input into residents' care. Residents also have access to meetings and satisfaction surveys. Comments, complaints and compliments forms are available for residents and representatives to raise any issues with management of the home. Staff confirmed that residents are supported to make choices and to have control over their lifestyle 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

The home has a system in place to ensure residents have secure tenure within the residential care service and to understand their rights and responsibilities. Information about security of tenure provisions and residents' rights and responsibilities is provided in the residential care agreement and in the admission pack. Any changes of room or a move to the nursing home will only occur after full consultation with the resident and their representatives. Residents' rights and responsibilities or security of tenure can be clarified on an ongoing basis through Catholic homes admission officer at head office. Residents and their representatives are satisfied they have security of tenure within the home and indicated to the team they 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 has systems in place that are effective in identifying and actioning improvements relating to the physical environment and safe systems. Items for improvement are identified through various sources including audits, observation, feedback and monthly environmental inspections. Staff and residents are encouraged to participate in the improvement of the environment through suggestions, meetings, complaints and comments. Issues identified in relation to the safety of residents and staff are appropriately addressed. Staff confirm continuous improvement is discussed at meetings and they contribute to the process. Residents and their representatives confirm their input is encouraged and feedback provided through meetings and consultation.

Recent improvements in relation to standard four include:

- Development and set up of a pandemic response system including documentation and extensive supplies of equipment has prepared the home for a quick response if required.
- Purchase of a new and expanded first aid kit to cater for more first aid emergencies if required.
- Introduction of new dining room furniture and soft furnishings which has improved comfort and the ambience for residents.
- Replacement of the carpet in the chapel.
- Re-covering of the flooring in the main dining room with new vinyl has freshened the physical ambience.
- Purchase of a new and expanded first aid kit to improve capacity to cater for first aid emergencies if required.
- Installation of energy efficient light globes in dining room.
- Installation of cassette air conditioners in hallways and community areas has improved environmental comfort for residents in hot weather.
- Relocation and refurbishment of chemical room, sacristy and development of computer server room.
- Purchase of a new stainless sorting table for the laundry has improved the process for sorting dirty clothes.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Systems and processes in place enable compliance with legislative and regulatory requirements relating to physical environment and safe systems. These systems ensure food safety certification, environmental safety, occupational health and safety and appropriate chemical storage and infection control management. Regulatory issues and changes in relation to Standard Four are discussed and actioned at the relevant central office meetings. Staff across various service areas confirm relevant training and demonstrate an awareness of regulatory requirements relating to their specific role and area of responsibility.

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

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

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

Does comply

The home has processes in place to ensure management and staff have the appropriate knowledge and skills to perform their roles in the area of the homes physical environment and safe systems. For a description of the home's staff education processes refer to Expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard four includes:

- Fire training
- Elder Abuse
- Chemical awareness
- Pandemic launch

### **4.4 Living environment**

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

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

Does comply

Residents live across two levels of a large aged care facility with a central foyer leading to office areas and the chapel and have access to tea and coffee making bays. Lighting is appropriate, passageways are clear and systems in place for the identification and actioning of hazards include monthly environmental inspections. All residents have single ensuite rooms which reflect safety and comfort needs including heaters and ceiling fans with access to balconies for some residents. Residents' rooms are decorated with personal items, the home is clean and comfortable and residents were observed moving about with and without mobility aids. Residents have access to computers, are able to enjoy quiet times and group activities in lounge/sitting and activity areas on both levels with access to external areas as appropriate. Residents and their representatives confirm their satisfaction with 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 actively works to maintain a safe environment through staff education, risk assessments, safe work practices and policies and procedures to minimise risk. Monthly environment audits are conducted, occupational health and safety meetings are held regularly, issues are identified and actioned with feedback to stakeholders. There are trained occupational health and safety representatives for designated work areas, safety information is displayed and current material safety data sheets are maintained. Incidents are registered and followed up to prevent re-occurrence and to control risk and the central office occupational health and safety committee provides support. Specific staff are trained to educate others in 'no lift' practices in clinical and non clinical areas. Staff report training in safe work practices including annual manual handling and food safety and demonstrate an understanding of safe work practices.

#### **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

The home is actively working to provide an environment and safe systems or work that minimise fire, security and emergency risks. Emergency and evacuation plans are in place and are displayed throughout the home, emergency exits are clearly signed and the home has emergency lighting and relevant training regularly occurs. The home is equipped with fire fighting equipment that includes a fire intercom system, fire blankets, fire extinguishers, fire hose reels, smoke doors, break glass alarms and sprinklers and also has a fire pump to maintain water pressure. The call bell system and phones have a battery backup in case of blackouts. Chemicals are stored safely and an electrical testing and tagging program is in place. The home is able to respond to power failures and external emergencies. Staff confirmed emergency training occurs at induction and also regularly occurs at the home.

#### **4.7 Infection control**

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

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

Does comply

The home has a system of effective infection control that includes documented policies and procedures, pandemic management policies, procedures and checklists, surveillance programs, and pest control. Mandatory infection prevention and control training and hand washing competencies are held annually. The residential services manager supervises the infection control program and reports on key performance indicators to the organisation. Low infection rates are maintained through staff adherence to standard precautions and the provision of hand washing supplies and surgically clean and sterile stock and effective food safety programs. Staff and residents are offered vaccinations to minimise infectious diseases. Hospitality staff have attended initial skills training and attend mandatory annual infection prevention and control training for all staff.

#### **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

Hospitality services are provided in a friendly and generous manner for residents and systems are in place to support consistent and quality hospitality services. Meals are cooked fresh on site, temperature checked and served to residents in the two dining rooms. and. The chef consults daily with residents regarding their lunch and dinner choices and between meal snacks are available. The four week rotating seasonal menu has been reviewed by a dietician for variety, quantity, nutritional adequacy, resident input is sought and alternative meal choices are available. Meals were observed to be appropriately portioned and enjoyed by the residents. Documentation shows processes are in place to ensure catering staff are aware of residents' special dietary needs including likes and dislikes and any changes. Residents confirm considerable satisfaction with their meals.

Communal areas and residents' rooms and ensuites are regularly cleaned and detailed and appropriate cleaning practices and schedules are in place for all areas. The cleaning contracts manager visits regularly, provides education, conducts monthly inspections, seeks resident feedback and issues are addressed. Training and information for cleaning staff has

included orientation, fire safety, infection control, site procedures and chemical and manual handling.

The laundry has separate entrance doors for the clean and dirty areas and was observed to be clean with equipment appropriately maintained. Appropriate systems are in place for the collection and return of residents' clothing and for labelling and managing lost laundry items. Residents' personal items are laundered in-house five days a week and returned to them on a trolley in individual baskets in a timely manner. Other linen is laundered externally with appropriate supplies and ordering processes noted. Residents and representatives are very satisfied with the cleaning and laundry services provided by the home.