# Decision to Accredit
# Warrawee Nursing Home

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Warrawee Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Warrawee Nursing Home is 3 years until 20 June 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 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: | Warrawee Nursing Home |
| RACS ID: | 4444 |

| | | | |
|---|---|---|---|
| Number of beds: | 90 | Number of high care residents: | 50 |

| | |
|---|---|
| Special needs group catered for: | • Nil |

| | | | | | |
|---|---|---|---|---|---|
| Street/PO Box: | | 854A Centre Road | | | |
| City: | Bentleigh East | State: | Victoria | Postcode: | 3165 |
| Phone: | | 0395702211 | | Facsimile: | 0395702132 |
| Email address: | | jbrooks@gleneira.vic.gov.au | | | |

## Approved provider

| | |
|---|---|
| Approved provider: | City of Glen Eira |

## Assessment team

| | |
|---|---|
| Team leader: | Lois Knox |
| Team member/s: | Heather Pearce |
| | Kerren Thorsen |
| Date/s of audit: | 6 April 2009 to 7 April 2009 |

| Executive summary of assessment team's report | | Accreditation decision | |
|---|---|---|---|

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

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

**Standard 2: Health and personal care**

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

| **Executive summary of assessment team's report** | | **Accreditation decision** |
|---|---|---|

**Standard 3: Resident lifestyle**

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

**Standard 4: Physical environment and safe systems**

| **Expected outcome** | | **Assessment team recommendations** | **Agency findings** |
|---|---|---|---|
| 4.1 | Continuous improvement | Does comply | Does comply |
| 4.2 | Regulatory compliance | Does comply | Does comply |
| 4.3 | Education and staff development | Does comply | Does comply |
| 4.4 | Living environment | Does comply | Does comply |
| 4.5 | Occupational health and safety | Does comply | Does comply |
| 4.6 | Fire, security and other emergencies | Does comply | Does comply |
| 4.7 | Infection control | Does comply | Does comply |
| 4.8 | Catering, cleaning and laundry services | Does comply | 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 | Warrawee Nursing Home |
|---|---|
| RACS ID | 4444 |

## Executive summary

This is the report of a site audit of Warrawee Nursing Home RACS: 4444, 854a Centre Road, East Bentleigh Vic 3165 from 6 April 2009 to 7 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd on 15 April 2009.

### Assessment team's recommendation regarding compliance

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

- 44 expected outcomes

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Warrawee Nursing Home.

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 6 April 2009 to 7 April 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: | Lois Knox |
| Team members: | Kerren Thorsen |
| | Heather Pearce |

**Approved provider details**

| | |
|---|---|
| Approved provider: | Glen Eira City Council |

**Details of home**

| | |
|---|---|
| Name of home: | Warrawee Nursing Home |
| RACS ID: | 4444 |

| | |
|---|---|
| Total number of allocated places: | 90 |
| Number of residents during site audit: | 88 |
| Number of high care residents during site audit: | 50 |
| Special need catered for: | Nil |

| Street: | 854a Centre Road | State: | Victoria |
|---|---|---|---|
| City: | East Bentleigh | Postcode: | 3165 |
| Phone number: | 03 9570 2211 | Facsimile: | 03 9570 2132 |
| E-mail address: | jbrooks@gleneira.vic.gov.au | | |

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Warrawee Nursing Home.

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** |
|---|---|---|---|
| Residential care manager | 1 | Residents | 12 |
| Care manager | 1 | Relatives | 10 |
| Quality manager | 1 | Laundry staff | 2 |
| Registered nurses division one | 3 | Housekeepers (including cleaning staff) | 4 |
| Registered nurses division two | 2 | Maintenance staff | 1 |
| Care staff | 2 | Catering staff | 1 |
| General practitioner | 1 | Consultant pharmacist | 1 |
| Physiotherapist | 1 | Occupational health and safety representative | 1 |
| Dietitian | 1 | Occupational health and safety advisor | 1 |
| Return to work coordinator | 1 |  |  |

**Sampled documents**

|  | Number |  | Number |
|---|---|---|---|
| Residents' clinical files (electronic) | 10 | Medication charts | 10 |
| Weight records (electronic) | 10 | Personnel files | 11 |
| Blood sugar level records (electronic) | 8 | 'Whenever necessary' medication administration records (electronic) | 20 |
| Food allergies (electronic) | 90 | Deceased resident files | 4 |
| Wound care reviews (electronic) | 6 | Resident agreements | 10 |
| External service agreements | 3 | External contracts | 4 |

**Other documents reviewed**
- 'IT Access' levels
- 'Respecting patient choices' documents
- 'Safety MAP' audit results and documentation
- Activities preference and participation documentation
- Assessments: validated and generic
- Audits folder 2008
- Central Audits folder 2008
- Certification report
- City of Glen Eira residential aged care services business plan 2008
- City of Glen Eira staff handbook
- Cleaning schedules
- Compulsory reporting/resident assault folder
- Continuous Improvement logs, feedback and comments folders 2008,2009
- Diabetic care plan
- Dietary advice documentation
- Dietary needs report
- Dietetic intervention summary
- Education attendances and evaluations
- Emergency procedures manual
- Essential services independent statement
- External services procurement documentation
- Fire and emergency equipment inspection documentation
- Fire and emergency questionnaire
- Fire evacuation exercises report February 2009
- Evacuation list
- Fire safety declaration 2009
- Food safety plan
- General practitioner diabetic management review documents
- Handover documents
- Incident form
- Independent essential services audit report

- Infection control documents
- Intergenerational project proposal and program book
- Job descriptions
- Key performance indicator reports
- Key Performance Indicators 2009
- Leisure & lifestyle health and well being survey
- Letter to residents regarding a change to their care classification
- Maintenance logs
- Maintenance reports & documentation
- Management of hypoglycaemia and hyperglycaemia
- Material safety data sheets
- Meeting minutes
- Menu, photos and list of 19 alternative meals
- Monthly management reports
- Nursing registrations
- Nutrition and dietetics manual
- Occupational health and safety documentation
- Orientation checklists
- Performance review and development
- Pest control folder
- Physiotherapist assessment review planner 2009
- Physiotherapist evaluations and reviews March 2009
- Physiotherapy plans for individual residents
- Podiatry treatment summary
- Police certificate registers
- Policies, procedures and worksheets: clinical and non-clinical
- Resident newsletter
- Resident satisfaction survey 2008 analysed results
- Resident welcome package
- Residents' information handbook
- Routine maintenance list
- Staff handbook aged residential services 2004
- Staff training calendar
- Staff training matrix
- Strategic management model folder
- Supplement and additional menu requirements
- Weekly activities calendars
- Work orders and confirmation reports for maintenance
- Workplace bullying and occupational violence training questionnaire
- Workplace immunisation forms
- Workplace test and tag – test certificate December 2008
- Wound care documents

**Observations**

- 'Bug Box'
- Activities in progress
- Cleaning in progress
- Continence supplies
- Dining rooms
- Equipment and supply storage areas
- Fire exits
- Garden and courtyard areas
- Hairdresser at work
- Internal and external living environments
- Kitchen
- Laundry
- Lounges: small and large
- Material safety data sheets
- Medication refrigerators
- Medication trolleys
- Noticeboards
- Nurses study's
- Oxygen equipment
- Pan rooms
- Personal protective equipment
- Resident menu noticeboards and folders
- Residents meal service (including purchased fish and chips)
- Residents rooms and bathrooms
- Rocking chair
- Spills kit
- Staff checking schedule eight medication
- Staff room
- Storage of medications
- Test tags on electrical equipment
- Therapeutic interactions between staff and residents
- Training room and resources
- Wound care supplies
- Wound care trolley

**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

Warrawee Nursing home has processes and systems in place to pursue continuous improvement. The home's approach to continuous improvement operates within the City of Glen Eira's overarching organisational quality framework. The framework for continuous improvement at the home consists of improvement logs, comments and feedback forms, audits and surveys, meetings and minutes, incident reports and performance data evaluation and analysis. There is a strategic continuous improvement plan that documents and manages the progress of improvements with organisational implications. Suggestions, comments and feedback that relate specifically to practices at the home, are recorded and actioned locally. The program is coordinated by management and staff and other stakeholders are encouraged to participate by monitoring policies and procedures and suggesting improvements. Staff confirm the home's commitment to quality service and continuous improvement.

Recent improvements relating to Standard one include the following
- Implementation of a commercial electronic care assessment/planning and management information system data base package.
- On-line software introduced to manage mandatory police checks for staff, volunteers and nursing registration.
- Updated procedures implemented for the recording and reporting of elder abuse and residents who abscond.
- The introduction of new procedures for the immunisation of new staff.

### 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

Systems are in place to ensure that the home meets its regulatory and legislative obligations. The home subscribes to legislative and regulatory update services and receives newsletters and information from industry associations, relevant government departments and other stakeholder organisations. Changes to legislation are communicated to staff through memorandums, meetings and on-line updates. Policy and procedures are updated to reflect changes. Mandatory staff training occurs on aspects of regulatory compliance such as fire and evacuation procedures, workplace bullying and harassment. A new on-line system has been introduced to monitor mandatory police checks for staff and volunteers. Staff demonstrated awareness of legislative and regulatory requirements relevant to their positions.

### 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 enables all staff to access broad, high quality education. The topics for inclusion in the 2009 training program are derived from the staff suggestions, changes to legislation, performance reviews, audit and incident results, continuous improvement logs, resident clinical changes and mandatory topics. Attendances are maintained and sessions are evaluated. Staff selection criteria require all staff to have basic qualifications or be in the process of completing relevant registration. All staff attend a formal induction to local government protocols and to the home's systems; an overview of mandatory topics is included. Staff are informed of forthcoming internal and external education programs via fliers displayed on the staff notice board, meetings and meeting minutes. Staff confirmed their satisfaction with their opportunities in accessing continuing education either self-directed or provided by the home.

Education opportunities completed by management and other staff that reflect management systems, staffing and organisational development include the following:
- Elder abuse and mandatory reporting.
- Registered nurse division one professional development in leadership and shift management.
- Understanding fees, bonds and accommodation charges.
- Performance management.

### 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

The home has processes in place to ensure that residents and relatives are aware of the mechanisms available to raise any complaints or issues of concern. The home's internal feedback and comments scheme is widely promoted within the home and internal complaints forms and brochures about external mechanisms are readily available. Information about the system is contained in the residents' handbook and residents' welcome pack; regular resident meetings provide a forum in which any concerns can be discussed. Documented complaints observed, noted that action is taken to promptly and appropriately respond to issues raised. Residents and relatives reported that they were aware of the avenues available to them to raise issues and were satisfied with the opportunities available to discuss and resolve issues of concern openly and informally with management and 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 recommendation**
Does comply

The home's mission, vision and values statements are displayed in the foyer and other locations within the home. In addition, these statements are found in the staff and residents' handbooks and in other relevant documentation. The organisation's commitment to quality is evident in the comprehensive planning processes, the framework for continuous improvement and in the provision of a quality, resident-friendly environment.

### 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 appropriately skilled staff to deliver clinical and non-clinical services. The care manager (registered nurse division one) provides overall supervision, support and guidance at all times and is supported in this role by unit managers (registered nurse division one and a supervisor/personal carer), registered nurses division one and two/two endorsed and personal care staff across all shifts. Lifestyle and leisure staff, hospitality, administrative and maintenance staff complement clinical services. To ensure maximum resident care during periods of increased resident acuity, the care manager in collaboration with the senior staff has the ability to increase the staffing profile. Recruitment is managed locally, vacant positions offered internally, externally and by word of mouth. Staff are selected according to organisational needs and clear criteria for the vacant position is available. All staff attend a formal induction to local government protocols and to the home's systems; an overview of mandatory topics is included. Staff are appraised at the completion of the three month probationary period, then annually or as required. Staff interviewed confirmed their satisfaction with the staffing levels. Residents interviewed said that staff provide individual care and that they are generally satisfied with staff response times to their call bells.

### 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

The home has processes in place to ensure stocks of appropriate goods and equipment are available. Staff, residents and relatives confirmed the home has appropriate supplies and that equipment is well maintained. Residents advised that management is responsive to suggestions for the purchase of new equipment. New equipment is trialled and assessed for suitability and occupational health and safety compliance prior to purchase. Formal contracts are in place with external providers to

ensure that appropriate preventative and corrective maintenance of equipment is undertaken and these contractors are available to staff in an emergency 24 hours a day. The home employs staff who attend to minor maintenance and repair issues; staff and residents are very satisfied with the responsiveness of the home's maintenance staff and contractors to identified issues.

## 1.8  Information systems

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

### Team's recommendation
Does comply

The home has effective information management systems in place. A newly implemented resident assessment and management information data base has improved the collection, storage, accuracy and access to information in the home. Electronic data is kept secure and confidential through password protection, different access levels for different users and backup systems. Hard copy resident files and staff records are appropriately stored and kept secure. Staff have access to information on-line, through memorandums, policy and procedure updates, meetings and meeting minutes. The home keeps residents informed through the resident newsletter, mail-outs, resident and relative meetings and information on noticeboards. Residents and relatives are satisfied with the home's systems to ensure they have access to information that they need.

## 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 organisation has contractual agreements with external suppliers for the delivery of non-core services. These include for example, plumbing, electrical, fire, emergency and security equipment, chemicals, podiatry, physiotherapy, and dietician services. Formal contracts or service agreements are in place for all external service providers and these outline the nature and standard of the service to be provided. Contracts for the supply of major services are managed at the organisational level while local level service agreements are in place for supply of minor services. Contracts and service agreements are current, detailed and set out specific standards of service to be delivered. Performance of external suppliers against expected standards is reviewed regularly, both formally and informally, and all contracts and service agreements require the supplier to ensure that service staff comply with relevant legislation and regulations, including mandatory police checks. Staff, residents and relatives confirmed 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 recommendation**

Does comply

The home's framework for quality services ensures that there are systems in place to continuously identify opportunities for improvement in all aspects of residents' health and personal care. Audits, surveys, incident reports and clinical data are reviewed and analysed to identify areas for improvement. Staff and residents are encouraged to suggest improvements to health and personal care processes by submitting improvement logs and comment and feedback forms. Residents and relatives are satisfied that the home responds to issues raised about health and personal care processes.

Recent improvements relating to Standard two include the following:

- Special interest groups in palliative care and clinical care will be introduced to encourage staff involvement in improving systems and processes post accreditation.
- General practitioners and other health professionals have access to the commercial resident assessment data base to enable easy on-line access to resident information.
- The introduction of the 'respecting patient choices' program to assist residents formalise their wishes for end of life decisions.
- The provision of computers to assist on-line access for medical practitioners with their own surgery computer systems while on site at Warrawee.

### 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 processes and systems in place to ensure that changes to legislation, regulatory requirements, guidelines and professional standards relevant to health and personal care are identified and communicated to staff and residents. The home subscribes to various legislation update services and receives newsletters and update advices from a number of relevant industry associations and other stakeholders. The home undertakes web based validation of nursing registration status. Medications are managed, administered and stored in accordance with legislation. Staff confirm that they are kept informed about changes to regulatory requirements and policies and procedures through on-line access, memorandums and staff meetings.

### 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 enables all clinical care staff to access broad, high quality education. The topics for inclusion in the 2009 training program that reflect health and personal care are derived from the staff requests, clinical competency requirements, performance reviews, audit and incident results, continuous improvement logs, regulatory compliance and resident clinical changes. Staff selection criteria require all staff to have basic qualifications or be in the process of completing relevant registration. Clinical care staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by clinical care staff that reflects the residents' health and personal care include the following:
- Elder abuse and mandatory reporting.
- Registered nurse division one professional development in clinical competency and pharmacology.
- Understanding Parkinson's disease.
- Understanding and using validated behavioural management assessments.
- Understanding dementia (provided for non-clinical staff).

### 2.4 Clinical care

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

**Team's recommendation**
Does comply

There are clinical policies and procedures to inform and guide staff in all aspects of clinical care. Residents' clinical care needs are assessed, planned, managed and reviewed by registered nurses division one and supervisory personal care staff; the family, the attending medical practitioner and relevant allied health practitioners provide supporting information. High care plans are reviewed according to a monthly schedule and low care plans are reviewed quarterly. Residents' have a choice of medical practitioner and allied health professionals who assess, review and document treatments in the electronic progress notes. Residents and relatives are consulted when care plan reviews are conducted and at other times. If residents' require an episode of acute care, a comprehensive transfer document accompanies them. The home has professional relationships with several specialised health outreach organisations that minimise acute care admissions and maximise the residents care at the home. Direct care shift handovers are conducted; clinical and behavioural incidents are reported, recorded and monitored. Residents and relatives confirmed their high satisfaction of the home's clinical care.

### 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

Specialised nursing care needs for residents' receiving a high level of care are assessed, planned, managed and reviewed by the registered nurses division one in for example, diabetic care, enteral feeding regimes, catheter care, wound management, palliative care, oxygen therapy and complex behavioural management. A range of regional clinical nurse consultants and contracted allied health professionals can be accessed to provide additional advice and support. Electronic care plans and the integrated progress notes record strategies recommended by these professionals. Specialised nursing care is monitored by audits and resident/representative satisfaction. Residents and representatives confirmed their satisfaction with the specialised nursing care given to them.

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

**Team's recommendation**
Does comply

Residents' have access to a diverse group of allied health professionals such as a physiotherapist, a dietitian, a speech pathologist, a podiatrist, a dentist and dental technician, a masseuse and specialist optometry and audiology services. These professionals either visit the home regularly or residents can be assisted to visit them in the broader community. Comprehensive assessments and prescribed treatments are documented in the electronic care documentation program. A list of preferred allied health practitioners is available to guide staff. Residents confirmed their satisfaction with the care given to them by allied health professionals.

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

**Team's recommendation**
Does comply

Registered nurses division one manage residents' medication safely and correctly in collaboration with registered nurses division two (endorsed) and supervisory personal care staff. The scheduled monitoring system in place ensures that deficits are identified and addressed; there are documented processes in place to guide staff if medication administration errors occur. An independent consultant pharmacist reviews all medication charts on a scheduled basis. A resident outcome is recorded in the electronic progress notes after the administration of all categories of 'whenever necessary' medications. The team observed that general medications are stored securely and that there is a safe disposal system in place. Schedule eight medications are stored with additional security; the home has a system in place to ensure safe administration of these drugs. Residents' who self-medicate are assessed as

competent to do so. Residents said that their medications are given on time and in a safe manner.

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

**Team's recommendation**
Does comply

The residents' past history and current presence of pain are defined during the entry assessment phase. Pain management protocols are reviewed either monthly or quarterly, when there is a new episode of reported pain and when 'whenever necessary' medications are administered over a period of time. A validated pain assessment tool is used to assist direct care staff in assessing pain in residents' with diminished cognition; pain assessments are linked to the physiotherapy, continence, behaviour and sleep assessments. Alternatives to medication such as heat/cold packs, repositioning, simple massage, remedial massage, and diversional therapies are utilised; specialised equipment is readily available. The home can access pain management specialists for additional support and advice. Residents said that if and when they have pain it is managed well.

### 2.9   Palliative care
*This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".*

**Team's recommendation**
Does comply

Residents' and their families are consulted about 'respecting patient choices' during the entry phase or when the resident and family choose to communicate these choices. Registered nurses division one develop a specific care plan when the resident reaches the palliative care stage in collaboration with the resident, the family, general practitioner and if requested, palliative care specialists; cultural traditions are noted. Documentation observed in four deceased resident files confirmed that care staff gave all possible care and that the families concerned were regularly informed of resident changes during this time. The home can access specialised equipment for the constant and consistent administration of analgesia; a range of other specialised equipment/products to maximise the resident's personal comfort are available. To enhance resident and relative support, the home facilitates visiting religious and secular professionals.

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

**Team's recommendation**
Does comply

During the entry assessment, resident nutrition and hydration needs, food preferences, any swallowing difficulties and weight management requirements are noted on a validated assessment tool; the presence of food allergies is inconsistently recorded. A care plan is derived from this information. Catering staff are informed of specific and relevant dietary information; a range of texture modified meals and fluids are available

for all meals and at refreshment times for those who need them. Residents' are weighed monthly or as required; unplanned weight loss is formally monitored and clear protocols are in place to guide staff in the context of the weight loss. A dietitian and speech pathologist review residents that are identified at risk. The menu, which is developed from resident input, is reviewed by the dietitian for maximum nutritional value. Residents confirmed their satisfaction with the quality and quantity of the meals provided for them

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

### Team's recommendation
Does comply

During the entry phase, the registered nurses division one and supervisory personal care staff review the resident's skin, discuss what skin care has been used prior to entry and identify risks to skin integrity. Special note is taken if for example, the resident is diabetic, has vascular disease, impaired mobility and specific disease processes. Emollients and specialised barrier creams are used in conjunction with other skin care practices. Registered nurses division one in collaboration with care staff, the attending general practitioner and wound clinical nurse consultant, manage all wounds using contemporary and varied dressing protocols; skin tears are monitored via the incident reporting mechanism. Pressure relieving practices and specialised equipment are used; nutritional and wound healing supplements are provided as required. A podiatrist and a hairdresser enhance skin care practices. Residents confirmed that their skin care needs are managed well.

## 2.12 Continence management
*This expected outcome requires that "residents' continence is managed effectively".*

### Team's recommendation
Does comply

During the entry assessment phase, individual continence requirements are discussed reflecting if and what aids are being used, how successful the current practices are and what can be done to improve the level comfort and dignity. Toileting times and levels of staff assistance are individually prescribed after a three day trial; continence aids are trialled to ensure individual requirements are met. Behavioural management includes continence care as a trigger for episodes of restlessness and disruptive behaviour; continence requirements are also considered if there are disturbed sleeping patterns. Validated signs and symptoms are used to define the presence of a urinary tract infection. The use of invasive bowel preparations is kept to a minimum; early intervention strategies such as a high fibre diet, adequate hydration and exercise are in place to maximise normal bowel health. Residents confirmed that their continence needs are managed well and with discretion.

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

**Team's recommendation**
Does comply

The home manages the needs of residents with challenging behaviours in a low stimulus environment. All residents' undergo a range of validated behavioral management assessments during the entry phase, when behaviours change and annually. Care plans are developed from behavioral assessments and other clinical tools, from documented staff observations over a defined period of time, aged persons mental health nurse specialists, mental health geriatricians and the family; these plans are reviewed monthly/quarterly and as required. Episodes of aggressive behaviour and absconding are recorded as incidents and reported appropriately. Lifestyle and care staff use a range of diversional therapies when required. The team observed staff interacting in a calm, respectful and therapeutic manner with the residents.

### 2.14 Mobility, dexterity and rehabilitation
*This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".*

**Team's recommendation**
Does comply

The contracted physiotherapist in collaboration with the registered nurses division one and supervisory personal care staff, assess the resident's mobility, dexterity and rehabilitation needs including resident transfer needs, falls risk rating, post fall and slow stream rehabilitation. Resident's have individualised physiotherapy programs in place that are supervised and recorded on a daily basis; residents' have access to gentle exercises incorporated into their activities. All falls are reported, monitored, analysed, trends identified and if necessary actioned; the home has a range of falls prevention strategies and equipment in place. Residents were observed utilising different mobility aids in a safe manner. Maintenance of mobility aids is provided by the maintenance staff; residents said that their mobility aids are maintained well. Residents said that they enjoyed the exercise programs and their access to the home's gymnasium.

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

**Team's recommendation**
Does comply

The resident's oral and dental needs are reviewed during the entry assessment phase, as part of daily hygiene practices and at the monthly/quarterly review. Care plans document individual preferences for cleaning dentures/natural teeth and other care; the additional need for staff support is documented. Residents' identified as having swallowing difficulties are referred to a speech pathologist. Residents' oral care during palliation, when receiving enteral feeding and after the administration of specific medication is individual and specialised. The home supports residents to attend local and regional dentists and dental technicians; in specific situations the resident can be visited at the home. Residents confirmed their satisfaction with their oral and dental care and the support care staff give them.

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

**Team's recommendation**
Does comply

Hearing, sight, communication, comprehension and other sensory/neurological needs are assessed during the entry assessment phase then annually or as required. Electronic care plans clearly nominate individual strategies to manage the resident's needs. Residents are supported to access relevant allied health professionals in the broader community, whilst several allied professionals visit the home. The living environment is conducive to residents with sensory losses; the internal environment is well lit, calm, and has no excessive background noise. The home has several secure courtyards that enhance the residents' living environment. During palliation, additional care is taken to ensure that sensory care is enhanced utilising background music of choice, specific aromatherapies and appropriate housekeeping. Staff ensure that hearing aids and spectacles are clean and functioning; residents confirmed that staff care for their hearing aids and spectacles and assist them to attend any appointments.

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

**Team's recommendation**
Does comply

During the entry assessment phase, the residents' sleeping and rest patterns are observed over 24 hours for seven days; reassessment occurs if there clinical/medication changes and other changes to normal routines. In consultation with the resident and/or relative, individual resident preferences for rising and settling and other specific rituals are documented in the electronic care plan; residents are checked throughout the night according to individual choice. The home actively promotes the minimisation of sedation; the use of non-pharmacological interventions are utilised where possible. Pain management, continence care and behavioural management assessments include a consideration of sleeping patterns. Residents confirmed that the home was quiet at night, that they slept well, were not disturbed unnecessarily and that night staff would make them a warm drink if requested or have a quiet conversation.

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## 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's framework for quality services includes processes for continuous improvement in relation to residents' lifestyle. Residents contribute to the continuous improvement process both informally, through providing direct feedback on issues to management and staff, and more formally through the feedback and comments system, annual residents' surveys and residents' meetings. Management demonstrates that it is responsive to feedback from residents by acting on improvements to residents' lifestyle.

Recent improvements relating to Standard three include the following
- The implementation of a program to encourage more volunteers to assist in the lifestyle program in the home.
- The implementation of an intergenerational project with a local primary school to foster and develop relationships between the generations.
- The purchase of a suitable vehicle to enable more flexibility in offering outings to residents.
- The trial of a grief, loss and adjustment support program for new residents and their families, with a regional division of general practice.

### 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 processes and systems are in place to identify and ensure compliance with requirements in relation to resident lifestyle. The charter of residents' rights and responsibilities is displayed prominently in the home and the residents' handbook and welcome kit contain information about residents' security of tenure and other rights. Residents' and relatives are informed of any relevant changes to legislation or regulatory requirements through residents' meetings, mail-outs, newsletters and information on notice boards. Policies and procedures have been updated to reflect changes in mandatory reporting of elder abuse, and training and information about these changes has been provided to staff.

### 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 enables lifestyle and leisure staff to access broad, high quality education. The topics for inclusion in the 2009 training program that reflect resident lifestyle are derived from performance reviews, staff requests, audit and incident results and continuous improvement logs. Staff selection criteria require all staff to have basic qualifications or be in the process of completing relevant certification. Lifestyle staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by lifestyle and leisure staff that reflects resident lifestyle include the following:
- Elder abuse and mandatory reporting.
- The 'how to' of leisure and lifestyle activities.
- Documenting leisure and lifestyle activities.
- Nutrition and hydration issues related to leisure and lifestyle activities.

Residents have attended:
- Residential rights.
- 'Respecting patient choices'.
- 'Taste and try' days to enhance menu planning

### 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

Residents are assisted by staff to receive initial emotional support in adjusting to life in their new environment and on an ongoing basis. On entry, leisure and lifestyle staff provide residents with a welcome kit that contains contact details for all services offered in the home. Lifestyle staff assess residents' emotional needs and develop individualised care plans to guide ongoing emotional support. Residents' are assisted to build friendships within the home and are supported to maintain friendships and activities in the community. Residents confirmed that they are well supported and cared for in the home and this response was confirmed by high levels of satisfaction in a recent resident satisfaction survey.

### 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

Staff encourage and assist residents to maintain their physical, financial, emotional and recreational independence wherever possible. Care plans record the level of support and assistance required for each resident and identify those residents' who require an authorised person to act for them. The team observed residents using mobility aids and assistive devices to maximise their independence. Residents' are encouraged to attend active and passive exercise programs that are developed by the physiotherapist or undertake supervised programs in the home's gymnasium to maintain and improve their mobility and dexterity. The home assists residents' to attend appointments and social engagements in the community by making the home's mini bus available for transport. Residents' and relatives' stated that staff and management support residents to maintain their independence; the results of a recent resident satisfaction survey confirmed that residents are able to go out as much as they like and have access to transport to do so.

### 3.6  Privacy and dignity

*This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".*

**Team's recommendation**
Does comply

The home has policies and processes in place to ensure that the dignity and privacy needs of the residents are maintained. Confidential information gathered about a resident is stored securely and access is restricted to authorised personnel. Staff conduct handover in a private area. Computers are password protected and staff have access to information according to their delegation. Staff were observed knocking prior to entering residents' rooms and calling residents by their title or their preferred names. Residents confirmed that they have a lockable drawer in their rooms and that their privacy and dignity needs are met. Respondents to a recent resident satisfaction survey recorded high levels of satisfaction with respect they receive from staff in regard to 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 recommendation**
Does comply

Residents' are assessed for their preferences for leisure and lifestyle activities following entry to the home. Individual activity programs are developed and include a social, physical emotional or cultural purpose. These are reviewed and evaluated monthly for high care residents and quarterly for low care residents or more often if required. Staff record the resident's degree of participation in activities and these records are evaluated to assist staff to continue to provide activities that are of interest to the

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resident. An activities program is developed for each house, based on residents' preferences, but residents are free to attend any activity in any area of the home. A wide range of activities is offered and includes a structured program of interaction with school students and specialised workshops. Residents and relatives confirmed that they are satisfied with the variety and number of activities offered; the results of a recent resident satisfaction survey confirmed residents' satisfaction in relation to the activities and passing the time.

### 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 has systems in place to identify, value and respond to residents' individual interests, customs, beliefs and cultural and ethnic backgrounds. The home celebrates significant cultural and religious days with activities and meals and residents families are invited to contribute and participate in these celebrations. The kitchen provides individual menus for specific cultural needs when required. Religious services are conducted in the home for several denominations and pastoral care is provided to those who elect to receive it. The home has resources available to meet the needs of residents from culturally diverse backgrounds and liaises with families or cultural specific resource centres to source individual needs. Residents and relatives confirmed their satisfaction with the support provided to enable residents to maintain their cultural and spiritual lives; the results of a recent resident satisfaction survey confirmed high levels of satisfaction in meeting religious 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 are encouraged to exercise choice and control regarding all aspects of their care including choice of doctor, refusal of treatment, showering frequency and times, use of mobility aids, food choices and leisure interests. Residents' choices and preferences in relation to care and lifestyle activities are recorded on entry to the home and these are regularly reviewed. The home uses an advance care program that encourages residents to communicate their wishes regarding their current and future health care. Residents confirm that they are provided with enough information upon which to make informed decisions and encouraged to make their own choices in all areas of daily living. Respondents to a recent resident satisfaction survey stated high levels of satisfaction with their ability to have a choice in things that affect them

### 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

Prospective residents are provided with information and a tour of the home to assist them to ascertain the suitability of the home to their needs. On entry, a package of information is provided that includes details of internal and external avenues for comments and complaints, advocacy services and the resident handbook. Lifestyle staff also provide detailed information about services provided within the home. All residents are offered and encouraged to sign a residency agreement. The charter of residents' rights and responsibilities is displayed in the home and is included in the resident handbook. When a resident's care level changes a letter is sent to them explaining their entitlement to specified care and services items. Residents and representatives advised the team that they are kept informed of changes and are consulted about room changes. Residents and relatives stated that they feel secure regarding 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 recommendation**
Does comply

The home undertakes continuous improvement activities related to the physical environment and safe systems. Residents and staff contribute to identifying opportunities for improvement through feedback and comments forms, improvement logs, workplace inspections, incident reports, infection control monitoring and analysis and audits. Residents and relatives expressed satisfaction that their physical environment is safe and continuously improving.

Recent improvements relating to Standard four include the following
- The introduction of an occupational health and safety, infection control and hotel services special interest group to encourage staff involvement in improving systems and processes.
- The replacement of all beds in the facility with new or upgraded high/low beds.
- The replacement and upgrading of resident handling/lifting equipment.
- The development of business continuity plans.
- Information on infection control and emergency procedures included on staff identification badges.
- The purchase of new digital thermometers for the house refrigerators with an automatic alarm if temperatures move outside a specified range.

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

**Team's recommendation**
Does comply

The home has processes and systems in place to identify and comply with relevant legislation, regulations and guidelines in relation to the physical environment and safe systems. Staff participate in annual mandatory training on manual handling, workplace bullying and harassment, infection control and fire and emergency procedures. Risk assessments are undertaken on work practices and equipment. The installed fire prevention systems are tested weekly and a program of quarterly work inspections is undertaken at the facility. Electrical equipment is appropriately tagged and tested routinely. Staff confirmed that appropriate systems are in place to ensure a safe environment.

### 4.3 Education and staff development

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

**Team's recommendation**
Does comply

The home enables all staff to access broad, high quality education. The topics for inclusion in the 2009 training program that reflect the physical environment and safe systems are derived from performance reviews, audit and incident results, continuous improvement logs and mandatory topics. Staff confirmed their satisfaction with their opportunities in accessing continuing education.

Education opportunities completed by staff that reflects the physical environment and safe systems include the following:
- A suite of mandatory topics: elder abuse and mandatory reporting, fire and emergencies, manual handling/'no-lift' and food safety.
- Chemical awareness.
- Infection control.

### 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 are accommodated in single ensuite rooms within seven adjoining houses. The complex is tastefully furnished and furniture is appropriate for residents' needs. The internal and external environments are well maintained providing residents with a choice of outdoor living areas and communal lounges in which to enjoy or entertain their visitors. The home's preventative maintenance is conducted according to annual schedules and environmental audits are undertaken to ensure the home is safe for residents and staff; systems are in place to quickly address reactive maintenance issues as they arise. Residents' safety is maximised through the installation of closed circuit television cameras in public areas and keypads on all entries. Cleaning is undertaken independently in each house according to a schedule and residents and relatives confirmed that the high standard of cleanliness is maintained at all times. The team observed that the home was a comfortable temperature and well lit and free of odour. Residents were observed to have access to their call bells and mobility aids; residents and relatives confirm that they are satisfied with the environment of the home.

### 4.5 Occupational health and safety

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

**Team's recommendation**
Does comply

The home has effective systems in place for identifying, evaluating and rectifying incidents and hazards. The orientation program and education calendar for staff includes training in safe systems. Scheduled and reactive maintenance ensure that the environment is safe and that equipment is fit for its intended use. All new equipment is trialled prior to purchase and staff provide feedback on its suitability and are trained in its use. Job risk assessments are undertaken for all manual handling tasks. The home's occupational health and safety representative attends the council occupational health and safety meetings and is supported by an occupational health and safety adviser and a return to work coordinator. Incidents and hazards are reported, collated and analysed on a monthly basis and feedback is provided to staff at staff meetings. The results of recent environmental audits indicate high levels of compliance. Staff interviewed demonstrated a sound understanding of their responsibilities in regard to occupational health and safety.

### 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's well established emergency preparedness processes and systems are clearly displayed throughout the facility and records show that staff attend fire and emergency training annually. The home meets certification and fire safety declaration requirements. An independent audit confirms that emergency equipment is inspected and serviced according to schedule. A current list of residents was observed in the evacuation pack and details residents' mobility status. The council has developed business continuity plans to cater for the unexpected loss of buildings or power for a protracted period. Staff interviewed were knowledgeable about the home's emergency procedures and what is required of them should an emergency arise.

### 4.7 Infection control

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

**Team's recommendation**
Does comply

The home has an effective infection control program in place. Infection control policies and procedures are current, accessible to all staff and have been developed from evidence based practices. Staff are informed of current practices appropriate to their area of practice at orientation and at other times, and are provided with appropriate personal protective equipment. The home has current information to guide all staff in managing an outbreak of gastro-enteritis and other infectious diseases. The care manager is the central point of responsibility in managing infection control; this is a collaborative role with unit managers and the quality/education manager who act as

resource persons, provide relevant education, conduct/delegate formal and random audits, and define trends and relevant analyses. Infections are monitored as they occur using validated signs and symptoms. The team observed care staff using correct hand washing techniques; hospitality staff demonstrated infection control principles in their related work areas

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

**Team's recommendation**
Does comply

The home has effective systems in place to enable the provision of hospitality services according to legislative requirements. Monitoring mechanisms include internal and external audits including the food safety plan. All meals are prepared freshly on site and residents are provided with a large range of alternative meals to cater to all tastes or cultural needs. Cleaning tasks are completed according to a schedule over seven days by housekeepers who confirmed appropriate training in chemical handling and the use of equipment. All laundry is done on site over seven days with short turn around times. Residents' clothing is labelled on entry to reduce loss and audit results show high levels of compliance with requirements. The home provides sufficient supplies of personal protective equipment for all hospitality staff and material safety data sheets are located in each work and chemical storage area. Residents provide feedback on these services at meetings, through the quality systems or directly to staff. Residents and relatives stated their satisfaction with the home's catering, cleaning and laundry services.