



Aged Care  
Standards and Accreditation Agency Ltd

## **West Coast District Hospital - Lyell House**

RACS ID 8046

60-64 Orr Street

QUEENSTOWN TAS 7467

Approved provider: Tasmanian Health Organisation - North West

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 15 November 2015.

We made our decision on 9 October 2012.

The audit was conducted on 29 August 2012 to 30 August 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**West Coast District Hospital - Lyell House 8046**

**Approved provider: Tasmanian Health Organisation - North West**

## Introduction

This is the report of a re-accreditation audit from 29 August 2012 to 30 August 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 29 August 2012 to 30 August 2012.

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

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

## Assessment team

Team leader:	Cassandra Van Gray
Team member:	Gayle Heckenberg

## Approved provider details

Approved provider:	Tasmanian Health Organisation - North West
--------------------	--

## Details of home

Name of home:	West Coast District Hospital - Lyell House
RACS ID:	8046

Total number of allocated places:	16
Number of residents during audit:	16
Number of high care residents during audit:	9
Special needs catered for:	Nil

Street:	60-64 Orr Street	State:	TAS
City:	Queenstown	Postcode:	7467
Phone number:	03 6471 3302	Facsimile:	03 6471 1457
E-mail address:	karen.schnitzerling@dhhs.tas.gov.au		

## Audit trail

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

### Interviews

	Number		Number
Management	2	Residents	5
Administration	1	Hospitality staff	3
Clinical staff	4	Leisure and lifestyle staff	2
Maintenance	1		

### Sampled documents

	Number		Number
Resident leisure and lifestyle files	5	Continuous improvement plans	2
Staff incidents	5	Resident dietary requirements	5
Staff notes (files)	6	Comments and complaints	6
Clinical files and care plans	7	Resident agreements	5
Medication charts	5	Improvement forms	4
Observation and weight charts	16	Resident incident report forms	4
Wound charts	2		

### Other documents reviewed

The team also reviewed:

- Allied health and specialist referrals and reports
- Audit schedule, audits and charts
- Behaviour identification charts
- Blood glucose level observation chart
- Blood thinning medication instructions
- Checklist for ongoing care needs
- Cleaning schedules
- Clinical assessments
- Comments, compliments and registers
- Consent documentation
- Drugs of addiction register
- Emergency and disaster evacuation manual and plans
- External complaints brochures
- External service agreement
- Food safety audit report

- Food temperature records
- Handover sheets
- Indicator summary register
- Inventory list
- Laundry cleaning schedule
- Line reporting of notifiable infections
- Low to high care resident letter
- Material safety data sheets
- Meeting agenda and minutes
- Memoranda
- Newsletter
- Nurse initiated medication policy and approved list of medications
- Nursing agency client contracts
- Nursing and medical progress notes
- Orientation checklists
- Patch application history form
- Pharmacy medication reviews
- Police certification, statutory declarations and register
- Policies and procedures
- Preventative maintenance folder and schedule
- Product evaluation committee terms of reference
- Professional registrations and register
- Quality activity summary reports
- Quality indicators
- Request forms for maintenance
- Resident activity calendar
- Resident activity participation records
- Resident and representative survey
- Resident and staff hand books
- Resident dietary requirements
- Resident menu
- Resident of the day review forms
- Restraint authorisations, check charts and documentation
- Risk assessments
- Self medication assessment
- Sleep and settling review charts
- Staff development calendar and register

- Staff incident report logs
- Staff performance reviews
- Staff training records
- Stock rotation ordering systems and lists
- Stock usage and sign out form and stock acquisition form
- Terminal care wishes forms
- Urinary and bowel charts.

## **Observations**

The team observed the following:

- Activities trolley
- Building certification
- Ceiling hoist lifting equipment
- Chemical storage area
- Cleaning in progress
- Clinical colour dot system on files
- Clinical equipment and storage
- Communication books
- Communication room
- Document destruction bin in secure area
- Evacuation pack
- Fire and emergency equipment
- Fire panel
- Floor plans
- Food safety certification
- Infection control stations
- Internal and external living environment
- Kitchen
- Language posters
- Laundry
- Lunch service
- Maintenance workshop
- Medical records and archive department
- Medical stores
- Medication administration round in progress
- Medication storage in locked drawers in resident rooms
- Mobility aids
- Notice boards and notices



- Pan room
- Resident list
- Resident smoking area
- Secure storage of medications
- Secure storage of staff and resident files
- Security camera system and coded key pads
- Spills kits
- Staff room
- Suggestion box
- Waste management.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home's parent organisation and management team actively pursue continuous improvement against the Accreditation standards. Continuous quality improvement forms record opportunities for suggested improvements. Management operate both open and closed plans for continuous improvement to reflect a variety of projected and closed initiatives. Entries made on both plans provide opportunities for tracking and capturing milestones for all improvements. Quality activity summary reports review gaps in audits and discussion regarding improvements, audit and quality indicator results and outcomes occurs regularly at quality meetings. These meetings take place both at State wide organisational level and on site at the home. Comments, complaints, suggestions and compliments, survey results and hazard reporting contribute to the home's improvement program. Staff and residents demonstrated knowledge and understanding regarding making suggestions for improvement and provided examples of feedback mechanisms available.

Improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development includes:

- Staff satisfaction survey results for February 2011 identified gaps in communication, low morale and staff were unclear about their roles. Management developed an action plan and asked for staff input for ideas to address their concerns in order to provide staff with some ownership of their suggestions. As a result, staff meetings increased from monthly to fortnightly and a calendar for performance, review and development occurred. Reauditing in September 2011 and February 2012 noted improved results with staff indicating there were no areas requiring improvement. Management reported staff indicate there is more consultation and communication and through the appraisals conducted there are clearer instructions regarding their roles.
- Management identified staff did not have a clear understanding of auditing processes. Introduction of a documented procedure took place outlining levels of responsibility for all categories of staff. Availability of these instructions occurred by placement in quality and audit folders located across all services in the home. At this time, introduction of 'quality champions' and quality meetings at local level took place to encourage staff participation and understanding of quality projects. As a result, management stated staff have improved their awareness regarding quality improvement and their involvement in the program. In addition, the completion of audits occurs in a timely manner and actioning of items has resulted in further improvements for residents.
- Management recognised a need to introduce a leadership role to facilitate continuity of clinical care and ensure staff worked within their scope of practice. Introduction of a nurse unit manager resulted in oversight of staff practices, improvement in resident assessment and care planning and access for staff to a leader specific to their area.

## **1.2 Regulatory compliance**

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

### **Team's findings**

The home meets this expected outcome

The home has access to a range of legislative information. Communication occurs via the home's parent organisation to management. Relevant discussions occur at regional and local meetings with changes made accordingly. There are systems to ensure all permanent staff have current police certification and relevant overseas statutory declarations. Notifications of legislative changes occur via notices and through staff attendance at a range of meetings. Residents and their representatives notification of changes occurs through meetings, notices, and the home's newsletter. We noted residents have access to a range of external complaints agencies brochures.

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

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

### **Team's findings**

The home meets this expected outcome

Management ensures staff have appropriate skills and knowledge through observations, audits and the conduct of competency assessments. A plan for education, developed by the homes parent organisation, and information received through the staff performance appraisal system, results of audits and an external media education program form the homes projected training and education. Management maintain records on staff attendance and evaluation of education sessions. Annual mandatory training includes a range of topics. Opportunity to participate in external training and higher qualifications is available to all staff. Staff confirmed their satisfaction with the type, frequency and availability of education provided. Residents are satisfied staff have appropriate skills and knowledge to attend to their care, lifestyle and service needs and preferences.

Examples of education and training provided in relation to Standard 1 include:

- 'Manager assist' – staff assistance program
- electronic incident monitoring system
- electronic patient/resident registering system
- team building work shop.

## **1.4 Comments and complaints**

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

### **Team's findings**

The home meets this expected outcome

The home has mechanisms to support stakeholders to communicate comments, complaints and suggestions. Internal and external complaint information is contained within the resident agreement and handbook provided to residents upon entry to the home. Further opportunities for comment are available to residents and their representatives at meetings,

through the completion of the home's comment form and 'postcard', and audits. The home operates an electronic comment and complaints register. The home's manager and parent organisation tracks the home's electronic comments and complaints register, with matters completed within a timely manner. Staff raise issues via a range of mechanisms including the completion of forms and attendance at meetings. Residents stated the home provides sufficient opportunities to raise matters.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has documented vision, mission and goal statements developed by the homes parent organisation. A strategic plan contributes to the homes commitment to quality. Relevant information is contained in a range of documentation which is included in information packages provided to stakeholders.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home reviews staffing levels in response to resident care needs, audits, observations and staff feedback. In addition, the home alters staffing levels and mix to meet residents' changing needs and the requirements of the home. The home engages fixed term agency staff and has a casual pool of staff available for unplanned absences. The home has recruitment and selection policies and procedures that guide management in the selection of appropriate staff in relation to the home's needs. On recruitment staff receive information packages with position descriptions, orientation information and checklists. Staff act in a supernumerary capacity for two days or more, if required. Residents expressed satisfaction with staff access and their skills and knowledge.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

Management provided examples of how they maintain stocks of appropriate goods and equipment for quality service delivery. Allocated staff conduct ordering processes and generally use stock control systems and stock rotation for ongoing provision and availability of supplies. The home's preventative maintenance system and electrical testing and tagging program allows for regular maintenance and amendment of equipment to occur. A reactive maintenance work pad request process addresses issues as they arise. The home trials new equipment before purchasing items. An allocated expenditure budget allows for requests for replacement and purchase of equipment on an annual basis. We observed clean and secure

storage of stock and equipment across all services. Staff confirmed the availability of sufficient and appropriate resources and equipment to enable resident care and services.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The home's communication systems provide stakeholders with relevant information to assist with efficient delivery of care and services. Paper based and electronic documentation assists with collection and recording of resident care, health and well being information. Integrated communication hardware allows for effective communication between residents and staff for notification of care requirements. Information distribution occurs for stakeholders through meetings and minutes, handovers, communication books, care consultations, and memoranda. We observed secure storage of confidential resident and staff information including an appropriate archive system. Staff stated they regularly receive current information regarding resident care. Residents confirmed they receive appropriate feedback from the home on a variety of matters.

### **1.9 External services**

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

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

The home meets this expected outcome

Management have systems and processes to ensure externally sourced services meet care services and the quality expectations of the home. The home's parent organisation selects and appoints external services following a State wide tender process. Identification of required external services also occurs through stakeholder feedback and observations. Contractors complete an induction and orientation program on commencement of services. A list of approved suppliers supports all areas of care and services and a contractor register records arrival and departure times when providing services at the home. Supervision occurs when necessary, and the written service provider agreement informs contractors regarding service expectations. Staff stated external contractors provide effective and efficient services and are respectful in their approach to residents.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

The home's parent organisation and management pursues continuous improvement relevant to Standard 2 Health and personal care. Clinical audits and clinical quality indicators allow for monthly reporting, collection and investigation of resident incident and infection data. The quality activity summary reports capture an overview of results. This includes resident falls, wounds, medications, behaviours, infections and restraint. Staff feedback occurs regarding quality improvement items through meetings, the electronic reporting system, and access to minutes, education and noticeboard displays.

Improvement initiatives implemented by the home in relation to Standard 2 Health and personal care include:

- Management noted an increase in medication error reporting from results received via the electronic incident reporting system and audits. Through negotiation with the local pharmacist introduction of a blister pack medication administration system took place. Management and staff reported improved time efficiencies with medication administration and a reduction in the reporting of medication errors since implementation of the new system.
- Staff reported completing four different forms to record clinical observations created confusion and resulted in not all recordings occurring. Management designed one form for use that provided a trend line of previous months which now allows for clinical monitoring of residents health status. At the same time a resident of the day process commenced where a physical assessment of each resident takes place. Management reported an audit of clinical care conducted in May 2012 resulted in 100% compliance.
- Audit results identified although resident assessments occurred, the identified changes regarding a resident's health status did not always transfer into documentation or on care plans. Prompts entered on the 'evaluation of care' form now direct staff back to the areas requiring changes. Staff feedback included the 'form is easy to use and gives instructions' and management reported changes occur in documentation.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

All registered nursing staff have current professional registrations. Registered nursing staff participate in a medication management competency assessment to assist in determining their compliance with legislative requirements. Registered nursing staff perform clinical care and medication management activities within their scope of practice. General information on missing persons is available, as required.

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

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Management has systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care.

Examples of education and training provided in relation to Standard 2 include:

- asthma management
- continence
- death and dying conference
- dementia
- introduction to blister pack medication management
- palliation.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home demonstrated residents receive appropriate clinical care. An initial clinical assessment provides baseline information on entry with completion of further comprehensive assessments detailing residents’ care, needs and preferences. Care consultation occurs with residents and representatives to establish agreement on gathered information. Paper based care plans reflect relevant information from assessed outcomes and guide staff practices and evaluation and review occurs three monthly and as necessary. Qualified nursing staff supervise the clinical care of residents and ensure consultation with general practitioners takes place daily if required. Monitoring of clinical care and staff practices occurs via supervision and observation, competencies, staff appraisals and quality indicator outcomes. Staff reported they have access to appropriate information regarding residents’ clinical care through handover, assessments, progress notes and care plans. Residents stated staff provide ongoing information about their 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 findings**

The home meets this expected outcome

The home demonstrated appropriately qualified nursing staff identifies and attends to residents’ specialised nursing care needs. On entry registered nurses assess residents for any specialised care requirements and continue to observe, monitor and evaluate prescribed treatments. Consultation with general practitioners occurs regarding referrals to external specialists and includes areas such as palliative care, dementia services, speech pathology, and wound consultancy. Specialised management plans reflect strategies regarding specialised nursing care needs and recommendations from specialist services. Staff confirmed and we observed there is access to a wide range of specialist equipment. Residents stated their satisfaction with ongoing consultation from qualified nursing staff regarding their complex care needs.

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

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

### **Team’s findings**

The home meets this expected outcome

Management and qualified nursing staff ensure referrals occur to health specialists in accordance with resident’s needs and preferences. An initial assessment, observation and regular reviews identify requirements for necessary referrals. Visiting and onsite health professionals include a physiotherapist, exercise physiologist, diversional therapist and podiatrist. The home supports residents should they wish to attend external appointments with local health specialists. A contracted diversional therapist offers complementary treatments. Communication to relevant stakeholders occurs regarding outcomes from health professional recommendations. Residents stated consultation and services provided by visiting health specialists is timely and addresses their needs and preferences.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrated effective systems to ensure safe and correct management of residents’ medication in accordance with regulatory requirements. Qualified nursing staff administers medications from blister pack cards and validate administration using a paper based charting system. Charts incorporate dated photographs, resident allergies and indicate special considerations for administration. Annual medication reviews occur annually by an accredited pharmacist and general practitioners receive recommendations for consideration. Staff undertake annual medication competencies. Reporting and analysis of medication incidents occurs in a timely manner with discussions regularly at the quality committee meeting. Staff reported satisfaction with pharmacy services and access to medications and residents stated they generally receive their medications on time.



## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrated residents are as free from pain as possible. On entry prior history, charting and an assessment identifies pain management concerns. Monitoring of pain continues to occur through regular use of both verbal and non verbal assessment tools. Through consultation with general practitioners a variety of treatments and strategies assist with residents’ pain management. Staff provided examples of pain management strategies such as medication administration, massage, heat packs, passive and active exercise and position changes. Residents stated staff attend to their pain management concerns in a timely manner and regularly assess their needs.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Management provided examples of how they maintain the comfort and dignity of terminally ill residents. On entry identification of terminal care wishes occurs through care consultation with residents and representatives. This information remains at the front of each residents file to ensure staff have current details of residents’ wishes. As residents become terminally ill their documented requests are respected and implemented. We observed appropriate equipment and resources to facilitate palliative care and maintain the comfort and dignity of residents. If required an external palliative care team supports the home to provide recommendations for the delivery of complex care to residents. Staff reported as residents progress to requiring palliative care the home develops a care plan to assist in providing direction to staff. The acknowledgement of residents’ spiritual beliefs occurs and ‘lay preachers’ provide emotional support to residents and representatives.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrated residents receive adequate nourishment and hydration. On entry through consultation with residents and representatives staff record residents’ individual dietary requirements and preferences. Care plans detail applicable strategies to ensure residents receive their food and fluids and support with assistive devices. The home’s policies guide staff regarding weight management and monitoring of residents’ weights generally occurs routinely on a monthly basis. Consultation takes place with general practitioners regarding weight loss and gain. Residents have access to additional supplements as required. Referrals to the speech pathologist occur as necessary with recommendations noted and implemented. Residents stated they are satisfied with the variety and options of food and drinks provided and with the assistance received from staff.

### **2.11 Skin care**

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

#### **Team’s findings**

The home meets this expected outcome

The home ensures residents’ skin integrity is consistent with their general health. A risk rated assessment tool assists with identifying information and anomalies. Care plans document effective strategies for prevention, reduction and frequency of skin trauma and breakdown. Consultation and reviews occur regularly with residents and representatives to keep them informed of incidents and treatment outcomes. Monitoring of care staff practices occurs through observation from qualified staff. We observed resources and equipment available and accessible for the provision of residents skin care and wound management treatments. Monthly reporting occurs through the indicator summary register on clinical data regarding skin tears, wounds and infections. Residents stated staff provide routine skin care and treatments relevant to their needs.

### **2.12 Contenance management**

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

#### **Team’s findings**

The home meets this expected outcome

The home demonstrated effective management of residents’ continence. On entry charting and assessments commence to determine specific needs and programs. Care plans reflect the level of staff assistance and types of continence aids required. Monitoring and reporting occurs monthly on urinary tract infections. General practitioners order prescribed treatments as required. Staff promote preventative measures in relation to bowel management. We observed a good supply of continence aids and a secure and clean environment for storage. Staff reported they regularly attend to resident’s toileting requirements and residents stated they receive assistance with their continence management in a dignified and timely manner.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

The home demonstrated effective management of the needs of residents with challenging behaviours. Past history information, behaviour charting, discussion with representatives and assessments contribute to identification of behaviours of concern. Residents demonstrating challenging behaviours reside within the general population of the home. Care plans reflect identified concerns of behaviours and individualised strategies guide staffs approach when attending residents. Staff generally report incidents regarding behaviours of concern through an electronic reporting system. Referrals to dementia advisory services occur regularly for support and restraint guidelines and procedures are available to staff. Staff provided examples of how they care for residents with behaviours of concern.

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

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

### **Team's findings**

The home meets this expected outcome

The home's practices promote effective measures to assist the achievement of residents' mobility and dexterity at optimum levels. The physiotherapist provides initial and ongoing assessments and reviews of residents' mobility requirements. An exercise physiologist focuses on exercise and walking programs to support and promote resident independence. Discussion occurs at the quality committee meeting regarding reports on falls, and note trends identified for improvement. A variety of walking aids, transfer and lifting equipment is accessible to encourage residents' independence. Staff provided examples of how they report resident's falls. Residents stated they receive ongoing staff support with their mobility and enjoy the exercise program available to them.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

The home demonstrated processes to ensure the maintaining of residents' oral and dental health. On entry an oral and dental health assessment is completed. Consultation with residents and representatives assists with identifying past and current information related to their oral hygiene. Care plans detail assistance required to attend to oral care and information regarding hygiene anomalies and strategies. A local dentist provides support to the home to address oral and dental needs. Staff reported the home provides a regular supply of oral care products. Residents stated staff routinely assist them with their oral care and organise appointments to the dentist as required.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

The home's systems allow for identification of residents sensory losses and for effective management. Care plans reflect residents assessed outcomes and include strategies to guide staff practices regarding sensory abilities and losses. Information also provides details on communication strategies and effective care regarding a variety of aids. Assistance occurs for residents to attend internal and external appointments with an audiologist and optometrist. We observed large print books and oversized television screens accessible to residents. Staff provided examples of how they assist residents with the fitting and care of specific aids. Residents stated they are satisfied with the assistance provided by staff to attend internal and external appointments and in caring for their aids.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

The home assists residents to achieve natural sleep patterns. Staff complete charting and an assessment to identify causes or disturbances that may impact on residents’ sleep. Information documented in care plans reflects resident requirements regarding rising and settling preferences and indicates effective strategies. Comfort measures regarding continence and pain management assist residents’ settling routines. Alternatives to sedation for inducing sleep such as warm drinks and snacks, back rubs and massage occur. Residents stated they felt safe and secure at night and generally slept comfortably.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

The parent organisation and management of the home actively pursue continuous improvement related to Standard 3. Information from resident meetings, audits and survey results assists with input into the quality improvement program. Feedback from the home occurs through notices, attendance at meetings and from verbal communication. Residents stated they have opportunities for providing suggestions regarding the leisure and lifestyle program and management respond to them within acceptable timeframes.

Improvement initiatives implemented by the home in relation to Standard 3 Resident lifestyle include:

- Residents requested the introduction of a hot breakfast to complement their menu choice. As a result, the activity program includes a monthly hot breakfast. Residents stated they enjoy the breakfast provided and management reported more residents attend the breakfast which enhances their social engagement.
- From an increase of male gender residents to the home, leisure and lifestyle staff identified the need to expand their activity program to accommodate males. Implementation of a ‘men’s group’ occurred and they meet every three weeks to go on outings that reflect their past employment such as visits to the saw mill and power station. Staff reported the activities now match male residents cultural, spiritual and working lives and reflects their past history. Residents stated they have positive experiences that promote reminiscence and provide socialisation.
- Management identified agency nursing staff were unaware of how to provide activities of daily living for residents in an individualised manner to ensure respecting their choices occurred. Development of a ‘care card’ placed on the back of residents bathroom doors now indicates preferences of care. Staff reported agency staff now have easy access to information and residents receive appropriate assistance. Management stated the information now supports residents privacy and dignity, promotes their independence, provides emotional support and choice and decision making.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Residents and their representatives receive information regarding resident privacy matters on entry to the home. Residents are also encouraged to sign a publicity consent form. The resident handbook includes information regarding residents' rights and responsibilities and the charter is on display at the entry to the home. General information on reportable assaults is available, as required.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Management has systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle.

Examples of education and training provided in relation to Standard 3 include:

- cultural diversity and translation
- Montessori workshop
- music therapy work shop.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home offers resident's emotional support upon entry to the home and on an ongoing basis. Identification of resident's emotional support needs and preferences occurs through the completion of a lifestyle assessment and a social profile. Care plans are developed and take into consideration strategies to meet residents' emotional support needs. These are updated on a three monthly basis. An orientation to the home is provided to all residents. Links with the wider community are encouraged. The effectiveness of support provided by the home is reviewed through comments and complaints, feedback at meetings and one to one contact. Residents stated they are satisfied with the emotional support provided by staff to promote their wellbeing.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home supports residents to be independent and to participate in the life of the community. Residents' needs are assessed and care plans are developed which document strategies to maximise independence such as physiotherapy and exercise programs. The

home encourages representatives and volunteer participation. Staff assist residents to maintain their individual interests, to participate in outings and maintain their civic responsibilities. We noted residents ambulating with the use of appropriate mobility aids.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents and their representatives are informed of the home's commitment to maintaining privacy, dignity and confidentiality, with all residents receiving a copy of the Charter of residents' rights and responsibilities in the resident handbook upon entry to the home. Staff sign a confidentiality agreement on commencement of employment. We observed respectful communication with residents and their representatives and staff seeking permission before entering residents' rooms. Residents confirmed staff are respectful of their privacy and dignity.

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

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

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

The home meets this expected outcome

The home identifies resident's individual leisure and lifestyle needs and preferences on entry to the home and on an on going basis. Leisure and lifestyle care plans are reviewed on a three monthly basis, or as required. The home offers a range of group and one to one activities, as well as routine outings. The homes leisure and lifestyle program is supported by volunteers who are available to assist residents achieve their individual objectives. The home maintains activity participation records. Residents stated the lifestyle program meets their needs and preferences.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

Resident cultural and spiritual needs and preferences are identified and promoted on entry to the home and on an ongoing basis. Support for individual interests and customs is enhanced through continuing links with resident representatives. Non denominational services are held regularly in the home's dedicated quiet room and local 'lay preachers' visit on a routine basis. The home accommodates residents of culturally diverse back grounds although they do not require any specific support or assistance. Leisure and lifestyle staff promote Australian celebratory events such as Anzac Day and Remembrance Day. Residents stated they are satisfied the home meets their cultural and spiritual needs and preferences.

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

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

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

The home meets this expected outcome

Residents have input into the services they receive including activities of daily living, rising and retiring times, food choices, and activities. Residents and their representatives are encouraged to provide feedback regarding the care provided via comments and complaints forms, attendance at meetings and audits and surveys. Staff stated residents are provided with a range of choices in the home. Residents stated they are provided with opportunities to exercise choice and control over their individual lifestyle.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

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

The home meets this expected outcome

New resident packs contain information regarding the services provided, fee structures and security of tenure. Residents files include signed resident agreements. Residents receive written information regarding their rights and responsibilities. Residents confirmed they are aware of their rights and responsibilities, the complaints processes and feel secure in their home.



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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Relevant to Standard 4, the parent organisation and home has systems, procedures and guidelines to support continuous improvement. Staff incident and hazard reporting information, audits and maintenance requests contribute towards the quality improvement program. Staff receive information regarding safety matters through notices, education and improvement initiative outcomes discussed at local quality committee meetings.

Improvement initiatives implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- Management identified they needed to alter the location of antennas and power points in residents rooms to allow for residents larger television screens. As a result, staff do not have to work around hanging cords that obstruct their working environment and residents have room to facilitate their larger screens.
- Through inspections of the home’s environment, management identified the need to replace carpet tiles. Purchasing of replacement tiles occurred resulting in an improvement to the living environment and for infection control purposes.
- The home’s parent organisation introduced an onsite evacuation program. Management and staff opportunities for input occurred to make the program site specific. As a result, the home created an evacuation kit and emergency evacuation bags for each resident in their rooms. Management reported their evacuation program now allows for improved safety for staff and residents.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

The home has achieved compliance with the appropriate fire, emergency and building certification codes. The home has a food safety plan and has participated in a third party food safety audit. Staff stated they are aware of the processes to follow in the event of a fire and/or emergency and an infectious outbreak.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Management has systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems.

Examples of education and training provided in relation to Standard 4 include:

- evacuation polices, procedures and kit
- floor cleaning equipment
- food safety
- occupational health and safety 'responsible person'.

### **4.4 Living environment**

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

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

The home meets this expected outcome

Management actively work towards providing a safe and comfortable internal and external living environment consistent with residents care needs. Residents secure personal items in lockable drawers in their rooms and they have access to keys for room security. We observed clean and comfortable furniture and well maintained internal and external living environments. Monitoring of the building temperature occurs and regular observation and audits inspect the living environment. The home has sufficient lighting, signage is clear and residents have access to call bells. Monitoring of satisfaction with the living environment takes place via surveys and in response to the preventative and reactive maintenance program. Residents stated they felt safe and comfortable and are satisfied with their living environment and furnishings.

### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

The home has an occupational health and safety system that meets regulatory requirements and promotes a safe environment for all stakeholders. The system includes policies and procedures, electronic incident reports and hazard alerts. A site designated occupational health and safety committee member represents the home at regional meetings. Occupational health and safety is an agenda item at staff meetings. Staff participate in manual handling training at induction and on an ongoing basis. Monitoring of occupational

health and safety performance occurs through audits, incident and hazard analyses, staff feedback and observation. Staff confirmed they receive training in manual handling and stated management provides a safe working environment.

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

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

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

The home meets this expected outcome

The home has systems to support a safe environment. Emergency and evacuation plans are on display throughout the home with clearly signed emergency exits which are generally free from obstructions. The home has a contract with an external service provider to conduct scheduled inspections and maintenance of emergency equipment. The home has fire fighting equipment which includes break glass alarms, fire and smoke doors, fire blankets, smoke alarms and extinguishers. An emergency procedure manual and a disaster management plan aid in the home's fire safety management. External camera monitoring and an evening 'lock down' procedure ensures the home is secure. Staff stated they are confident in the management of an emergency should it eventuate.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has systems to control and monitor infection. The home has documented processes and procedures to ensure staff have the knowledge and understanding of infection control practices. The home monitors their infection rates on a routine basis and acts in accordance with documented procedures. In addition to the reviews the home monitors each resident's individual needs and develops strategies to reduce or eliminate reoccurrence of infections. Staff demonstrated a good understanding of infection control processes and procedures.

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

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

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

The home meets this expected outcome

The home prepares fresh food daily on site. The home operates a three week rotating menu reviewed by a dietician. Residents have access to snacks and a range of refreshments at all times. Cleaning takes place seven days a week. Cleaning staff perform their duties guided by documented checklists and schedules. Internal maintenance regularly maintain cleaning and laundry equipment. The home launders unsoiled resident clothing, seven days a week. An external contractor launders soiled resident clothing and linen. Residents expressed a high level of satisfaction with the hospitality services provided by the home.