



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Woodlands Park Hostel (Multi-Cultural)**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Woodlands Park Hostel (Multi-Cultural) in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Woodlands Park Hostel (Multi-Cultural) is three years until 2 April 2013.

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

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

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

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

The Agency has taken into account the following:

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

<b>Home and approved provider details</b>					
<b>Details of the home</b>					
Home's name:		Woodlands Park Hostel (Multi-Cultural)			
RACS ID:		5264			
Number of beds:		58	Number of high care residents:		56
Special needs group catered for:			<ul style="list-style-type: none"> <li>• Dementia and related disorders</li> </ul>		
Street/PO Box:		34 Free Street			
City:	NEWMARKET	State:	QLD	Postcode:	4051
Phone:		07 3352 6488		Facsimile:	07 3356 4771
Email address:		mellrea@bigpond.net.au			
<b>Approved provider</b>					
Approved provider:		Mellreach Pty Ltd			
<b>Assessment team</b>					
Team leader:		Stewart Brumm			
Team member/s:		Debra Smith			
Date/s of audit:		11 January 2010 to 12 January 2010			

## Executive summary of assessment team's report

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

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

### Standard 2: Health and personal care

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

## Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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**Executive summary of assessment team's report**

**Accreditation decision**

**Standard 3: Resident lifestyle**

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

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

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

<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

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

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## **SITE AUDIT REPORT**

Name of home	Woodlands Park Hostel (Multi-Cultural)
RACS ID	5264

### **Executive summary**

This is the report of a site audit of Woodlands Park Hostel (Multi-Cultural) 5264 34 Free Street NEWMARKET QLD from 11 January 2010 to 12 January 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Woodlands Park Hostel (Multi-Cultural).

The assessment team recommends the period of accreditation be 3 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 11 January 2010 to 12 January 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 2 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:	Stewart Brumm
Team member/s:	Debra Smith

## Approved provider details

Approved provider:	Mellreach Pty Ltd
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## Details of home

Name of home:	Woodlands Park Hostel (Multi-Cultural)
RACS ID:	5264

Total number of allocated places:	58
Number of residents during site audit:	56
Number of high care residents during site audit:	56
Special needs catered for:	Dementia and related disorders

Street/PO Box:	34 Free Street	State:	QLD
City/Town:	NEWMARKET	Postcode:	4051
Phone number:	07 3352 6488	Facsimile:	07 3356 4771
E-mail address:	mellrea@bigpond.net.au		

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Woodlands Park Hostel (Multi-Cultural).

The assessment team recommends the period of accreditation be 3 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 2 days on-site and gathered information from the following:

#### **Interviews**

	<b>Number</b>		<b>Number</b>
Care manager	1	Residents/representatives	12
Clinical nurse consultant/infection control officer	1	Workplace health and safety officer	1
Registered nurse	1	Laundry staff	1
Chef	1	Cleaning staff	2
Catering staff	1	Maintenance staff	1
Systems manager	1	Doctor	1
Care staff	6	Diversional therapist	1

#### **Sampled documents**

	<b>Number</b>		<b>Number</b>
Residents' files	9	Medication charts	10
Care plans	9	Personnel files	4
Resident agreements	6		



## Other documents reviewed

The team also reviewed:

- 2010 Audit plan
- Accident and incident analysis
- Activities attendance records
- Activities outlines and evaluation records
- Audit reports
- Audit work schedule
- Audits
- Calendar of residents' care review dates
- Calendars of planned activities
- Chemical register
- Chemist notification form
- Cleaning procedures
- Comments and complaints records
- Communication books
- Contact numbers for external clinical and allied health services
- Continence/bowel monitoring records
- Continuous improvement plan
- Controlled drug register
- Cooling log
- Daily cleaning program
- Daily incoming goods log
- Diet forms
- Duties lists
- Fire and evacuation plan
- Fire safety declaration
- Handover sheets
- Hazard logs
- Hazard report and evaluation
- Improvement logs
- Incident records
- Infections data analysis reports
- In-service training records
- Inventory schedule
- Kitchen cleaning program
- Kitchen food serving temperatures
- Kitchen refrigeration temperatures
- Laundry/linen monitoring form
- Lifestyle survey
- List of residents requiring assistance (single or double)
- Maintenance inspection reports (fire)
- Maintenance procedure guidelines
- Material safety data sheets
- Meeting planner 2010
- Mission statement
- Mobility reference sheets
- Newsletters
- Observation records
- Pest control list
- Pharmacy order book
- Police check summary
- Position descriptions

- Pressure area care forms
- Pressure point protector evaluation and feedback records
- Preventative maintenance program
- Preventative maintenance service schedule
- Record of wound infections
- Reheating/cooking log
- Resident list
- Resident meal requirements
- Resident satisfaction survey and results
- Residents' handbook
- Residents' information pack
- Restraint authorisation records
- Service agreements
- Service records
- Staff education needs analysis 2010
- Staff list
- Staff training and education plan 2010
- Tempering value inspection report
- Therapeutic blood levels recording
- Weekly food safety program review
- Weight monitoring records
- Wellbeing profile records
- Wound management records including photographs

### **Observations**

The team observed the following:

- Access to emergency equipment, including oxygen
- Activities in progress
- Bedroom furnishings
- Care practices provided in common areas
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Manual handling equipment and lifting devices in use
- Meal service
- Medication administration and storage
- Pressure point protectors in use
- Residents sleeping in recliner chairs in the dining area
- Storage of fluids in dining area
- Use of coded panel for secure entry point

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has established systems and processes to actively pursue continuous improvement. The home conducts audits in line with the audit plan, audits are reviewed and analysed by the Care Manager and reported at the staff and quality forum. Residents and staff have input into the continuous improvement system through the use of service improvement forms and the comments and complaints process. The home also uses information gathered through hazard reports and accident/incident reviews to identify improvement opportunities. Improvement opportunities are recorded on the master continuous improvement plan and tracked through this plan until completion. The Care Manager is responsible for the monitoring of improvements to ensure sustainability. Residents/representatives are satisfied that they are encouraged to have input into the continuous improvement at the home.

Examples of improvements relative to Standard One include but are not limited to:

- Following feedback from staff on increasing workloads, a review of staffing hours was undertaken. This review resulted in an increase in staff hours with two four hour shifts added to the daily roster. The care staff reported that this has improved staff ability to meet residents’ care needs.
- Due to concerns raised by residents/representatives over access to pharmacy safety net entitlements. The home has developed and implemented a new chemist notification form. The systems manager reported that the home has had feedback from the pharmacy to indicate satisfaction with the improved process, and that families reported less stress over the matter.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and processes in place to identify, generally ensure compliance with and capture any changes in legislation and to ensure that this information is provided to residents and staff. This includes subscriptions to industry peak bodies and government email updates. The Care Manager reviews and updates related policy as a result of legislative changes and communicates any updates to staff through meetings, memos and education. Compliance is monitored through audits and observation of staff practice. All staff are required to provide a current criminal history check prior to commencement of work; expiry dates of criminal history checks are monitored by the Care Manager through an electronic database and staff are notified of relevant expiry dates.

### **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 provides an education program for staff that includes mandatory training, identified training needs and other development opportunities. Education sessions are communicated to staff via the annual planners, memos, and meetings. The Care Manager oversees the education program and maintains education records and monitors attendance through training records. Processes are in place to support staff to attend external courses and training. A training needs analysis has been conducted and the results have been combined with information from the annual performance appraisals to develop a staff training and education plan 2010. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Management and staff demonstrated knowledge and skills specific to their roles.

### **1.4 Comments and complaints**

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

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

Does comply

Residents/representatives are provided with information in relation to internal and external complaints mechanisms on entry to the home, through the handbook and resident agreement and on an ongoing basis via brochures and notices displayed around the home. The Care Manager has responsibility for complaints handling, complaints are logged and tracked from instigation through to resolution and complaints that result in an improvement activity would be incorporated in the home's continuous improvement plan. The Care Manager has an open door policy and residents/representatives are satisfied that they have access to complaints mechanisms and are comfortable in bringing forward suggestions and issues of concern to management.

### **1.5 Planning and leadership**

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

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

Does comply

The home has documented their mission, vision and values statements and their philosophical approach to quality service delivery. These documents are on display in the home and documented in the resident handbook.

## **1.6 Human resource management**

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

### **Team's recommendation**

Does comply

There are processes in place for the recruitment, selection, appointment and orientation of appropriately skilled and qualified staff. Staff roles are outlined in position descriptions, and new staff attend an orientation which includes buddy shifts to assist in the transition to the new work environment. Planned and unplanned leave is managed by the Care Manager and staff are replaced from existing staff. Staff sufficiency and skill mix is monitored by regular review of resident needs, discussions and feedback from staff. Staff performance is monitored and there is annual performance appraisal, competency assessment and mandatory training requirements to ensure quality of service provision. Residents/representatives reported satisfaction with the care they receive from staff.

## **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 established processes to ensure that stocks of appropriate goods and equipment are available. New equipment is purchased as identified by resident and staff needs and to replace old stock when indicated. The home maintains an inventory register and it is reviewed on an annual basis. Preventative and reactive maintenance processes are in place to ensure equipment is serviced and repaired in a timely manner. Equipment is stored to ensure readiness for use and the home has recently improved staff access to manual handling equipment. Stock is inspected upon delivery and processes have been established to manage the return of damaged or unsuitable stock. A stock rotation system is managed by the Chef in relation to supplies of food. Residents and staff have access to a consistent supply of stock and suitable equipment to meet their needs. Residents and staff reported satisfaction with the availability of goods and equipment at the home and that the equipment was well maintained.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Management and staff generally have accurate and current information to assist them to perform their roles effectively. Staff meetings and contact with the Care Manager provide opportunities for staff and management to exchange information. Staff are provided with updated information related to residents through the communication book, meetings, verbal and written handovers, as well as notice and whiteboards. Management can access computer based information and current resident information is stored in lockable areas. Resident wellbeing reviews and daily contact with staff and management provide opportunities for information about the home to be communicated to residents. Residents expressed satisfaction with the information provided to them by the home.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

The home has systems and processes in place to ensure that all external contracted services are provided to meet residents' needs and the homes quality goals. Contracts and service agreements in place for the provision of services such as fire equipment maintenance, pest control, chemicals, food supplies, and servicing of equipment. Service providers are required to provide relevant certificates/licences and are required to work within the home's workplace health and safety guidelines. Quality of service is monitored through the Care Manager and maintenance officer feedback and annual reviews of performance are conducted. External service providers are given the opportunity to improve their service if a concern has been raised and terminated if requirements are not met. Staff reported that external service providers are responsive to concerns raised by the home and stated that if goods are faulty they are replaced. Staff and residents/representatives are satisfied with externally sourced services provided by the home.

## **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 has established systems and processes to actively pursue continuous improvement. The home conducts audits in line with the audit plan, audits are reviewed and analysed by the Care Manager and reported at the staff and quality forum. Residents and staff have input into the continuous improvement system through the use of service improvement forms and the comments and complaints process. The home also uses information gathered through hazard reports and accident/incident reviews to identify improvement opportunities. Improvement opportunities are recorded on the master continuous improvement plan and tracked through this plan until completion. The Care Manager is responsible for the monitoring of improvements to ensure sustainability. Residents/representatives are satisfied that they are encouraged to have input into the continuous improvement at the home.

Examples of improvements relative to Standard Two include but are not limited to:

- Following an incident of potential resident drug toxicity, the home has established a system of therapeutic drug level monitoring. Residents prescribed a series of four medications are tested three monthly for blood drug levels. These levels are reported to the medical officer for review. The clinical nurse reported that this new process is working well in providing timely information for monitoring purposes.
- The home identified the need for denture management and repair, however due to resident frailty; residents were not able to attend clinics or appointments. The home has sourced a mobile denture technician who now visits the home. The systems manager reported that three residents have had work undertaken within the home and have achieved good results with new or repaired dentures.

### **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 systems and processes in place to capture any changes in legislation and to ensure that this information is provided to residents and staff. This includes subscriptions to industry peak bodies and government email updates. The Care Manager reviews and updates related policy as a result of legislative changes and communicates any updates to staff through meetings, memos and education. Compliance is monitored through audits and observation of staff practice. All registered nursing staff are required to provide a valid nursing registration prior to commencement of work; expiry dates of nursing registrations are monitored by the Care Manager.

### **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 provides an education program for staff that includes mandatory training, identified training needs and other development opportunities. Education sessions are communicated to staff via the annual planners, memos, and meetings. The Care Manager oversees the education program and maintains education records and monitors attendance through training records. Processes are in place to support staff to attend external courses and training. A training needs analysis has been conducted and the results have been combined with information from the annual performance appraisals to develop a Staff training and education plan 2010. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Management and staff demonstrated knowledge and skills specific to their roles.

### **2.4 Clinical care**

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

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

Does comply

The home has processes in place for residents to receive appropriate clinical care in a timely manner and residents/representatives are satisfied with the clinical care they receive. Assessments of care needs are commenced during the entry process using the home's range of assessment tools and information provided from external health professionals and residents/representatives. Initial care plans are developed by registered nurses to guide staff practice and ongoing assessments and review of care occurs every three months and as needed; a full assessment is repeated annually to ensure currency of information is maintained. Residents are regularly reviewed by doctors and supported to access specialist services when needed. Records of clinical care provided are usually kept through exception reporting in progress notes, communication books and handover sheets and staff are informed of care needs through verbal handover sessions at the beginning of each shift. Staff practice is monitored by the clinical nurse consultant, Care Manager and registered nurses; the effectiveness of clinical care is regularly discussed with residents/representatives and case conferences are conducted when needed.

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

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

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

Does comply

Residents/representatives report they are satisfied with the specialised nursing care services provided and that their preferences to have care provided within the home in preference to hospitalisation is considered wherever possible. Assessment of specialised nursing care needs is initiated by registered nurses during the entry process and ongoing reassessment and review processes are in place. When complex and specialised nursing care needs are identified, care plans that provide details of specific care regimes are developed in consultation with the resident/representative. Referral to external specialist nursing services occurs as needed and ongoing support is facilitated. Registered nursing staff receive



relevant education when specific needs are identified and staff practice is generally monitored for appropriateness and effectiveness.

## **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/representatives are satisfied with the process and timeliness of referral to health specialists. The home generally has processes in place to refer residents to appropriate health specialists in accordance with their assessed care needs and preferences, including physiotherapist, podiatrists, optometry and dental services. When a need is identified for referral to a specialist or allied health service, consultation is undertaken with the resident and their representative and arrangements for either on site assessment or/or accessing external services is facilitated. There is a process for communicating information to health specialists and progress notes, communication books and handover discussions are used to inform staff of requirements.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Residents/representatives are satisfied with their medication management and the timeliness of medication administration. The home has processes in place to ensure residents medication is managed safely and correctly. Medication orders prescribed by doctors are forwarded to and dispensed by a pharmacy into blister packs where possible and nursing staff check the accuracy of medication supplies upon delivery. Medication charts are compiled to reflect prescribed orders and provide guidelines for safe administration; registered nursing staff administer medications in line with medication chart instructions. There is an auditing and incident reporting process to monitor medication management and outcomes are discussed a medication advisory committee and relevant meetings; corrective strategies are implemented where needed. Staff practice is monitored by key personnel and an external pharmacist reviews residents’ medication regimes regularly. Medications are stored effectively including secure storage of controlled drugs; expiry dates are checked regularly.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents/representatives are satisfied with the pain management provided and the timeliness of staff responses when pain is experienced. Residents’ pain management needs are identified during the initial assessment process and on an ongoing basis. A registered nurse consults with the medical officer regarding the ongoing management of individual resident’s pain. Non-pharmacological methods of pain relief, such as massage and repositioning, are implemented and their effect is monitored through pain charts. Individual strategies are discussed during shift handovers and noted in progress notes for ongoing

review. Alternative pain management such as acupuncture or medicated heat rubs are provided at the request of residents/representatives.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Residents’ end of life and terminal care wishes are discussed in consultation with the resident and or their representatives (when appropriate). Palliative care is offered on site wherever possible and the support of an external specialist nursing service is accessed when needed. Clinical care and emotional support is provided as needs arise and transfer to hospital occurs when/if the resident’s needs exceed those able to be given by staff or at the request of residents/representatives. Care plans are developed containing details of pain management interventions and strategies and these are discussed through handover processes to ensure staff understanding. Pastoral care and spiritual support is available for residents and their families when needed and representatives report they are satisfied with the discussions they have had with staff regarding their palliative wishes.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Residents/representatives are satisfied with meals and fluids provided and the assistance they receive from staff. Details regarding residents’ preferences, dietary requirements and food allergies are collected upon entry and used to create a dietary profile for staff reference; this information is forwarded to the kitchen as soon as possible after entry and is reviewed regularly and/or when residents’ needs change. Care plans are in place to guide staff practices and changes are reported to registered nurses; registered nurses initiate nutrition supplements or thickened fluids when a need is identified and referral to a dietitian and/or speech pathologist is generally planned if the registered nurses and/or doctor assess there is a need. Residents are assisted with meals and drinks when needed and there are regular fluid rounds throughout all shifts to ensure hydration needs are met; fluid/food charts are implemented to monitor and control intake when required. Weight is routinely monitored on a monthly basis or weekly if closer monitoring is needed.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

The home has processes in place to ensure residents’ skin integrity is consistent with their generally health. Risk of impaired skin integrity is assessed on entry and on an ongoing basis; care plans and wound care records are developed to guide staff practice and progress notes, communication books and handover discussions are used to communicate strategies. Staff apply creams and/or emollients when attending to hygiene cares, hydration needs are

monitored and strategies are in place to minimise the risk of skin tears or pressure ulcers including pressure point protection devices. Staff practice is monitored by registered nurses and appropriate equipment is available to enable safe and comfortable transfer. Residents who are unable to mobilise for themselves are cared for in recliner/flotation chairs when out of bed for extended periods of time with additional pressure point protection and repositioning where indicated. Residents/representatives report they are satisfied with the care provided to maintain skin integrity.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Residents/representatives are satisfied with the continence care they receive. Residents’ continence management needs are assessed during the entry process and on an ongoing basis and toileting or continence management programs are initiated based on this information. Care plans and guidelines for appropriate continence aids are in place to guide staff practice; bowel charts are maintained to support daily monitoring and intervention occurs when required including prescribed aperients if needed. Care plans are reviewed every three months or as needs change; staff dedicated to monitoring the use of continence aids liaise with the clinical nurse consultant and care manager whenever changing needs are identified and reassessment occurs where indicated. Staff are aware of the current continence needs of residents and records are maintained to support daily review.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Residents/representatives are satisfied with the manner in which residents behaviours are managed. The behavioural management needs of residents’ are assessed over a two to three week period as part of the entry process monitored for effectiveness on a daily basis. Care plans are developed in consultation with representatives, staff, medical officers and/or mental health professionals to guide staff as to triggers and effective management strategies; care plans are reviewed every three months and when changes are identified. Behavioural management strategies are discussed and monitored during handover discussions and staff are aware of individual residents’ needs and triggers. Six monthly comparisons of residents’ wellbeing profiles are used to monitor residents’ response to care. There is a reporting process in place for incidents or aggression and staff use techniques such as one-on-one time and distraction to address individual behaviours; ‘as required’ medications and authorised restraint mechanisms are generally used when needed.

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

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

### **Team's recommendation**

Does comply

Residents/representatives are satisfied they have optimal support to ensure their mobility needs are met and they have access to appropriate mobility aids and equipment. Levels of mobility and dexterity are assessed by registered nurses and physiotherapists upon entry, including risk of falls; authorisation for restraint to minimise the risk of falls is negotiated when risks are identified. Care plans and mobility charts are developed to guide staff practice; these are generally reviewed every three months or when changes in needs have been identified. Staff practice is monitored through observation and incident reporting processes; handover, progress reports and communication books are used to inform staff of changing needs. Integration of exercises, massage and supported walking programs are conducted by care staff when undertaking activities of daily living and staff have access to mobility aids as needed and staff are aware of the individual needs of residents.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

Residents/representatives are satisfied with the oral and dental care provided by the home. Residents' needs are assessed during the entry process and are reviewed on an ongoing basis and three monthly reviews. Care plans are in place to reflect individual needs and guide staff regarding residents' dental care and oral hygiene needs. Residents are consulted regarding preferences, choice and access to dental or other health providers. Residents are assisted to manage their dental and oral hygiene care and cleaning of dentures is conducted by staff if needed; staff are aware of individual needs and have sufficient supplies of the oral care products required.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

Residents/representatives report that staff are aware of their individual needs and provide support with their aids as required. The sensory needs of residents are assessed during the entry process and communicated to staff through care plans, communication books and handover processes. Staff have the knowledge to assist residents to obtain and use sensory aids. Staff facilitate access to audiology, optical and sensory related services when needs are identified. Activities are used to stimulate residents' senses for example craft, music and sensory deficits are taken into account during meals; equipment aids are provided to assist residents to manage meals independently where possible.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents/representatives report they are satisfied with the assistance provided to achieve sleep. Sleep patterns and preferences are assessed during the entry process and reviewed on a regular basis. Needs are identified via observation sleep patterns and daily review of effectiveness and an individual care plan is developed to guide staff practice. Residents reside in single rooms and strategies such as drawn curtains and closed doors are implemented to promote a restful sleeping environment. Residents who are immobile are able to rest in recliner chairs in the dining area in preference to being returned to their rooms. Staff provide interventions such as snacks and drinks, repositioning, massage, emotional support and discussions to assist residents in achieving natural sleep have an awareness of individual resident’s sleep requirements.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has established systems and processes to actively pursue continuous improvement. Whilst the home conducts audits in line with the audit plan, there are no audits being conducted in relation to standard three, with monitoring activities include an annual survey and resident well being reviews three monthly. Residents and staff have input into the continuous improvement system through the use of service improvement forms and the comments and complaints process. The home also uses information gathered through hazard reports and accident/incident reviews to identify improvement opportunities. Improvement opportunities are recorded on the master continuous improvement plan and tracked through this plan until completion. The Care Manager is responsible for the monitoring of improvements to ensure sustainability. Residents/representatives are satisfied that they are encouraged to have input into the continuous improvement at the home.

Examples of improvements relative to Standard Three include but are not limited to:

- Following the donation of a selection of DVD movies, including nature/wildlife movies, the therapy staff have commenced a movie club. It was reported to the team that this has been received well by residents with dementia, as demonstrated by increased periods of calmness and improved concentration.
- The home has ceased resident meetings, and as a result and to maintain a line of communication with management, a resident/relative communication book has been commenced. The communication is located near the main entrance and is checked daily by staff.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems and processes in place to capture any changes in legislation and to ensure that this information is provided to residents and staff. This includes subscriptions to industry peak bodies and government email updates. The Care Manager reviews and updates related policy as a result of legislative changes and communicates any updates to staff through meetings, memos and education. Compliance is monitored through audits and observation of staff practice. The systems manager is aware of the homes’ responsibilities in relation to record keeping requirements following allegations or suspicions of reportable assaults.

### **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 provides an education program for staff that includes mandatory training, identified training needs and other development opportunities. Education sessions are communicated to staff via the annual planners, memos, and meetings. The Care Manager oversees the education program and maintains education records and monitors attendance through training records. Processes are in place to support staff to attend external courses and training. A training needs analysis has been conducted and the results have been combined with information from the annual performance appraisals to develop a Staff training and education plan 2010. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Management and staff demonstrated knowledge and skills specific to their roles.

### **3.4 Emotional support**

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

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

Does comply

Residents/representatives are satisfied with the emotional support provided by staff at the home. Assessments are undertaken to ensure emotional needs are identified and residents are provided with appropriate support throughout the initial period and ongoing. A care plan is developed to guide staff with individual strategies for support. An information handbook is provided to residents and continuous opportunities for direct discussion with the care manager or clinical nurse consultant are available. Invitations to attend activities and social events are extended and residents are encouraged and supported to maintain involvement within the community; community and family involvement within the home is encouraged. Care plan reviews and satisfaction surveys are used to ensure satisfaction; changes in needs is reported and further assessment conducted when needed.

### **3.5 Independence**

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

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

Does comply

Residents/representatives are satisfied they are provided with support and encouraged to maintain their independence within their capabilities. Residents' capacities, care requirements and interests are assessed on entry and details are outlined in care plans to guide staff practice. Staff support and promote residents' independence during care routines, providing assistance with meals, allowing time for individual activity to be completed independently and using appropriate equipment for completion of daily activities. Residents are encouraged to maintain friendships within the community and supported to undertake independent activities of interest.

### **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

Residents/representatives are satisfied with the manner in which staff treat them, consider their privacy and dignity is respected and they are able to raise concerns if they wish. The majority of residents are cared for in the dining/activities area of the home throughout the day; the registered nurses, care manager and clinical nurse consultant observe staff practices on a daily basis to ensure privacy and dignity is maintained when attending to residents' cares. Handover processes and discussion regarding individual needs is conducted in private areas; residents' records, personal and financial information is stored appropriately and access is restricted to authorised people. Staff ensure privacy is maintained for residents when accessing their rooms by requesting permission to enter and closing doors when attending to needs; staff address residents using terms of respect. Residents are provided with individual bedrooms and staff ensure residents are dressed appropriately when in public areas; where residents are cared for or sleep in public areas during the day, repositioning, toileting, clothing adjustments and manual handling is generally monitored to maintain 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/representatives are satisfied with the leisure interests and activities they are offered and the support provided to participate in activities of interest to them. A lifestyle assessment is completed on entry to the home, including residents' capacity and limitations to participation; ongoing review occurs by the diversional therapists. Residents are consulted in regard to activities of choice both individually and as a group; residents who are unable to participate in activities through physical deterioration are cared for in recliner chairs within close proximity of activities to provide stimulation and reduce the risk of isolation. Comments/complaints process and one-on-one discussions with management and diversional therapy staff are used to identify preferred activities. Wellbeing profiles, satisfaction surveys and evaluation of activities are used to ensure that activities provided meet residents' preferences and interests and diversional care plans are reviewed every three months. One-on-one discussions and hand massages are provided to residents who are unable, or prefer not to participate.



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

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

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

Does comply

Residents/representatives are satisfied with the cultural and spiritual support they receive. Information regarding residents' beliefs and spiritual preferences and related terminal care wishes are obtained as part of the entry process. Specific care instructions are maintained within the residents' records and care plans that guide staff practices and staff are aware of individual needs. Cultural, spiritual and significant special days are celebrated and residents' families and friends are encouraged to attend and join in celebrations. Representatives from church groups visit the home on a regular basis to conduct spiritual care and discussion sessions and residents are enabled to participate in church services of choice. Satisfaction is monitored through satisfaction surveys and there is access to interpreter services and specific ethnic, cultural or spiritual information and resources are accessed when required.

### **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/representatives are satisfied they are enabled to exercise choice. The home identifies the appropriate decision maker for residents during the entry process and reviews capacity for ongoing decision making as part of the routine review process; alternative decision makers are sought wherever required. Comments and complaints processes, one-one-one discussions with the care manager and communication with families are mechanisms in place to ensure preferences and choices are known and respected. Residents/representatives are consulted in relation to recommended care and lifestyle routines and processes are in place to ensure safety if/when residents refuse care. Residents are offered choices regarding timeframes of daily living activities and meals, inclusion in activities and are provided with equipment or resources to enable independent activities of choice.

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

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

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

Does comply

Residents/representatives are satisfied they have security of tenure and are aware of their rights and responsibilities. Residents are provided with information about their rights and responsibilities, comments and complaints processes and security of tenure as part of the entry process. Information provided includes fees and charges, the reasons and processes used for changes to tenure, services to be provided by the home and resident's responsibilities. Residents/representatives enter into a signed agreement with the home and further information regarding residents' rights and responsibilities is contained in the resident handbook.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has established systems and processes to actively pursue continuous improvement. The home conducts audits in line with the audit plan, audits are reviewed and analysed by the Care Manager and reported at the staff and quality forum. Residents and staff have input into the continuous improvement system through the use of service improvement forms and the comments and complaints process. The home also uses information gathered through hazard reports and accident/incident reviews to identify improvement opportunities. Improvement opportunities are recorded on the master continuous improvement plan and tracked through this plan until completion. The Care Manager is responsible for the monitoring of improvements to ensure sustainability. Residents/representatives are satisfied that they are encouraged to have input into the continuous improvement at the home.

Examples of improvements relative to Standard Four include but are not limited to:

- Feedback from staff and residents indicated dissatisfaction with the heat within the main dining and lounge areas. As a result, the home has installed ceiling insulation and air conditioning. Staff and resident/representative reported that the new measures have improved the living environment, and that the temperature of the main lounge and dining areas is comfortable.
- Staff lodged an improvement form in relation to the location and accessibility of mobility devices. Previously walk belts and restraints were hung above a sink within the lounge area, and often were found hanging into the sink and getting wet. The home has relocated the storage of walk belts and restraints and they are now free from water contamination and there is increased accessibility for staff.

### **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 systems and processes in place to capture any changes in legislation and to ensure that this information is provided to residents and staff. This includes subscriptions to industry peak bodies and government email updates. The Care Manager reviews and updates related policy as a result of legislative changes and communicates any updates to staff through meetings, memos and education. Compliance is monitored through audits and observation of staff practice. All staff are required to attend fire safety training initially at orientation and annually thereafter; a process is in place to manage staff who do not attend training as required. The home has a food safety plan.

#### **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 provides an education program for staff that includes mandatory training, identified training needs and other development opportunities. Education sessions are communicated to staff via the annual planners, memos, and meetings. The Care Manager oversees the education program and maintains education records and monitors attendance through training records. Processes are in place to support staff to attend external courses and training. A training needs analysis has been conducted and the results have been combined with information from the annual performance appraisals to develop a Staff training and education plan 2010. Management monitors the skills and knowledge of staff through audits, competency assessments and observation of staff practice. Management and staff demonstrated knowledge and skills specific to their roles.

#### **4.4 Living environment**

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

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

Does comply

The home's environment provides safe access to clean internal and external areas with furniture sufficient for residents and their visitors. Internal cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Cleaning programs cover all areas of the home; the quality of cleaning services is monitored on an on-going basis by the Care Manager and deficiencies are addressed as needed. Hazards identified at the home are risk assessed and remedial action is taken as appropriate. Resident accidents and incidents are recorded, reviewed, trended and analysed, then reported and discussed at the staff and quality forum. Preventative and reactive building and equipment maintenance is conducted by the maintenance officer or by external contractors. Residents/representatives are satisfied with the living 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 an established workplace health and safety system that includes regular audits of the environment, hazard management processes, staff education and incident reporting. Risk assessments are generally conducted by the Workplace Health and Safety Officer and are reviewed and evaluated to ensure corrective action has been successful in mitigation of the risk. Information on safety issues is discussed and communicated via meetings, memos and through one to one direction. Staff receive education on the home's safety requirements at orientation and through the annual mandatory training program. Maintenance programs are in place for equipment and building and these are monitored for completion. Chemicals are stored securely and material data safety sheets are accessible to staff and associated risk assessments generally undertaken. Spills kits are generally

available and accessible for staff. Staff accidents and incidents are reviewed, trended and analysed then reported and discussed at the staff and quality forum. Staff indicated awareness of the reporting processes of safety issues and how to perform their roles in a safe manner.

#### **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 organisation has policies and procedures to guide staff practices in the event of a fire, security and other emergency. The senior staff on duty are responsible for responding to and co-ordinating staff in the event of an emergency. A resident list is maintained in each wing of the facility, and is located at the fire panel; the list includes residents' mobility requirements. An external service provider performs servicing and maintenance of the fire system. Staff receive training in responding to a fire and other emergencies at orientation and annually thereafter, attendance is tracked via an electronic database, the Care Manager has a process to monitor and deal with staff who have not attended training, a printed copy of the training records is stored off site. Staff are aware of their responsibilities during an emergency, and the location of assembly points in the event of an evacuation. Residents are aware of emergency procedures, with resident responsibilities are discussed and evacuation plans displayed in resident rooms.

#### **4.7 Infection control**

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

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

Does comply

There are processes in place to ensure there is an effective infection control program including the identification and reporting of infections. Staff are provided with training in relation to infection control during their orientation and repeated annually; staff and residents are encouraged to maintain immunisations against communicable diseases. Clinical data is monitored for potential trends in infections and outcomes are monitored by the clinical nurse consultant/infection control officer and care manager. Appropriate protective equipment is available where needed, cleaning and laundry processes are in place and implemented to minimise the risk of cross infection. The home has a food safety plan in place and staff have an appropriate understanding of infection control practices including sanitising of equipment, management of waste and pest control. There are outbreak management procedures and government guidelines available to guide staff practices and staff generally have access to equipment to manage potentially infective substances and there are appropriate stocks of equipment in place including hand washing facilities and sharps containers; staff practice is generally monitored by registered nurses and the clinical nurse consultant.

#### **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 demonstrates hospitality services are provided to support residents' quality of life and the living and working environment. The home's kitchen is operated following food safety guidelines, and processes are established for the inspection of inward received goods and a stock rotation system is monitored by the Chef. The receipt of bulk items is monitored by Chef and a process is in place to address items identified for recall. A four week rotating menu provides a variety of menu choices for residents. Cleaning and care staff are directed by work instructions and schedules to ensure regular cleaning of residents' rooms, communal areas and external areas; laundry services are provided onsite and the laundry operates seven days a week. The standard of catering, cleaning and laundry services are monitored by the Care Manager. Residents/representatives are satisfied with the cleaning, laundry and catering services being provided, and staff are satisfied with their working environment.