



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Yallambee Hostel**

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

The Agency has decided that the period of accreditation of Yallambee Hostel is three years until 30 October 2012.

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

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

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

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

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

|                                  |                  |                                |            |              |      |
|----------------------------------|------------------|--------------------------------|------------|--------------|------|
| Home's name:                     | Yallambee Hostel |                                |            |              |      |
| RACS ID:                         | 7160             |                                |            |              |      |
| Number of beds:                  | 40               | Number of high care residents: | 26         |              |      |
| Special needs group catered for: | Nil              |                                |            |              |      |
| Street:                          | 1 Fenton Street  |                                |            |              |      |
| City:                            | MUNDARING        | State:                         | WA         | Postcode:    | 6073 |
| Phone:                           | 08 9295 1511     |                                | Facsimile: | 08 9295 2540 |      |

### Approved provider

|                    |   |
|--------------------|---|
| Approved provider: | WA Baptist Hospital and Homes Trust Inc |
|--------------------|---|

### Assessment team

|                 |                                  |
|-----------------|----------------------------------|
| Team leader:    | Julia Horton                     |
| Team member:    | Dianne Shackles                  |
| Dates of audit: | 18 August 2009 to 19 August 2009 |

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

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

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

**Standard 2: Health and personal care**

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

**Accreditation decision**

| Agency findings |
|-----------------|
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |
| Does comply     |

| Agency findings |
|-----------------|
| Does comply     |
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| Does comply     |

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

## Accreditation decision

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

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

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

|              |                  |
|--------------|------------------|
| Name of home | Yallambee Hostel |
| RACS ID      | 7160             |

### **Executive summary**

This is the report of a site audit of Yallambee Hostel 7160 1 Fenton Street MUNDARING WA from 18 August 2009 to 19 August 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Yallambee Hostel.

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 18 August 2009 to 19 August 2009.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two 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: | Julia Horton    |
| Team member: | Dianne Shackles |

## Approved provider details

|                    |   |
|--------------------|---|
| Approved provider: | WA Baptist Hospital and Homes Trust Inc |
|--------------------|---|

## Details of home

|               |                  |
|---------------|------------------|
| Name of home: | Yallambee Hostel |
| RACS ID:      | 7160             |

|  |     |
|--|-----|
| Total number of allocated places:                | 40  |
| Number of residents during site audit:           | 40  |
| Number of high care residents during site audit: | 26  |
| Special needs catered for:                       | Nil |

|               |                 |            |              |
|---------------|-----------------|------------|--------------|
| Street:       | 1 Fenton Street | State:     | WA           |
| City:         | MUNDARING       | Postcode:  | 6073         |
| Phone number: | 08 9295 1511    | Facsimile: | 08 9295 2540 |

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Yallambee Hostel.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

|                                   | Number |                             | Number |
|-----------------------------------|--------|-----------------------------|--------|
| Clinical systems project leader   | 1      | Care staff                  | 6      |
| Executive manager human resources | 1      | Therapy assistant           | 1      |
| Regional manager                  | 1      | Chaplain                    | 1      |
| Facility manager                  | 1      | Catering operations manager | 1      |
| Clinical manager                  | 1      | Relief chef                 | 1      |
| IT project officer                | 1      | Domestic staff              | 2      |
| Enrolled nurse                    | 1      | Maintenance staff           | 1      |
| Physiotherapist                   | 1      | Residents                   | 8      |
| Occupational therapist            | 1      |                             |        |

#### Sampled documents

|                                 | Number |                   | Number |
|---------------------------------|--------|-------------------|--------|
| Resident files                  | 7      | Medication charts | 20     |
| Summary and extended care plans | 6      | Personnel files   | 8      |

#### Other documents reviewed

- Accidents/incidents records
- Activities planner
- Assessments for self-medicating residents
- Asset register
- Audits and surveys
- Blood sugar and blood pressure monitoring records
- Bowel charts
- Case conference reports
- Cleaning manual
- Cleaning schedules and signing sheets

- Clinical education planner
- Clinical indicator records
- Comments and complaint register
- Continuous improvement logs
- Continuous improvement plan
- Daily roster adjustments file
- Dental review service assessments
- Diary
- Diet preference sheets
- Doctors' referral diary
- Duty statements
- Education plan file
- Electrical tagging and testing report
- Emergency evacuation plan
- Emergency exit maintenance log book
- Employee resource manual
- Family notices and newsletters file
- Fire and procedures manual
- Fire equipment test records
- Food safe questionnaires
- Guidelines for care staff
- Handover sheets
- Hazard incident reports
- Induction and orientation schedule
- Induction checklist
- Infection control for pantry and cleaning staff
- Kitchen cleaning schedule and signing sheets
- Material safety data sheets
- Medication variance action sheet
- Memo file
- Minutes of meetings
- Newsletters
- Nurse and physiotherapist registrations due dates matrix
- Pharmacy book
- Physiotherapy and occupational therapy care plans
- Police check due dates matrix
- Policies and procedures
- Position descriptions
- Preventative maintenance records
- Resident care planning and assessment documents
- Resident weight records
- Residents handbook
- Resource information for complementary therapies
- Rosters
- Service agreements
- Spiritual care plans
- Supplementary drinks list and signing sheets
- Temperature monitoring records
- Therapy program attendance records
- Training matrix
- Unscheduled maintenance records
- Wound care plans
- Zero injury program safety records file



## Observations

- Activities in progress
- Alcohol gel dispensers
- Charter of residents' rights and responsibilities displayed
- Communal living areas
- Emergency exit signage
- Equipment and supply storage areas
- Hand washing facilities
- Interactions between staff and residents
- Internal and external complaints service and advocacy brochures
- Internal and external living environment
- Kitchen and laundry areas
- Meal service
- Noticeboards and posted information
- Pandemic kit
- Personal protective equipment
- Site evacuation map
- Spills kit
- Storage of chemicals
- Storage of medications
- Suggestion box
- Tagged fire and electrical equipment
- Vision, mission and philosophy of care displayed

## 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 a framework in place that assists it to actively pursue continuous improvement. There are multiple mechanisms for identifying opportunities for improvement such as feedback from staff, resident and representative meetings, continuous improvement logs, and comments and complaints. A self-assessment approach via audits and surveys is utilised to measure and review performance against benchmarks. Information from these sources is logged, and actions are planned and implemented in consultation with appropriate personnel. Staff and residents reported that they are encouraged to contribute to the home's pursuit of continuous improvement and that management are receptive and responsive, and provide feedback to the originator of suggestions for improvements. They also reported that they are kept informed of improvement activities and were able to give examples.

Examples of continuous improvement activities relevant to Standard One are listed below.

- It was identified that there was a need to reintroduce a quarterly newsletter to relay general information and news to staff, residents, and their representatives. Management has requested input and suggestions from staff, residents and their representatives such as short histories of residents, photos, recipes, and puzzles. Management reported that it is too soon to evaluate the results for residents and staff.

- In response to the changing needs of residents, an extra care staff float shift has been trialled from 7.30am to 11.30am. Management reported that feedback from staff and residents is positive and, therefore, the float shift will now become a permanent shift. Care staff confirmed that the float shift enables resident care and services to be delivered more efficiently during the busy showering and breakfast period.

## 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

There are processes in place to ensure the organisation complies with all relevant legislation, regulatory requirements, and professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various peak bodies and policies are updated accordingly. The facility manager is notified of any changes via email, and staff are informed, as required, via meetings and memoranda. The home has systems in place for monitoring professional registrations and police checks on new and existing staff. Residents reported that they had been informed of the Accreditation audit.

## 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

There are formal selection and recruitment processes in place to ensure that staff have appropriate knowledge and skills to perform their roles effectively. The organisation provides an induction and mandatory training in fire safety, manual handling, and chemical safety, as well as elective and competency-based training. Attendance is monitored, and management monitors the effectiveness of education sessions by asking staff for feedback. Additional training needs are identified via observation of staff work practices, incident reporting, clinical indicators, and performance appraisal feedback. Staff interviewed reported that they receive appropriate education to enable them to perform their roles effectively. Residents reported that staff have adequate skills and knowledge to attend to their needs.

Examples of education and training related to Standard One are listed below.

- Orientation, including comments and complaints, human resources, incident reporting, policies and procedures, vision, mission and philosophy of care.
- Effective workplace relations.
- Legislation and regulatory compliance.

## 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

Continuous improvement log forms are used to record comments and complaints, and these are available around the home, together with a suggestion box and leaflets regarding external complaints mechanisms. Residents receive information regarding comments and complaints mechanisms via the resident handbook, in newsletters, and at resident meetings.

Comments and complaints are logged on a register to enable tracking and are transferred to the continuous improvement plan if they require ongoing attention. The effectiveness of the system is monitored via audits, which recently identified the need for a formal mechanism to assist residents with cognitive impairment, and the organisation is addressing this. Staff interviewed described how they assist residents to complete forms, and they stated that management are responsive to suggestions. Residents reported that they have access to internal and external complaints mechanisms and are satisfied with the way feedback is managed.

### **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 organisation adheres to a strategic plan which is developed at senior management level. The vision, mission and philosophy of care is displayed in the foyer of the home and is documented in the resident handbook, in the employee resource manual, and in newsletters. The organisation's commitment to quality is reflected in the vision, mission and philosophy of care. The corporate orientation for staff includes discussion of the vision, mission and philosophy of care, and staff confirmed that they are familiar with these.

### **1.6 Human resource management**

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

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

Does comply

The home has appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with residents' needs, and there are processes in place to respond to changes in their needs. Staff attend corporate and site inductions, and are 'buddied' with experienced staff for their first few shifts. The home monitors staff qualifications, and staff have position descriptions, duty statements, and have to provide police checks. Absenteeism is covered by staff undertaking additional hours or via agency staff. Staff performance is monitored via feedback mechanisms such as complaints, surveys, audits, and clinical indicators. Staff reported they have sufficient time to carry out their roles and that staff skills are adequate. Residents reported satisfaction with the responsiveness of staff and adequacy of care.

### **1.7 Inventory and equipment**

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

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

Does comply

There are processes in place to ensure there are adequate stocks of appropriate goods and equipment for quality service delivery. The home has a computerised asset register to monitor equipment, and designated staff at the home are responsible for ordering new equipment, clinical goods, food and beverages, continence aids, stationery, and chemicals via an electronic ordering system. Orders are approved by the facility manager before being processed. A preventative maintenance schedule is utilised, and hazard forms and maintenance request forms are used to report corrective maintenance issues. Inventory and

equipment is stored appropriately to ensure accessibility and to prevent damage, and equipment is reviewed to ensure it remains appropriate to meet residents' needs. Staff and residents reported that they are satisfied with the availability and suitability of goods and equipment, and that maintenance issues are dealt with in a timely manner.

### **1.8 Information systems**

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

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

Does comply

Processes are in place to guide the appropriate collection, use, storage and destruction of information. Staff have access to information to help them perform their roles via policies and procedures, care plans, handovers, meetings, memoranda, newsletters, diary, and noticeboards. Policies and procedures are updated by the organisation's head office and the home is notified accordingly. Residents and representatives are provided with information via meetings, newsletters and noticeboards. Security of confidential information is maintained, and computer records are protected with secure passwords and levels of access. Staff reported that they are provided with appropriate information regarding residents' ongoing care needs and the operations of the home. Residents confirmed that they have access to information appropriate to their needs.

### **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

Processes are in place to ensure that externally sourced services are provided in a way that meets the needs and goals of the home. The organisation appoints external contractors from an approved supplier list, and the obligations of the contractor are detailed in standardised service agreements and certain processes are agreed to. Site-level agreements are drawn up for external providers such as hairdresser and podiatrist, and these are reviewed annually. Police checks are monitored for currency by the facility manager. The quality of services is monitored via various feedback mechanisms and deficiencies are addressed appropriately. Staff and residents reported satisfaction with the services of externally sourced providers.

## **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

See Continuous improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of continuous improvement activities relevant to Standard Two are listed below.

- The clinical manager has established monthly training for care staff. This includes topics such as medication management, infection control, and skin care. Some of this training is delivered at staff meetings, and staff provided positive feedback to the team.
- In order to easily identify the owner of spectacles that are found unattended, photographs have been taken of all residents' spectacles along with the name of the owner. These are to be printed off and filed to create an easy reference point for staff.

## **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 an overarching system for identifying relevant legislation, regulatory requirements, and professional standards and guidelines in relation to all four Accreditation Standards. Registered nurses and allied health staff are required to produce their current registration to management on an annual basis. Ongoing assessment of high care residents is carried out by a registered nurse. Medication is administered and stored safely and correctly in accordance with legislative requirements.

## **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

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and training related to Standard Two are listed below.

- Administration of patches
- Continence management
- Diabetes management
- Insulin competency
- Medication competency
- Oral hygiene
- Orientation including introduction to dementia, behaviours of concern and restraints
- Urinalysis competency
- Wound care.

## **2.4 Clinical care**

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

### **Team's recommendation**

Does comply

A comprehensive schedule is in place to guide staff in the care planning, assessment, and review process. A clinical profile is completed for each new resident, providing detailed information about the social and medical history of the resident and care needs at the time of admission. This information directs further, more detailed, assessments on all aspects of the resident's care, and a comprehensive care plan is formulated. A process for regular review and update of the general, physiotherapy, and occupational therapy care plans by

appropriately qualified staff is in place. Residents are consulted during all stages of care, and families are included in care planning as appropriate. Residents interviewed were satisfied with the clinical care received.

## **2.5 Specialised nursing care needs**

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

### **Team’s recommendation**

Does comply

Specialised nursing care needs are carried out by registered or enrolled staff who are available on site seven days per week. Nursing care needs are assessed, implemented and reviewed by qualified staff, and specialised nursing services including community mental health and continence advice are accessed on an ‘as required’ basis. Care staff complete clinical tasks, including monitoring of blood glucose levels and blood pressure, once they have been deemed competent, under the guidance of registered staff. A schedule is in place to provide education for care staff on clinical issues, and the clinical staff provide guidance and direction to the care staff, as needed. The review of documentation indicated that clinical incidents are recorded, actioned, and followed up as appropriate. Residents commented favourably on the nursing care provided.

## **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

There are processes in place to identify and assess residents’ needs and preferences in relation to accessing appropriate health specialists. Residents are assisted to source and access a range of medical, allied health and mental health service providers, if required. Generally, family members are able to assist residents to attend medical appointments, if necessary. The review of documentation indicated that referrals are made and actioned in a timely manner, and that the recommendations of specialists are implemented into the care plan as necessary. Residents reported that they are satisfied with the assistance given to access other health and related services.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Medications are provided in dosage administration aids and dispensed by registered staff or by care staff deemed competent to do so. All residents have their medications reviewed by medical practitioners and clinical pharmacologists at regular intervals. Medication variances are reported to trained staff and medication variance reports are completed. Processes are in place to address medication variances by seeking advice from the pharmacy or medical practitioner, or providing further training or counselling to staff for repeated errors. Processes are in place for the disposal of expired or unused medications. Residents expressed satisfaction with the assistance given by staff to manage their medications.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Processes are in place to assess the pain levels of all residents on admission, and strategies are identified to minimise the residents' pain. Analgesia is ordered and administered as required, and the medical practitioner reviews the residents' pain management on a regular basis. Alternative approaches to pain management are also used such as hot packs, massage and diversional activities. Staff described non-verbal signs of pain, and stated that they report these to senior staff for follow up. Residents interviewed reported that they are assisted by staff to reduce and minimise their pain.

## **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' preferences regarding palliative care and terminal wishes are discussed and recorded during the admission process. Resources can be accessed when required, including community palliative health specialists, medical consultants and pastoral care services. Equipment can be sourced to ensure the resident is comfortable, and additional staff can be arranged to assist in caring for the dying resident. The home has single rooms to support the privacy and dignity of the resident and family members. The chaplain is available to provide spiritual and emotional support for the resident, family and staff. Residents interviewed expressed confidence in the competence of staff to manage their care in all situations.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Resident preferences, allergies, and cultural requirements are recorded and communicated to care and kitchen staff, and updated by nursing staff when required. The weight, fluid and dietary intake of residents of concern are monitored, and high calorie drinks are provided to residents at risk of inadequate nourishment. Breakfast is served for residents in each of the four houses that make up the home, and residents are encouraged to attend the main dining room at lunch time to promote social interaction and to encourage residents to mobilise. Residents are referred to speech pathologists and nutritionists, as required. Meals are prepared following a four week rotating menu, and residents are offered snacks and drinks between meals. Feedback from residents indicated a high level of satisfaction with the meals and drinks provided at the home.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

Residents' skin integrity is assessed on admission to identify existing and possible skin care needs. Preferences relating to skin care are recorded and communicated to staff via the care plan, and care plans are reviewed and updated regularly. Residents identified as being at risk of impaired skin integrity have strategies put in place, such as the application of emollients, pressure relieving devices and limb protectors, and are referred to health specialists including the physiotherapist and podiatrist, as required. Wound care is attended to by enrolled nursing staff, and the wound care plans are reviewed and wounds checked weekly by the registered nurse. Residents expressed satisfaction with the skin and wound care provided at the home.

## **2.12 Continence management**

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

### **Team's recommendation**

Does comply

Processes are in place to record and analyse information relating to residents' continence issues during admission, and on an ongoing basis. Residents' urinary, bowel and toileting needs are assessed over several days and a medical history is taken. Individualised care plans are developed for any resident who requires toileting or continence assistance, and the review of documentation indicated that care plans are reviewed and updated regularly. The enrolled nurse at the home takes responsibility for ordering and reviewing the continence products in use. Specialist continence advice is available from external continence advisers and medical specialists, and referrals are made as appropriate. Education is provided to staff regarding the continence needs of residents.

## **2.13 Behavioural management**

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

### **Team's recommendation**

Does comply

Systems are in place to identify, observe and record behaviours of concern, and to develop care plans that outline the identified behaviours, and provide strategies to address them. The home provides a restraint-free environment for residents, and the atmosphere at the home is pleasant and calm, ensuring residents are not hurried or rushed. External services including Alzheimer's Association and community mental health services are accessed for support as needed for individual residents. Staff interviewed discussed strategies they use to assist residents who experience behaviours of concern. Residents interviewed stated that they are not troubled by the behaviour of other residents at the home.

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

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

### **Team's recommendation**

Does comply

All residents are assessed by allied health and nursing staff on admission to ensure their mobility, dexterity, and rehabilitation needs are identified and actioned if necessary. Specific mobility needs are documented on the care plan, including any aids required, falls risk alerts, and specialists' instructions. A physiotherapy program is developed for residents who require it, implemented by therapy assistants and reviewed regularly. More intensive physiotherapy can be provided on a short term basis, if the resident has a special need. Equipment such as walking aids and modified cutlery and crockery assist residents to maximise their functional



ability. Residents expressed satisfaction with the way in which residents' mobility, dexterity and rehabilitation needs are identified and supported.

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

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

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

Does comply

Residents' oral and dental health is maintained by assessment of the individual resident's history, preference and current needs, and by ongoing review and practical assistance. Care plans outline strategies for staff, and residents are offered the opportunity to discuss any issues at family conferences. Dental services are accessed as required, and a dental assessment service visits the home annually. Staff have been provided with training on assisting residents with their oral hygiene, and equipment is provided or sourced according to each resident's needs. Discussions with residents or families, and monitoring of staff practices, ensure the effectiveness of the program. Residents stated that the oral and dental care provided is appropriate to their needs and preferences.

### **2.16 Sensory loss**

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

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

Does comply

Residents' sensory deficits are assessed by the occupational therapist during admission and reassessed every twelve months or as required. The use of sensory aids or equipment is recorded on the care plan, which outlines strategies and techniques to effectively manage any deficits, including cleaning and correct fitting of aids. A range of activities are provided through the therapy program focusing on tactile, sensory, and cognitive stimulation for those residents with sensory impairment. Residents have access to medical specialists, and visiting optometry and audiology services are arranged, as required. Observation of staff practices and discussions with staff confirmed that they have an understanding of the communication issues relating to frail aged residents, and use appropriate techniques to communicate effectively. Residents reported satisfaction with the support and assistance received from staff to manage sensory loss.

### **2.17 Sleep**

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

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

Does comply

Sleep requirements are identified for all new residents, after they have settled into the home, and information regarding sedation, retiring time and preferences is recorded. Sleep assessments are completed for residents who indicate they are having difficulties, or when night staff have observed sleep disturbances. Due to the risk of falls, the use of sedative medication is kept to a minimum, but is provided if prescribed by the general practitioner. Residents have individual rooms with ensuites, ensuring privacy and quiet to promote sleep. Staff practices promote a peaceful environment at night and during rest times, and staff spend time with residents who are having difficulty sleeping, reassuring them, and making sure they are comfortable. Residents stated that they are generally able to sleep well, and that staff are helpful and supportive on those occasions when they are unable to sleep.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

See Continuous improvement in Standard One: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

An example of continuous improvement activities relevant to Standard Three is described below.

- Staff identified that residents need to be encouraged to access the outdoor environment by getting them involved in outdoor activities. In response, the garden areas have been improved to make them more attractive. A raised garden bed has been purchased, and gardening has been added to the activity program. Residents have helped to plant herbs in the raised garden bed. Residents reported to the team that the gardens are more accessible, and the raised flower bed has had a positive impact.

#### **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 offers each resident a resident agreement that outlines fee and tenure arrangements, as well as care and services that will be provided. Residents are informed via letter if any changes arise. The charter of residents’ rights and responsibilities is displayed in the home. A confidentiality clause is included in position descriptions which staff sign, and staff were observed to be mindful of residents’ privacy and dignity. Policies have been implemented for the mandatory reporting of elder abuse and residents who go missing.

#### **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

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

An example of education and training related to Standard Three is elder abuse.

### **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

New residents are offered a tour of the home prior to admission, and given the opportunity to meet with the manager to discuss any concerns they have about the move, and for an explanation of the care and services that the home is able to provide. A social profile is completed for all residents, and residents are given an orientation during the settling-in period, and introduced to staff and other residents. Staff have been provided with education on the emotional support of residents as part of their carer training, and when interviewed staff could describe how they provide support to residents during their first days at the home, and on a permanent basis. The home's chaplain visits all residents and assists with emotional as well as spiritual support. Residents commented positively about the support offered by management and staff.

### **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

The home has systems in place to promote resident independence, promote friendships and maintain links with the community. Independence with activities of daily living and financial matters are encouraged, as well as participating in community groups and activities of interest. Staff discussed strategies used to assist residents to remain as independent as possible in all aspects of their day-to-day life. The design of the building supports independence by providing private rooms with en-suites, handrails, access to the outdoors and wide corridors. Residents stated that they are encouraged to maintain their independence, and participate in the community, as desired.

### **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

Processes are in place to ensure that the dignity and privacy of each resident is respected. Residents' financial information is stored securely, and accessed only by authorised personnel. A confidentiality clause is included in position descriptions which staff sign at the commencement of their employment, and staff were able to discuss ways in which they ensure the privacy and dignity of residents is respected. Residents' written information is securely stored, and access to computer based information is password protected. All residents have single rooms with en-suites, and there are a number of communal and external areas throughout the home for residents and representatives to use for private conversation or family gatherings. Staff were observed to be knocking before entering residents' rooms, and residents reported that staff are respectful of their privacy.

### **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

Systems are in place to ensure that leisure interests and activities are provided that meet the interests, needs and abilities of residents. A comprehensive assessment of the residents' history, cognitive state, functional ability and interests provides the basis for the activity program offered, and residents are also invited to make suggestions for activities at resident meetings. Attendance records are maintained, a planner is available to all residents, and the program is regularly evaluated. The program addresses resident needs through a variety of one-to-one sessions, group activities and special events. A range of activities are provided, including outings, pamper sessions, concerts, quizzes and craft sessions. Residents interviewed were satisfied with the number and variety of activities offered at the home, and residents who choose not to participate indicated that their choice is respected.

### **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

Initial assessment by the occupational therapist, chaplain and other team members identifies the specific cultural and spiritual needs of residents. A family conference shortly after admission provides additional information on each resident's requirements in regard to beliefs, customs and ethnic background. Inter-denominational services are held weekly at the home, and clergy from various denominations are encouraged to visit. The home's chaplain visits twice weekly and provides ongoing support, as well as developing an individual spiritual care plan for each resident, and facilitating access to other churches and ministers. Cultural needs are addressed according to each resident's requirements, and specific foods can be arranged if needed. Residents interviewed were satisfied with the spiritual support provided.

### **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

The home encourages residents to participate in decision-making about care and services in a range of ways. Residents are able to participate in resident surveys and meetings, comment and complaint forms and have access to management to discuss issues. Input from residents is sought during care planning to accommodate individual needs and preferences, including shower times and frequency, choice of health professionals, the menu and the activity program. Resident meetings are held regularly and are well attended, providing a forum for discussion of preferences, requests, concerns and continuous improvement activities. Residents reported satisfaction that they have the opportunity to make choices and decisions about their daily lives and care requirements.

### **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 and their representatives are provided with appropriate information on admission regarding security of tenure, services provided, fees and charges, rights and responsibilities, and code of conduct. A meeting with the manager is held prior to admission to discuss any concerns, and provide information about the home. The resident agreement in use is updated at a corporate level when required, to ensure that it complies with all current legislation, and is provided to each resident with the home's conditions of occupancy which outlines the goods, equipment and services to be provided to low and high care residents. Discussion with the resident is undertaken regarding any room transfers within the home, and only proceeds with the resident's consent. Residents indicated that they are satisfied that they have security of tenure within the scope of care provided at the home.

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

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

### **4.1 Continuous improvement**

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

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

Does comply

See Continuous improvement in Standard One: Management System, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of continuous improvements relevant to Standard Four are listed below.

- Clinical staff identified a need for a spills kit to clean up bodily fluids and minimise the risk of cross-infection to staff and residents. This has been introduced and contains items such as personal protective equipment, paper towels, disposable cloths, and detergent. Staff were able to locate the kit and appropriately explain its use.
- A pandemic kit containing items necessary in the event of an outbreak has been introduced.

### **4.2 Regulatory compliance**

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

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

Does comply

Systems and processes are in place to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff have fire training and the home has regular fire safety checks. There are reporting mechanisms for accidents, incidents and hazards, and personal protective equipment is provided for staff use. Material safety data sheets are kept where chemicals are stored. The home is currently in discussion with the local government regarding evacuation procedures.

### **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

See Education and staff development in Standard One: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and staff development in relation to Standard Four are listed below.

- Chemical safety
- Fire and safety
- Food safety
- Infection control
- Manual handling.

### **4.4 Living environment**

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

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

Does comply

The home's management are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single, lockable rooms with ensuite bathrooms, which they are able to personalise with their own furniture and mementos. The living environment includes communal and private dining, living, and outside areas. The home appears well-maintained, clean, clutter and odour free, and the temperature is controlled with heaters and fans, or air conditioning units if a resident has one installed in their room. Regular inspections and maintenance of the home are conducted to ensure it remains comfortable and hazard free. Staff were able to describe appropriate procedures to follow in order to ensure the safety and comfort of residents. Residents reported that the noise levels and temperature of the home are comfortable and that they feel safe and secure.

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

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

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

Does comply

Management are actively working to provide a safe working environment that meets regulatory requirements. Staff receive occupational health and safety training during orientation. The maintenance person is the home's occupational health and safety representative and is responsible for dealing with actual or potential hazards, and maintaining a safe living and working environment. Medical equipment is checked and calibrated regularly by an external contractor, and material safety data sheets are available for chemicals. Staff reported appropriately how they would deal with hazards, accidents and maintenance issues. They also stated that there are adequate supplies of personal protective equipment and they feel that their working environment is safe.

#### **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

Fire fighting equipment with appropriate signage is readily available, and is routinely inspected and maintained by independent professionals. Fire evacuation procedures are posted around the home and in residents' rooms and there is a designated smoking area. Emergency exits are clearly marked, well-lit and free from obstruction, and resident evacuation lists including transfer requirements are readily accessible. Chemicals are stored in locked areas, and material safety data sheets are easily accessible. Staff have mandatory training in fire and safety and reported to the team appropriate actions in the event of an emergency. Residents reported feeling safe and secure in the home.

#### **4.7 Infection control**

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

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

Does comply

The home has an infection control program that is effective in identifying, containing, and preventing infection. This program includes equipment and practices that contribute to risk management of the work place such as food and refrigeration temperature monitoring, appropriate disposal of sharps, pest control measures, a food safety program, a staff and resident vaccination program, facilities for hand washing, alcohol gel dispensers, personal protective equipment, a spills kit, a pandemic kit, and a system of colour coded mops. The home is kept informed of outbreaks in the wider community via updates from various sources. The registered nurse monitors resident infections via infection reports on the electronic care planning system. Staff are provided with infection control training, and those interviewed reported appropriate infection prevention and management 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 recommendation**

Does comply

Catering is undertaken by an external contractor which cooks and plates up meals on site and these are then served by the home's care staff. Four weekly rotating menus are in place, which provides residents with variety and choice of meals and drinks. These menus are reviewed twice a year in consultation with a dietician, and there are systems in place to ensure residents' individual dietary needs are met on an ongoing basis. Flat linen is laundered off-site, and personal laundry is attended to by care staff. Domestic staff conduct cleaning duties in accordance with duty lists and schedules, and daily work sheets are completed. The home monitors the quality of services from feedback received from residents and representatives, audits and surveys. Residents interviewed stated they are satisfied that the home's hospitality services meet residents' needs and preferences.