



The **Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to Accredite Rosalie Nursing Care Centre**

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

The Agency has also decided that the period of accreditation of Rosalie Nursing Care Centre is 3 years, until 11 October 2010.

The Agency has found that 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 that the Service will undertake continuous improvement measured against the Accreditation Standards.

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

Ken Jones  
State Manager  
Queensland

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

The Agency has taken into account the following matters, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

# Service and Approved Provider Details

## Service Details

Service Name: Rosalie Nursing Care Centre  
RACS ID: 5802E  
Number of beds: 40      Number of High Care Residents: 40  
Special Needs Group catered for:  
  
Street/PO Box: 18 Howard Street  
City: ROSALIE      State: QLD      Postcode: 4064  
Phone: 07 3367 0132      Facsimile: 07 3369 7818  
Email address:

## Approved Provider

Approved Provider: Alzheimers Association of Queensland Inc.

## Assessment Team

Team Leader: Mr Christopher South  
Team Member/s: Ms Lisa Patterson

Date/s of audit: 09/07/2007 to 10/07/2007



## Executive summary of Assessment Team's Report

## Accreditation Decision

### Standard 3: Resident Lifestyle

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

### Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

### Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

### Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

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

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

### **Site Audit Report**

#### **Executive summary**

This is the report of a site audit of Rosalie Nursing Care Centre 5802E, 18 Howard Street, ROSALIE QLD 4064 from 9 July 2007 to 10 July 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 12 July 2007.

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

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

- 44 expected outcomes

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

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Rosalie Nursing Care Centre.

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

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

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within six months.

#### **Assessment team's reasons for recommendations**

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 9 July 2007 to 10 July 2007.

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:	Mr Christopher South
Team Member/s:	Ms Lisa Patterson

## Approved provider details

Approved provider:	Alzheimers Association of Queensland Inc.
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## Details of home

Name of home:	Rosalie Nursing Care Centre
RACS ID:	5802E

Total number of allocated places:	40
Number of residents during site audit:	39
Number of high care residents during site audit:	39
Special needs catered for:	N/a

Street/PO Box:	18 Howard Street	State:	QLD
City/Town:	ROSALIE	Postcode:	4064

Phone number:	07 3367 0132	Facsimile:	07 3369 7818
E-mail address:	rnccdoc@bigpond.net.au		

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

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Rosalie Nursing Care Centre.

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

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

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within six months.

### **Assessment team's reasons for recommendations**

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

### **Audit trail**

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

#### **Interviews**

	<b>Number</b>		<b>Number</b>
Director of care	1	Residents	6
Clinical nurses	2	Relatives	2
Registered nurses	1		
Endorsed enrolled nurse	1	Diversional therapist	1
Assistants in nursing	4	Cleaning staff	1
Catering staff	1	Occupational therapist	1
Resident support officer	1	Educator	1

#### **Sampled documents**

	<b>Number</b>		<b>Number</b>
Residents' files	5	Medication charts	5
Summary/quick reference care plans	5	Personnel files	6
Improvement forms	8	Hazard reports	3

#### **Other documents reviewed**

The team also reviewed

- ACTION forms
- Action plans for improvement
- Allied health records
- Annual case conference reports
- Annual fire declaration
- Annual maintenance declaration
- Audit reports
- Blood glucose level charts

- Bowel charts
- Care plan review reports
- Charting and observation monitoring records for daily care provided (electronic)
- Cleaning roster/records
- Competency assessments
- Complaint resolution letters
- Complaints register
- Controlled drug register
- Dietary forms
- Diversional therapy working lists for birthdays, visitors, cultural and spiritual needs and individual activity needs
- Education attendance matrix
- Education attendance records
- Education calendar
- Emergency lighting log book
- Emergency procedure manual
- Evacuation plans
- Falls management program report
- Fire doors log book
- Fire system log book
- Hazard and risk register
- Incident reports
- Infection control procedure
- Infection surveillance forms
- Inspection report by QFRS
- Legislation update memos
- Legislation update newsfax
- Maintenance request book
- Maintenance schedule
- Material safety data sheets
- Medical notes
- Menu
- Monthly activities calendar
- Multi purpose forms
- Newsletter
- Occupational therapist report on maintaining independence during eating
- Orientation package
- Pain evaluation matrix tool
- Pathology records
- Performance appraisals
- Photos of activities in progress
- Physiotherapist report on falls risk management and footwear safety
- Police check spreadsheet
- RCD log books
- Records of aromatherapy treatments
- Registered nurse communication folder
- Relative feedback survey
- Request for education suggestions from staff
- Resident incident forms
- Resident mobility/evacuation list
- Residential care agreement proforma
- Residents' information handbook



- Restraint consent forms
- Restraint monitoring form (electronic)
- Staff communication book
- Temperature monitoring records
- Thank-you cards received from residents family
- The minutes of resident meetings
- The minutes of the environmental committee
- The organisation's vision, values, philosophy, objectives and commitment to quality
- Treatment charts for application of creams
- Weight charts
- Work instruction sheet "responding to falls"
- Wound clinical pathways
- Wound management resource folder.

### **Observations**

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Manual handling of residents
- Meal service
- Medication administration
- Storage of medications.

## **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 organisation has established a continuous improvement system that is accessible to residents, management and staff and has implemented improvements in each Standard. Improvements are planned and come from a range of sources including verbal suggestions from residents and/or their representatives and via suggestion forms, meetings, reviews of clinical performance indicators, complaints and audit reports. Improvement suggestions or issues are managed by the Director of Care with the involvement of assigned members of staff managing individual projects. Action plans for improvement are used to plan and guide improvement projects. The organisation monitors its performance against the Standards through its audit program, through resident/representative satisfaction surveys and by monitoring key performance indicators. Examples of improvements implemented under Standard one are:

- The role of clinical nurse has been created to manage the implementation of a new electronic assessment and care planning program and to provide additional supervision/assistance to staff in the provision of care.
- In response to feedback from staff and the ongoing monitoring of key performance indicators a review of shift times and the duties of care staff was conducted. The review led to changes in the commencement times for afternoon shifts and amendments to the sequence of duties conducted by care staff during the mornings. Management and staff reported that the new arrangements were working well and had improved resident care.
- New specialised equipment was provided to meet the increased care needs of residents.
- New information systems and forms were introduced to improve the quality of the information provided to guide staff in the provision of care.

### **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 organisation’s management has established links with external providers or industry bodies for the identification and notification of relevant legislation, regulatory requirements, professional standards and guidelines and subsequent amendments. Relevant regulatory requirements are reviewed by senior staff and incorporated into the home’s protocols and practices; staff are informed about these requirements at orientation and through ongoing education. Staff are informed about amendments to relevant requirements through a range of mechanisms appropriate for the importance

of the change; this may include discussions at meetings, memos in the memo folder, letters attached to pay slips or additional training. Management has established systems to monitor compliance including internal audits, external audits, inspections by external providers, compliance checklists and through the observation of staff practice by senior management.

### **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 organisation has developed knowledge and skills criteria to guide management in the recruitment of care and support staff. New staff are provided with an orientation to the organisation, to the home and to their roles; the orientation program for new and temporary staff includes information about occupational health and safety, fire and emergencies, information systems and supplies. The ongoing education needs of staff are identified through a consultation process with staff and staff are advised of upcoming education sessions through the education calendar. Internal and external educators are used to deliver education sessions. Annual performance appraisals and competency assessments are conducted to monitor staff performance and practice. Residents and/or their representatives reported satisfaction with the care and services provided and with the responsiveness of management and staff to their needs.

### **1.4 Comments and complaints**

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

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

Does comply

Residents, their representatives and others are provided with information about internal and external complaint mechanisms during the admission process and through publications such as the resident handbook, resident agreement and brochures from the Commonwealth complaints department. Residents and/or their representatives also raise issues at resident meetings. Formal complaints are documented, filed in a secure complaints folder and addressed by the Director of Care; in most cases resolution feedback is provided in writing. In some cases issues are forwarded to the organisation's continuous improvement system as an improvement suggestion. Residents and others were aware of and used the informal and formal complaint processes available to raise issues of concern. Residents and/or their representatives reported satisfaction with the response from management when issues were raised.

### **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 has documented the Service's vision, values, philosophy, objectives and commitment to quality in the resident handbook and in documents on display throughout the facility. Staff are also provided with education about the organisation's underlying philosophy.

### **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

Residents and/or their representatives are satisfied with the quality of care and services provided at the home and the availability of staff when they require assistance. The assessment team noted that staff were aware of residents' needs and preferences and responded promptly to their requests for assistance. The home employs a clinical nurse to provide clinical oversight and registered nursing staff are available at all times to supervise the delivery of care to residents by assistant in nursing. Clinical staff are supported by a diversional therapist, visiting specialists and catering, cleaning and maintenance staff. The staff duty roster is based on residents' care needs and monitored by the Director of Care through feedback from residents, representatives and staff and by reviewing audit reports, comments/complaints and residents' progress notes.

### **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

Staff and residents (or their representatives) are satisfied with the availability of goods and equipment at the home and that the equipment is well maintained. The home monitors the usage rates of key supplies (food, medical supplies, chemicals, consumables and continence aids) to ensure that stocks are always available. Stocks of goods held on site are securely stored and available to staff. Management, staff or visiting specialists identify the type of equipment required at the home based on residents' needs and through consultation with representatives. The home has a replacement program for existing equipment. Equipment is maintained according to maintenance schedules or in response to a maintenance request from staff or residents.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Management, staff and residents have access to a range of information management systems that have been implemented by the organisation; in most cases these systems are effective. Residents and/or their representatives were satisfied that the communication processes including care plans, newsletters and resident meetings keeps them informed about their care and about current and future events. Residents' assessments, care plans, lifestyle plans, dietary assessments were generally up to date, securely stored and available to care and support staff. Other information and communication systems such as the continuous improvement system, the safety system, records of education and training, archiving and the reporting and analysis of clinical data were generally operating effectively.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

The organisation has entered into service agreements with its external service providers. Most suppliers are in long-term arrangements with the home and have built up a solid understanding of the home's requirements. Service agreements include specifications of the service/goods to be provided and a mechanism to review the service provider's performance. Management monitors the performance of external suppliers through feedback from residents/representatives and feedback from staff; forms are available for staff to raise a non-conformance report if required. Staff reported satisfaction with the performance of external service 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

The organisation has established a continuous improvement system that is accessible to residents, management and staff and has implemented improvements in each Standard. Improvements are planned and come from a range of sources including verbal suggestions from residents and/or their representatives and via suggestion forms, meetings, reviews of clinical performance indicators, complaints and audit reports. Improvement suggestions or issues are managed by the Director of Care with the involvement of assigned members of staff managing individual projects. Action plans for improvement are used to plan and guide improvement projects. The organisation monitors its performance against the Standards through its audit program, through resident/representative satisfaction surveys and by monitoring key performance indicators. Examples of improvements implemented under Standard two are:

- The implementation of a wound management program has improved the home's responsiveness and provision of care.
- To manage an increase in the number of falls, a falls prevention program was implemented in consultation with the Physiotherapist and Podiatrist. The program has improved resident care by reducing the risk of falls.
- In response to feedback from residents, diet types were re-defined to improve meal appearance and texture. The Director of Care reported that this had resulted in residents enjoying their meals and hence eating more.

### **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 organisation's management has established links with external providers or industry bodies for the identification and notification of relevant legislation, regulatory requirements, professional standards and guidelines and subsequent amendments. Relevant regulatory requirements are reviewed by senior staff and incorporated into the home's protocols and practices; staff are informed about these requirements at orientation and through ongoing education. Staff are informed about amendments to relevant requirements through a range of mechanisms appropriate for the extent of the change; this may include discussions at meetings, memos in the memo folder, letters attached to pay slips or additional training. Management has established systems to monitor compliance including internal audits, external audits, inspections by external providers, compliance checklists and through the observation of staff practice by senior management.

### **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 organisation has developed knowledge and skills criteria to guide management in the recruitment of care and support staff. New staff are provided with an orientation to the organisation, to the home and to their roles; the orientation program for new and temporary staff includes information about occupational health and safety, fire and emergencies, information systems and supplies. The ongoing education needs of staff are identified through a consultation process with staff and staff are advised of upcoming education sessions through the education calendar. Internal and external educators are used to deliver education sessions. Annual performance appraisals and competency assessments are conducted to monitor staff performance and practice. Residents and/or their representatives reported satisfaction with the care and services provided and with the responsiveness of care staff to their needs.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Initial and ongoing assessment of residents is performed by the home using standardised assessment tools, clinical observation, information received from external agencies and health professionals and regular care plan reviews to identify ongoing resident care needs and to evaluate effectiveness of implemented care interventions. Care plans are developed and reviewed every two months and as needed by registered nurses, in consultation with residents/representatives and care staff. Resident’s are also assessed by an occupational therapist and physiotherapist to assess resident needs in relation to challenging behaviours, functional and cognitive ability with activities of daily living, communication and behaviour management. Verbal handovers, communication books, electronic alerts and individual resident care plans and summary care sheets are accessible to staff and used to communicate resident care needs. Staff practice is monitored by observation by the Clinical Nurse and Director of Care and through role specific competency assessments and staff performance appraisals. The home monitors the care and service provided to residents thorough internal audits focusing on clinical care aspects, resident incident data and analysis of this and feedback from staff and residents and or their representatives. Residents and/or their representatives are satisfied with the care they receive, and have access to appropriately skilled health professionals when required.

## **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

Initial and ongoing assessment processes are undertaken by the home to identify residents with specialised nursing care requirements. Care plans are then developed by registered nursing staff and discussed with care staff and residents or their representative, as appropriate. Delivery of specialised nursing care needs is by registered and endorsed enrolled nurses under registered nurse direction and supervision. The home also accesses the services of “hospital in the nursing home” and other community based health professionals for advice on complex resident care needs such as complex wound and pain management regimes. Care plans reflect assessment information, are documented and accessible to staff. Regular evaluation of specialised nursing care needs is undertaken and the home monitors effectiveness of care from resident/representative input, staff observations and incident reporting. Residents and/or their representative are satisfied their nursing care needs are met by appropriately qualified staff.

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

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

### **Team’s recommendation**

Does comply

The home has a process in place to identify residents who require referral and treatment by other health specialists. Referral needs are acted upon and the home has established a multidisciplinary referral base. The needs and preferences of residents and representative are considered when generating referrals. Communication between residents and/or their representatives, the home and the health professional is verbal and written. Information regarding treatment required is retained by the home, generally incorporated into resident care plans and communicated to relevant staff. Residents and/or their representatives are satisfied they have access to appropriate health professionals.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Resident medications are labelled correctly and securely stored. Individual medication charts have photo identification and contain information on allergies and administration instructions. Medication administration is performed in a safe and correct manner by registered and endorsed enrolled nurses, whom are assessed for competency on commencement of employment and annually. Processes are in place to supervise and monitor the administration of as required “PRN” medication by non-registered nursing staff and processes exist for the supply, storage and disposal of medications. The



home has a medication incident reporting system and conducts internal audits of the medication management system to evaluate effectiveness and monitor staff practice. Incidents are discussed at registered and endorsed enrolled nursing meetings. An external pharmacist and residents' own medical doctor review residents' medication needs. Residents and/or their representatives are satisfied staff safely and correctly manage residents' medications.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents are assessed for pain on entry to the home and annually if they do not require regular pain management interventions. Residents who require regular schedule 8 analgesic medication are reassessed for pain every three months and residents on non schedule 8 analgesic medication are reassessed for pain every six months. Reassessment of pain outside of these times occurs in response to non-verbal and verbal indicators of pain and an increase in use of PRN medication. Standardised assessment tools help to identify pain characteristics and pain relieving strategies. Care plans are developed to guide staff and are evaluated regularly. Staff use pharmacological and non-pharmacological pain relief interventions such as repositioning, massage, aromatherapy, hot and cold packs and physiotherapy exercises. Analgesic medications are monitored for effectiveness. Residents and/or their representatives are involved in decisions about pain management and are satisfied pain is being managed effectively.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

The palliative care needs and preferences of residents are recorded in resident records. Nursing staff liaise closely with relatives and residents during immediate palliative care situations. The home has 24 hour registered nurse coverage and is able to care for residents during palliative stages of their life. The home has access to equipment and services such as pressure relieving mattresses and devices, allied health professionals, medical personnel, religious personnel and aromatherapy to assist in the provision of palliative care. The home evaluates the effectiveness of palliative care provided by evaluating resident care interventions for effectiveness and from resident/representative feedback.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

The home has established policies and procedures to identify and communicate residents’ nutrition and hydration needs and preferences. Care plans reflect assessment information and are developed and reviewed regularly by registered nurses. Residents’ weights are monitored and unplanned weight changes are followed up with actions such as referral to allied health and medical professionals, consultation with resident/representatives, provision of nutritional supplements and monitoring and encouraging resident food and fluid intake. Assistive feeding devices are provided when required and the home caters for residents requiring texture modified diets. Residents and/or their representative report they are satisfied with the management of nutrition and hydration needs and are able to consult with staff about food and drink preferences.

## **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 conducts assessments of residents’ skin integrity on admission and as required. Assessment processes identify residents with and at risk of impairment to skin integrity. Care plans are developed in response to assessment information and include strategies specific to address resident needs. Regular evaluation of the effectiveness of care strategies is undertaken and care plans are updated to reflect current care requirements. The home monitors skin tears, wounds and pressure areas and has access to pressure relieving devices and dressing treatments. Referral to allied health professionals such as a podiatrist and wound care specialists to assist with maintaining of skin integrity occurs and the home employs registered and enrolled nurses to attend to resident wound care. Staff have knowledge about correct techniques to prevent impairments to skin integrity as well as how to maintain and improve skin integrity for residents. Residents and/or their representative are satisfied their skin integrity is optimised.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Continence assessments are undertaken on admission for each resident and as required. Information is collected to identify trends in frequency of, associated times and type of incontinence. Residents’ care plans detail levels of assistance and intervention residents require. Procedures are in place to monitor resident toileting habits and requirements. Evaluation of resident continence care is via regular care plan

reviews to ascertain effectiveness and monitoring of infection control indicators such as urinary tract infection rates. Residents and/or their representatives are satisfied staff assist them with their continence management and with any concerns they may have.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

The home has a process to identify residents who require behaviour management support. Strategies are developed following assessment and evaluation processes that identify specific behaviours and triggers (if known) for individual residents. Strategies are developed with input from staff, the Occupational Therapist, Diversional Therapist and the involvement of resident/representatives where possible and are regularly evaluated. Staff have knowledge of and implement individual resident behaviour management strategies both pharmacological and non-pharmacological such as music, diversion, aromatherapy, distraction and re-direction.

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

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

#### **Team’s recommendation**

Does comply

The Physiotherapist, Occupational Therapist and registered nursing staff assess on admission, annually and in response to an identified need residents’ mobility and dexterity status and falls risk. Regular reviews of residents’ mobility and dexterity needs are undertaken and adjustments made when necessary. Staff have access to manual handling equipment and demonstrated skills and knowledge to optimise levels of mobility and dexterity for residents. Analysis of resident falls is undertaken by the home and individual strategies are implemented to reduce occurrence or minimise impact of these such as de-cluttering rooms, medication reviews, strengthening exercises, traction socks and hip protector pads. Physical restraints are used for resident safety and processes in place to monitor initial and ongoing appropriateness of these and to obtain consent for these. Residents or their representatives are aware of restraint use and are satisfied they are used for resident safety. Residents and/or their representative are satisfied optimum levels of mobility and dexterity are achieved.

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

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

#### **Team’s recommendation**

Does comply

The oral care needs of residents are assessed on entry to the home. Oral and dental care needs are documented in resident care plans. Care plans reflect assessment information and are regularly evaluated for currency and effectiveness. Liaison with resident/representatives and relevant health personnel for oral and dental health concerns is undertaken as required. The home has access to a dentist who can visit if

residents are unable to go to external dentists or do not have their own dentist. Staff have knowledge of individual resident oral and dental care needs. Residents and/or their representative are satisfied their oral and dental health is maintained.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents are assessed on admission for sensory losses and types of sensory aids in use. Care plans are developed with consideration to have sensory losses impact on how daily care is provided, residents and nursing staff have input into care planning processes. The home has access to relevant health professionals to assist with assessment and care planning for residents with complex sensory losses such as an occupational therapist, optometrist, audiologist and speech pathologist. Regular reviews of individual resident sensory needs are undertaken to evaluate currency and effectiveness of care strategies. Residents and/or their representatives are satisfied their sensory losses are managed effectively.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

The sleep habits and routines of residents are assessed on entry to the home and as required. Assessment information is incorporated into care plans and evaluation and review occurs regularly. Staff use a variety of sleep promoting strategies and these include pharmacological treatments, aromatherapy, reassurance, toileting, massage, warm drinks and providing a variety of daily activities. Residents and/or their representative are satisfied with sleep routines.

## **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 organisation has established a continuous improvement system that is accessible to residents, management and staff and has implemented improvements in each Standard. Improvements are planned and come from a range of sources including verbal suggestions from residents and/or their representatives and via suggestion forms, meetings, reviews of clinical performance indicators, complaints and audit reports. Improvement suggestions or issues are managed by the Director of Care with the involvement of assigned members of staff managing individual projects. Action plans for improvement are used to plan and guide improvement projects. The organisation monitors its performance against the Standards through its audit program, through resident/representative satisfaction surveys and by monitoring key performance indicators. Examples of improvements implemented under Standard three are:

- A new activities program was introduced. The program has less formal activities and is based more on individual activities in line with changes in residents’ needs in relation to challenging behaviour.
- New large screen television and cable television connection was provided to improve residents’ enjoyment of programs and movies.
- Education about dementia was scheduled in response to a request from the members of a resident’s family; a session was provided for all families who wished to attend.

### **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 organisation’s management has established links with external providers or industry bodies for the identification and notification of relevant legislation, regulatory requirements, professional standards and guidelines and subsequent amendments. Relevant regulatory requirements are reviewed by senior staff and incorporated into the home’s protocols and practices; staff are informed about these requirements at orientation and through ongoing education. Staff are informed about amendments to

relevant requirements through a range of mechanisms appropriate for the extent of the change; this may include discussions at meetings, memos in the memo folder, letters attached to pay slips or additional training. Management has established systems to monitor compliance including internal audits, external audits, inspections by external providers, compliance checklists and through the observation of staff practice by senior management.

### **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 organisation has developed knowledge and skills criteria to guide management in the recruitment of care and support staff. New staff are provided with an orientation to the organisation, to the home and to their roles; the orientation program for new and temporary staff includes information about occupational health and safety, fire and emergencies, information systems and supplies. The ongoing education needs of staff are identified through a consultation process with staff and staff are advised of upcoming education sessions through the education calendar. Internal and external educators are used to deliver education sessions. Annual performance appraisals and competency assessments are conducted to monitor staff performance and practice. Residents and/or their representatives reported satisfaction with the care and services provided and with the assistance provided to meet leisure and lifestyle needs.

### **3.4 Emotional support**

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

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

Does comply

The home has a Residential Liaison and Support Officer (RLSO) who provides support to residents and their families prior to and on entry to the home. Residents and/or their representatives are shown around the home and are visited regularly by the RLSO after entry to the home to support them in adjusting to their new environment. The emotional needs of residents are assessed and identified on entry to the home and reviewed as required. Care plans are developed in consultation with residents/representatives and regularly reviewed. Nursing and diversional therapy staff and visiting religious ministers arrange and provide emotional support for residents on admission and on an ongoing basis. Volunteers also assist with the provision of emotional support to residents and residents' families and friends are encouraged to visit. The home has access to mental health teams if required. Residents and/or their representative are satisfied they are emotionally supported at the home.

### **3.5 Independence**

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

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

Does comply

Initial and ongoing assessment processes are in place to identify residents' physical, social, and cognitive abilities and needs. Residents/representatives are consulted regarding care needs and preferences during initial assessment stages and as required. Equipment is provided and care practices designed to assist residents to be as independent as possible. The home has developed network relationships with volunteers and church groups to assist residents to participate in community activities within and outside the home. Residents' families and friends are encouraged to visit and maintain friendships and relationships. Internal and external areas are available for residents to have private chats and functions with family and friends. The home organises activities using external community groups and undertakes external outings for residents. Residents and/or their representative are satisfied they are assisted to achieve maximum independence for themselves.

### **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 and/or their representative advise they are enabled to have privacy and staff maintain their dignity. The home has shared rooms with communal bathrooms and toilets. Window drapes are provided by the home and bathrooms have lockable doors. Staff are aware of strategies to ensure privacy and dignity for residents and were observed to implement strategies to aid resident privacy and dignity, such as using privacy gowns, drawing curtains, closing doors and knocking on doors prior to entry. Discussion of resident care information takes place in designated care offices to ensure confidentiality is maintained and information pertaining to resident care is securely stored.

### **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

Initial and ongoing assessment processes are in place and used to identify resident leisure interests and activity preferences. Discussion with residents and or their relative and observation of participation in activities is used to assess and identify resident leisure interests and activity preferences. This information is recorded in assessment forms and used to develop activity care plans, which are evaluated every two months by diversional therapy and registered nursing staff for suitability and effect. Due to the high level of cognitive impairment of most residents residing at the home the

Diversional Therapist and nursing staff evaluate a resident's response to an activity in progress notes each time they participate. Activities offered are reflective of resident interests and are modified to allow participation of residents with sensory, mobility and cognitive impairments. Observation of activities, resident meetings and one on one conversations between residents/representatives and nursing and diversional therapy staff are used to evaluate resident satisfaction and gain new ideas for activities to be offered. Residents or their representative receive a monthly calendar detailing activities available and staff verbally inform residents each day. Residents and/or their representatives are satisfied activities are interesting and that they are encouraged and assisted to participate in them.

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

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

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

Does comply

The cultural and spiritual needs of residents are identified on admission to the home. Processes are in place to communicate dietary preferences, cultural and spiritual needs to staff. A variety of church services are conducted at the home and include a number of denominations and residents are assisted by staff to attend services. The Diversional Therapist has established a database of community organisations available to meet cultural and spiritual needs of culturally and linguistically diverse (CALD) residents and has arranged support for CALD resident's that currently live at the home. Residents and/or their representatives are satisfied their cultural and spiritual beliefs and interests are valued and fostered.

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

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

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

Does comply

Residents and their representatives are consulted regarding care needs and changes. Resident/relative meetings are held monthly and provide an avenue for residents or their representative to exercise choice over activities, menu options and any other concerns that they have. Residents and/or their representative are satisfied they are enabled as much as possible to exercise choice and control over their life. Information on advocacy services is provided to residents and their families and staff enable residents to have choice and control over their lifestyle. Minutes of resident meetings demonstrate resident suggestions are listened and responded to.



### **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 or their representatives receive information on security of tenure in the residential care agreement and resident handbook. Residents are encouraged to personalise their rooms; observation of resident rooms confirmed this. Posters of resident rights and responsibilities are displayed in the home and information on advocacy groups and internal and external complaint processes are provided to residents and their representative in residential care agreements and the resident handbook. Brochures on these services are available and accessible at the home to residents and their representatives. Residents and/or their representatives feel secure in their tenure 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

The organisation has established a continuous improvement system that is accessible to residents, management and staff and has implemented improvements in each Standard. Improvements are planned and come from a range of sources including verbal suggestions from residents and/or their representatives and via suggestion forms, meetings, reviews of clinical performance indicators, complaints and audit reports. Improvement suggestions or issues are managed by the Director of Care with the involvement of assigned members of staff managing individual projects. Action plans for improvement are used to plan and guide improvement projects. The organisation monitors its performance against the Standards through its audit program, through resident/representative satisfaction surveys and by monitoring key performance indicators. Examples of improvements implemented under Standard four are:

- In consultation with staff and families a review was conducted of the way dining service were provided and as a result the dining room was re-arranged, new equipment was provided to keep meals warm and plastic plates were replaced with crockery; this all combined to enhance residents' dining experience.
- The home has established an ongoing refurbishment program covering residents' rooms, bathrooms, the treatment room and dining room.

### **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 organisation's management has established links with external providers or industry bodies for the identification and notification of relevant legislation, regulatory requirements, professional standards and guidelines and subsequent amendments. Relevant regulatory requirements are reviewed by senior staff and incorporated into the home's protocols and practices; staff are informed about these requirements at orientation and through ongoing education. Staff are informed about amendments to relevant requirements through a range of mechanisms appropriate for the extent of the change; this may include discussions at meetings, memos in the memo folder, letters attached to pay slips or additional training. Management has established systems to monitor compliance including internal audits, external audits, inspections by external providers, compliance checklists and through the observation of staff practice by senior management.

**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 organisation has developed knowledge and skills criteria to guide management in the recruitment of care and support staff. New staff are provided with an orientation to the organisation, to the home and to their roles; the orientation program for new and temporary staff includes information about occupational health and safety, fire and emergencies, information systems and supplies. The ongoing education needs of staff are identified through a consultation process with staff and staff are advised of upcoming education sessions through the education calendar. Internal and external educators are used to deliver education sessions. Annual performance appraisals and competency assessments are conducted to monitor staff performance and practice. Residents and/or their representatives reported satisfaction with the care and services provided and the safety and comfort of the living environment.

**4.4 Living environment**

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

**Team's recommendation**

Does comply

Residents are provided with shared bedrooms and bathrooms and have access to a dining room, lounge room and outdoor entertainment and activity areas. Residents are encouraged to personalise their rooms and are provided with privacy screens and curtains. The home is air conditioned or heated as necessary, and has adequate lighting and furniture that is appropriate to meet the care needs of residents. The Workplace Health and Safety Officer reviews hazard reports and resident incident reports and ensures that appropriate action is taken. Fixtures and fittings at the home are maintained according to maintenance schedules or in response to a maintenance request from staff or residents. Chemicals were securely stored and staff had access to

material safety data sheets. Residents and/or their representatives were satisfied with the safety, comfort and maintenance provided at 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

Management at the home has implemented a safety system that meets regulatory requirements. The system, managed by a trained workplace health and safety officer and staff safety representative through the environmental committee is based on the identification of hazards, risk assessments and a hazard register, the reporting, investigation and analysis of staff incidents, safety audits and staff education with competency assessments in occupational health and safety. The home monitors the performance of its safety system through audits and by analysing incidents and trends. Staff demonstrated an accurate knowledge of incident and hazard reporting mechanisms and were observed to use appropriate personal protective equipment and manual handling techniques.

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

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

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

Does comply

The home's fire safety system and installations have been assessed and they meet the current building certification requirements. Records of inspection indicate that the fire detection and alarm system, fire doors, fire fighting equipment and emergency lighting have been inspected and maintained in accordance with the relevant standards. Fire exits and pathways to exit were free from obstacles and exit doors operated in accordance with requirements. Staff are provided with initial and ongoing instruction in fire safety and evacuation procedures and have access to emergency procedures, fire fighting equipment and evacuation plans. Records of each resident's mobility requirements are available in the event of an evacuation. Staff demonstrated an accurate knowledge of the fire and emergency procedures and their role in the event of an alarm and evacuation. The home minimises security risks through a night time lock up procedure, closed circuit television monitoring of the rear of the building and nightly security patrols conducted by an external service provider.

#### **4.7 Infection control**

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

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

Does comply

The home's infection control program is based on the reporting of all infections, gathering data on the nature of infections, data analysis, staff education in cross-infection minimisation practices, an audit program and monitoring the program's

performance. The program is managed by the Clinical Nurse. Staff education in hand washing is combined with competency assessments to ensure that the education has been effective. Policies are in place to guide staff in the correct use of personal protective equipment, in the correct disposal of sharps and clinical waste, the correct handling of soiled linen and outbreak management. The team observed staff practice and noted compliance with the home's policies. Infection surveillance data indicated a low infection rate and effective responses when infections occur.

#### **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

Residents and/or their representatives expressed overall satisfaction with the standard of the catering, cleaning and laundry services provided at the home. Care staff assess residents' dietary needs and likes and dislikes and a copy of each resident's dietary analysis is forwarded to the kitchen so that residents' needs and preferences can be met. The kitchen is managed in accordance with safe food handling practices, including the use of personal protective equipment by staff and daily temperature monitoring of stored and cooked food. Care staff sort linen into colour-coded bags for transport to the external laundry; the transport process is managed to keep soiled and clean linen separate. Cleaning services are provided according to a cleaning schedule, by staff using specialised cleaning equipment and using cleaning practices that minimise the risk of cross infection.