



**Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to accredit Aldis Nursing Home**

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

The Agency has decided that the period of accreditation of Aldis Nursing Home is three years until 29 June 2012.

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

The assessment team recommended the home did not comply with expected outcomes 1.8 Information systems and 2.16 Sensory loss. The Agency considered additional information including a submission from the approved provider and actions taken by the home the site audit and found the home does comply with these expected outcomes.

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:	Aldis Nursing Home				
RACS ID:	6503				
Number of beds:	40	Number of high care residents:	40		
Special needs group catered for:	<ul style="list-style-type: none"><li>• People with dementia or related disorders</li></ul>				
Street:	54 Woodcroft Drive				
City:	MORPHETT VALE	State:	SA	Postcode:	5162
Phone:	08 8322 4099		Facsimile:	08 8322 3576	
Email address:	abradfield@sabaptisthomes.org.au				

### Approved provider

Approved provider: Baptist Care (SA) Inc.

### Assessment team

Team leader: Suzette Hayter

Team member: Jeane Hall

Dates of audit: 4 May 2009 to 6 May 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 not 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 not comply
2.17 Sleep	Does comply

## Accreditation decision

Agency findings
Does comply
Does comply
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Agency findings
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<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
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<b>Agency findings</b>
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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	Aldis Nursing Home
RACS ID	6503

### **Executive summary**

This is the report of a site audit of Aldis Nursing Home 6503 54 Woodcroft Drive MORPHETT VALE SA from 4 May 2009 to 6 May 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:

- 42 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 1.8 Information systems
- 2.16 Sensory loss

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

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

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

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

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

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 4 May 2009 to 6 May 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:	Suzette Hayter
Team member:	Jeane Hall

## Approved provider details

Approved provider:	Baptist Care (SA) Inc.
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## Details of home

Name of home:	Aldis Nursing Home
RACS ID:	6503

Total number of allocated places:	40
Number of residents during site audit:	40
Number of high care residents during site audit:	40
Special needs catered for:	People with dementia or related disorders

Street:	54 Woodcroft Drive	State:	SA
City/Town:	MORPHETT VALE	Postcode:	5162
Phone number:	08 8322 4099	Facsimile:	08 8322 3576
E-mail address:	abradfield@sabaptisthomes.org.au		

### Assessment team's recommendation regarding accreditation

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

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Chief executive officer	1	Residents	4
Director of care	1	Representatives	3
Clinical nurse consultant	1	Volunteers	2
Clinical nurse/hostel supervisor	1	Lifestyle and volunteer coordinator	1
Registered nurses	1	Chaplain	1
Care staff	3	Admissions coordinator	1
Director strategic development	1	Finance manager	1
Director human resources	1	Office manager	1
Quality and risk coordinator	1	Administration staff	1

#### Sampled documents

	Number		Number
Lifestyle care plans	5	Personnel files	8
Clinical care plans	8	Resident agreement	1
Medication charts	4	Clinical case notes/progress notes	8
Restraint care plans	4	Restraint authorisation/assessment/review forms	4

#### Other documents reviewed

The team also reviewed:

- Quality improvement register, status reports, various audit schedules and results, surveys, 'have your say' feedback forms, evidence folders, vision, mission and values statements
- Standard Evidence folders, incident forms and collated incident data, statistics and graphs
- Asset register, audited financial statement, police clearance records, staff practising certificates, schedule 4 and 8 drug licences, policy and procedure documents,
- Newsletters, memos, emails, communication book, various meeting minutes
- Staff training matrix, training records, training certificates, orientation checklist and records, various educational DVD's, aged care channel information, competency assessment records, duty statement, recruitment policies and procedures, staff rosters, employee handbook
- Resident meeting minutes, complaints/compliments register, feedback forms, resident information handbook

- Resident survey results, activities attendance records and evaluations, life story books, lifestyle admission checklist, pastoral care records
- Volunteer orientation package, volunteer information booklet, residents 1:1 visit with volunteers records
- List of nurse initiated medications, resident medication management reviews and audits
- Resident assessment and screening tools, resident nursing assessment database, interim care plan, various progress notes, general practitioner notes, resident weights and observation folder, daily observation charts, bowel and bladder charts and physiotherapist reviews and exercise plans, podiatrist assessment and progress notes, palliative care information
- Medication ordering forms, register and audits, narcotic drug register, pharmacy services information, pharmacy procedures and delivery documents
- Clinical monitoring data and reports, observation, wound care charts and photographs, fluid and diet information and lists
- Emergency procedures wall charts, maintenance schedule and service records, preventative and corrective maintenance schedules, equipment and service provider lists, triennial fire safety certificate with P1, P2 and P3 issues to address, 1999 building certification instrument documentation, resident mobility and evacuation lists, maintenance request system, contractors log book, induction process and badges
- Cleaning audits, food hygiene audits and results, food and equipment temperature charts, material safety data sheets
- Cleaning schedules and instructions, cleaning routines and review
- Eastern Health Authority audit of the home's food safety plan, dietary guidelines, textured food descriptions, special nutritional needs, menu with four week cycle, dietician report on menu April 2006
- Surface swabbing results, records of temperature checks for kitchen and pantry fridges, freezer and medication fridge.

### **Observations**

The team observed the following:

- Internal and external living environment including café and hairdressing facilities, outdoor courtyards, secure garden areas
- Meal distribution, afternoon tea being served and residents being assisted
- Storage of medications, medication trolley, medication rounds, nurses station, dressing trolley, medical and continence supplies, stock of toiletry supplies
- Equipment storage and availability for resident and staff use
- Staff room noticeboards, displaying occupational health and safety, photographs of resident activities, resident 'pigeon holes', staff room and facilities
- Kitchen, laundry, general stores areas, cleaners' trolleys and supplies, clothes labelling machine colour coded equipment and description posters, chemical posters
- Manual handling, infection control and chemical safety posters
- Evacuation and assembly information and signs, resident and visitor emergency information in residents' rooms
- Staff using the hand-held phone system to communicate across the home, hand-washing facilities, staff washing hands and wearing personal protective equipment, first aid kits in various areas
- Fire extinguisher tags, fire indicator panel, fire suppression equipment, entry and exit point lighting, site maps displayed in various areas
- Personal belongings in residents' rooms
- Residents mobilising with and without staff intervention and assistance
- Fenced areas to maintain safety, , key pad locks, personal safety pendants
- Activities in progress
- Archives
- Interactions between staff, representatives, residents and volunteers
- Large print hymn sheets
- Staff and resident notice-boards
- Suggestion boxes
- Rights and responsibilities posters

## **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 is one of three aged care facilities in the SA Baptist group of services. Residential and community care services merged on 1 July 2008 and the home has undergone significant change since the merger. Continuous improvement processes previously used in the home have been reviewed and are being replaced with newly developed organisational systems and processes. A Board Quality sub-committee has been formed and will commence meeting by the end of June 2009.

A variety of methods is being used to gather data and information to identify and action opportunities for improvement. These include planned audits, surveys, incidents and staff and resident feedback forms. Issues identified are added to the quality improvement register and addressed according to the allocated timeframes. The newly formed Quality committee is yet to meet and progress is currently monitored by the chief executive officer and the Accreditation committee. Management are encouraging suggestions for improvement and these are used to make changes to resident care, change staff work practices or purchase goods or equipment for residents according to their changing needs. The home demonstrated results of improvements relating to management systems, staffing and organisational development including:

- The organisation has introduced a portal system to integrate its communication systems. This includes email, calendar, policies and procedures and the intranet and includes a section of the web page for confidential feedback from staff. Additional computers have been purchased for the site and staff are receiving training in the use of the new system.
- Staff training has been improved with membership of external agencies. The organisation has introduced the Aged Care channel and has become a member of the Joanna Briggs institute. This has increased staff exposure to training opportunities. Information on training sessions and resource manuals are on display in the home and staff are able to borrow DVD’s to take home.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has established systems to identify and manage regulatory compliance, including identifying changes to legislation, regulations and guidelines that affect the operation of the home and initiating any changes that are necessary. Relevant legislative changes are made available to staff through the communications book and internal memos. Acts and legislation is a standing agenda item at staff meetings. The home has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframes, and maintaining an updated asset register. Staff at the home understand and use the system.

### 1.3 Education and staff development

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

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

Does comply

The home is using a variety of methods to develop the annual training calendar and monitor staff knowledge and skills for performing their roles effectively. The organisation accesses the "Better Skills Better Care" program and staff are encouraged and supported to apply for scholarships and grants. Staff have access to the internet and intranet for information and education needs, including the Aged Care channel. Education and development in management systems, staffing and organisational development has been provided to front line managers and administrative staff over the last twelve months in a variety of areas, including information technology, Aged Care Funding Instrument documentation, Accreditation and mandatory reporting.

### 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 and representatives have used the formal and informal processes, and are generally satisfied with the home's response to the issues raised. Residents are provided with information about their rights and the internal and external complaints mechanisms available to them by a variety of methods, including the resident information handbook and information posters that are displayed in the home. Processes such as resident surveys, comments and complaints, resident meetings and informal discussions identify areas of concern. A locked suggestion box is located next to resident pigeon holes and comments and complaints feedback forms are on display. The home maintains a comments and complaints log although this is not always current. Comments and complaints are regularly reviewed and trended annually. Staff assist residents to use the system when required.

### 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 its vision, mission and values statements. The values statement includes the organisation's commitment to quality. These statements are displayed in the home and included in resident, staff and volunteer information booklets.

### 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 their representatives are generally satisfied with staff responses to their care needs. The home has processes to identify staffing levels and skills mix required across the four Accreditation Standards. Staffing numbers and skills are reviewed annually or as needed

to meet residents' changing needs. Following the 2008 merger the organisation reviewed the staffing structure for residential care. The previous director of care has assumed responsibility for all three of the organisation's aged care facilities and is no longer at the home on a full time basis. The clinical nurse consultant has assumed full time responsibilities for overseeing staff at the home. Recruitment processes identify prospective staff who are resident focussed and have the necessary skills to provide care and services in line with the home's philosophy. Results of surveys and audits show there are sufficient skilled staff available to deliver the care and services required. Staff have sufficient time for their duties. Performance reviews are usually conducted annually.

### **1.7 Inventory and equipment**

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

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

Does comply

The home has systems and processes in place to assess action, monitor and evaluate inventory and equipment needs of the home. Trial and risk management processes assess new equipment and products for effectiveness, safety and quality. Preventative maintenance is used to maintain equipment. This equipment is maintained according to schedule. The maintenance officer undertakes electrical tagging with records kept. Residents and staff are satisfied with the availability and appropriateness of the supplies and equipment provided by the home.

### **1.8 Information systems**

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

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

Does not comply

There are gaps in the consistent and systematic approach to record keeping in some areas of service delivery. The homes systems and processes are not consistently used by management and staff. The home does not hold regular staff meetings and staff are not provided with relevant information pertaining to events in the home, including information on quality improvement activities and comments and complaints.

### **1.9 External services**

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

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

Does comply

The home participates in organisation wide contracts for the provision of many of its goods and services. Contracts for site-specific services are coordinated with processes in place for regularly reviewing and updating services. Copies of site specific service contracts are kept on site. The home monitors the compliance and supply of the external services, addresses matters of poor performance and inappropriate supplies as they arise. A database containing relevant information pertaining to the external service providers reflects that police checks are in place. Residents and staff are satisfied with the quality of the services provided.

## **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

Opportunities for improvement in health and personal care are identified by processes including, comments and complaints feedback forms, incidents, surveys and audit results. The home uses a variety of systems to monitor and evaluate continuous improvement and is able to demonstrate measurable results for residents. The home demonstrated results of improvements relating to health and personal including:

- Residents' dental care has been improved following a collaborative program with the South Australian Dental Service. Staff have received training in basic dental hygiene skills and early detection of dental issues. Staff report that this has increased their confidence in providing dental care for residents.
- The home applied for funding to review and improve palliative care for residents. In collaboration with General Practice divisions, funding was obtained through the Federal Government Extended Best Practice in Residential Aged Care funding. This has resulted in an improved approach to palliative care and the development of new guidelines. A palliative care booklet has been produced for all stakeholders.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has systems and processes to identify and manage regulatory compliance relating to residents' health and personal care including the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. Links with professional associations provide information about changes to legislation that affect the operation of the home. Legislative changes are made available to staff through the communication book, memos folder and education sessions as required. Staff at the home understand and use the system.

### **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

Ongoing audits monitor staff knowledge and skills for performing their roles effectively. Annual competency programs support skills maintenance and skills development in response to changing resident needs. Specialised education is accessed as needed. The home accesses external training programs and staff are encouraged to maximise the training opportunities available to them. Education and development in health and personal care has been provided to nursing and personal care staff over the last twelve months, including pain identification, falls prevention and dental care.

### **2.4 Clinical care**

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

**Team's recommendation**

Does comply

Residents and their representatives are satisfied with the consultation, care and services provided and how their care needs are managed. The home has processes for identifying, assessing, monitoring and reviewing individual health and personal care needs and preferences when entering the home and on an ongoing basis however there are no schedules to guide this review and evaluation of care. Residents' needs and care strategies are reviewed in consultation with residents, representatives and care staff. Information regarding each resident's care needs is documented in care plans that are easily accessed by staff. Handover sheets and a diary are used to assist staff communication in day-to-day resident care. The home uses a range of health professionals to direct and assist in providing appropriate care for residents. Clinical audits are scheduled however these do not occur accordingly.

**2.5 Specialised nursing care needs**

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

**Team's recommendation**

Does comply

Residents and representatives are satisfied the specialised nursing care they receive is according to their needs and preferences. The home has assessment processes to identify residents' specialised nursing care needs and appropriate care plans are implemented. Registered nurses attend to specialised nursing care, including complex wound management, bowel and pain management. Enrolled nurses and personal carers work within their role and function, reporting to the registered nurse when changes in residents' health or care needs require re-assessment. Residents are referred to general practitioners and external specialists when additional expertise is required. Specialised care needs are evaluated regularly in consultation with residents and representatives, and care plans updated.

**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's referral process includes consultation with residents or their representatives and medical officers. A physiotherapist and podiatrist provide assessment, treatment and evaluation of care for residents. A wide range of allied health professionals are consulted including speech pathologists, dentists, optometrists, mental health services, pathology and a dietician. Transfer forms accompany residents when visiting other health services and these provide for continuity of care and implementation of any procedures following consultation. Residents confirmed their satisfaction with the referral services provided and assistance given by the home to access these services.

**2.7 Medication management**

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

**Team's recommendation**

Does comply

Residents and representatives stated that they are satisfied with the management of their medication. Registered nurses and credentialed enrolled nurses administer medications from blister packs prepared by a contracted pharmacist. A registered nurse assesses residents' medication administration needs on entry to the home and then at regular intervals. 'As

required' medication is administered in consultation with a registered nurse who reviews its ongoing use and effectiveness. Change to the medication regime is discussed with the medical practitioner as appropriate. A Medication Advisory Committee meets six monthly to monitor and review current medication practices, incidents and any changes to legislation. Monitoring processes, including incident reporting and internal audits are undertaken by a clinical pharmacist as well as staff. Staff are informed of signature omissions however these are not always addressed.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the pain management strategies implemented by the home. The home has processes in place for identifying and managing residents' pain. The processes used are consultative and involve both pharmacological and alternative therapies. Residents are regularly reviewed by their medical officers and care staff document and report episodes of pain. 'As required' stickers in residents progress notes prompt staff to monitor the effects of analgesia. Audits conducted monitor the effectiveness of the home's process of pain management.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the home's ability to provide palliative care for residents, and the assistance given to families during this time. On admission or soon after, residents and their representatives are asked to provide information on end of life wishes. The home identifies and manages the comfort and dignity needs of terminally ill residents, including their spiritual and emotional needs. The services of allied health and related services are accessed as required. Residents and representatives are satisfied with the home's ability to provide palliative care for residents as long as is practicable, and the assistance given to families during this time.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the home's approach in meeting their nutrition and hydration needs. Nutrition and hydration based on residents' needs, likes and preferences is provided by the home. Assessment processes, nutrition risk assessment and consultation with the resident or their representative, identify nutrition or hydration needs and preferences. Dietary requirements, portion sizes and food and fluid preferences are documented and are available to all staff who serve meals or drinks. Changes are promptly communicated to catering staff. Requirements for assistance with meals are noted. Residents with swallowing difficulties are assessed by a speech pathologist and food consistency modified accordingly. Residents with specific dietary needs are accommodated and menu selection modified to suit individual preferences. Dietary supplements are implemented when inappropriate weight loss is identified.

## **2.11 Skin care**

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

**Team's recommendation**

Does comply

Residents and representatives are satisfied with the care provided in relation to their skin care. The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents' skin integrity. Planned skin care strategies, incorporating preventive measures and specialised equipment and contemporary wound care products are used as required. Incident causes are analysed to identify trends or opportunities for improvement across the home and action is taken to improve individual care needs. Referrals to external specialists are arranged as required.

**2.12 Continence management**

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

**Team's recommendation**

Does comply

Residents and representatives are satisfied with the home's continence management strategies, including practices that support residents' privacy and dignity and skin integrity. The home has processes in place to regularly assess, monitor and evaluate residents' continence. Continence is promoted through regularly assisting residents to the toilet through an individualised program, product use and providing adequate fluids, appropriate diets and aperients as required. The effectiveness of the continence program is evaluated for individual residents through staff observation, product usage, and documentation in progress notes. Continence products are provided for high care residents. Residents and representatives are satisfied with the home's continence management strategies, including practices that support residents' privacy and dignity and skin integrity.

**2.13 Behavioural management**

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

**Team's recommendation**

Does comply

Residents and their families are satisfied with the home's approach to managing challenging behaviours. The home assesses and plans behaviour management strategies to meet the individual needs of residents with challenging behaviours. The triggers of residents' behaviour are identified and strategies to redirect residents are based on their personal interests or needs. Strategies are developed and their effectiveness is reviewed in consultation with residents, their families and staff and include individual activities, lifestyle programs and adapting the environment. The home seeks advice from external specialists as required.

**2.14 Mobility, dexterity and rehabilitation**

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

**Team's recommendation**

Does comply

Residents and their representatives are satisfied with the home's approach to maintaining residents' mobility and dexterity, including the mobility assistance and aids provided by the home. Residents' mobility and dexterity needs and falls risk is assessed using a multidisciplinary approach. Strategies such as mobility aids, appropriate manual handling and exercise programs assist to maintain or improve residents' mobility and dexterity. Care staff are aware of each resident's mobility needs, manual handling precautions. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow. The home has environmental inspections, and a responsive maintenance system to

correct any safety hazards. Falls data is monitored and analysed and addressed in consultation with care staff, residents and allied health professionals.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the oral and dental care given. The home has processes in place for the assessment, planning and review of residents’ oral and dental care needs. Care plans, which are regularly reviewed and evaluated, provide the strategies to support individual resident oral hygiene needs. Care staff are aware of individual residents needs and preferences and assist residents to meet these needs. Referrals to appropriate allied health professionals occurs as is required. Residents are assisted to attend external appointments and volunteers are available to transport residents.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does not comply

Whilst the home has processes to assess and monitor resident’s sensory losses, this occurs for only two of the five senses (sight and hearing). Validated assessment tools are available to assess residents’ sensory loss for all five senses, but these are not utilised. Care plans are only formulated to identify aids and strategies to manage the deficits assessed in sight and hearing.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the assistance given to enable them to sleep well. The home has processes to assess and review residents’ natural sleep patterns. Individualised management plans include residents’ sleep habits and sleep preparation needs. Residents’ preferences to promote sleep, such as sleeping position and hot drinks are recorded in care plans and assist staff to support residents’ settling routines. Any sleep disturbances are investigated and strategies are implemented to manage them.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s recommendation**

Does comply

The home is using a variety of processes to identify and action opportunities for improvement in resident lifestyle and is able to demonstrate measurable results for residents. Feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement relating to this Standard. The home demonstrated results of improvements relating to resident lifestyle including:

- The home has introduced a collaborative project with local schools. Students visit the home and work on a one-to-one basis with residents developing their life histories. The life histories are presented to the resident at a social function. Some students have developed a relationship with residents and have continued to visit.
- LCD screens have been erected in the chapel for use in worship services. This was trialled for the benefit of residents who were experiencing difficulty turning pages of hymn sheets. The trial proved successful with an added benefit of being used to show photographs on special days, such as Anzac Day.
- The home recognised the importance of pastoral care in residents’ daily life. Pastoral care has been added to the induction program, The Chaplain conducts a sessions on helping care staff to understand their role in the spiritual well being of residents. Staff report that this has increased their understanding of residents’ emotional needs in residential care.

#### **3.2 Regulatory compliance**

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

##### **Team’s recommendation**

Does comply

The home has established systems to monitor regulatory compliance relating to resident lifestyle. This includes the provision of lifestyle and activity programs consistent with the *Quality of Care and User rights Principles 1997*, protecting residents’ privacy, maintaining confidentiality of resident information and providing resident agreements that assist them to understand their rights and responsibilities. All changes are reviewed and passed to relevant staff for action. Staff at the home understand and use the system.

#### **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

Processes, including surveys and audits are used to monitor staff knowledge and skills required to perform their duties. The organisation accesses the “Better Skills Better Care” program and staff are encouraged and supported to apply for scholarships and grants. The organisation’s Chaplain presents at orientation days for all staff on topics such as grief and loss and staff responsibilities in assisting residents to adjust to residential care. Education and development in resident lifestyle has been provided to lifestyle staff over the last 12 months in areas including active ageing, multi-cultural awareness and lifestyle.

### 3.4 Emotional support

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

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

Does comply

Residents and their representatives are satisfied with the level of emotional support given at entry to the home and on an ongoing basis. Residents are welcomed to the home by personalised processes for each individual and pastoral care staff assist residents and their families adjust to life in residential care. Activities which maintain links with their past, including hosting friends and visitors from the co-located low care facility, are actively encouraged. A variety of methods are used to evaluate the effectiveness of the support provided, including feedback at resident meetings and resident surveys.

### 3.5 Independence

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

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

Does comply

Residents and their representatives are satisfied with the way staff assist them to retain their independence and maintain meaningful relationships. Residents' individual interests, preferences, family and community associations are assessed on entry to the home. Physiotherapy assessments are combined with mobility aids to assist residents to retain their independence in activities of daily living. Residents are encouraged to maintain contact with their local community, including visiting the local shopping centre to do their own personal shopping. Volunteers are combined with family support to assist residents to maintain membership of their local clubs. Residents participate in programs with the local schools and some residents have produced their life story booklets.

### 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 are satisfied with strategies staff use to maintain their dignity and respect their individual needs and preferences. Information included in policy and procedure documents support residents' right to privacy, dignity and confidentiality. Staff, residents and volunteers are informed of the home's privacy and confidentiality processes through resident and staff newsletters and information booklets. The Aged Rights and Advocacy service attend residents meetings when requested by residents. Staff are aware of residents' rights and strategies to maintain privacy and dignity during personal care. Residents are able to lock their door and use 'do not disturb' signs where appropriate. Record-keeping practices preserve resident confidentiality by keeping personal information in locked cabinets.

### 3.7 Leisure interests and activities

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

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

Does comply

Residents and their representatives are satisfied with the range of activities available to them. Lifestyle staff meet with residents and representatives prior to entry to gather background information. Residents are actively encouraged to participate in individual and group activities in the home and the surrounding district. Individual preferences are respected with programs in place to support residents with special needs. Volunteers assist residents to participate in activities of their choice including, wheelchair walks, bowling and participating in the home's show week each year. Male specific groups cater for the needs of male residents. Processes, such as displaying the activities calendar in residents' rooms assists care staff to include activities in daily care. Monitoring processes, including resident surveys and lifestyle program evaluations are used to determine the ongoing suitability of the activities provided and the extent to which they meet residents' individual needs and interests.

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

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

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

Does comply

Residents and their representatives are satisfied with the level of spiritual and cultural support offered. Care and lifestyle assessment processes identify residents' cultural and religious backgrounds and any practices that are of significance to them. Regular services are conducted in the on-site Chapel and residents are assisted to attend. Pastoral care staff cater for the spiritual support needs of all residents and their representatives and residents have access to the organisation's Chaplain at all times, including after hours and weekends. The home has one resident of the Buddhist faith and the home's Chaplain liaises with Chaplains from that faith as required. Residents are supported to celebrate cultural events of significance to them such as Anzac Day, Australia Day and Christmas and Easter. Residents were recently invited to participate in a program on the changing role of carers. Selected residents were filmed and all residents were invited to a special screening of the program when it aired on television.

### **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 satisfied with the choice they have around issues that affect their daily life. Surveys and other feedback mechanisms provide residents with the opportunity to participate in decisions about their care and the services provided for them. Care plans and resident files include information on residents' capacity to make informed choices and representatives who can assist with care and lifestyle decisions when the resident is unable to do so. Information on residents' rights and responsibilities is included in the resident information handbook and residential care service agreement.

### **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 satisfied that the information provided assists them to understand their rights and responsibilities. The organisation's policies and procedures support residents' right to safe and secure tenure and staff's responsibilities to protect these

rights. Residents receive an information booklet, resident agreement and a tour of the home prior to entry. The corporate admissions coordinator is available to meet with each resident and/or their representative prior to entry to assist in understanding residents' rights and responsibilities, fees and charges, security of tenure and resident decision making forums. The home accesses external support agencies to provide additional short term care as needed to enable residents to remain in the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Quality systems are in place to document improvement objectives, strategies and evaluation of outcomes. Incidents and infections are identified and combined with planned audits and surveys to demonstrate measurable results for all stakeholders. Information systems, feedback mechanisms and direct consultation processes assist residents and staff to contribute to continuous improvement relating to this standard. The home demonstrated results of improvements relating to physical environment and safe systems including:

- Resident comfort and safety has been improved with the purchase of new furniture for the on-site café. It was identified that the furniture in the café was in need of replacement or repair. Staff consulted with residents and purchased new furniture. Residents report that they appreciate the new furniture and enjoy spending time in the café with friends and relatives.
- Staff and resident security has been improved following a review of security on the premises. External gates have been secured and access to the facility is by one entry point. A visitors’ sign in log has been placed at the entry point. Duty statements have been amended to reflect staff responsibilities with the security procedures.
- Staff responded to staff concerns in relation to occupational health and safety. Directional wheels have been installed on all princess chairs. This has improved handling of the chairs for staff and family members and has reduced the risk of injury.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has established systems to identify and manage regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations, monitoring and maintaining fire safety systems and mandatory staff training sessions. Links with professional associations provide information about changes to legislation that affect the operation of the home. Legislative changes are made available to staff through memos and education sessions as required. Staff at the home understand and use the system.

### **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

Surveys and audits are combined with feedback processes to monitor staff knowledge and skills required to perform their duties in physical environment and safe systems. Staff are encouraged and supported to apply for scholarships and grants and have ready access to the internet and intranet for information and education needs. Education and staff development relevant to physical environment and safe systems has been provided to all work groups in

the last twelve months in a range of areas, including food safety, manual handling, fire and emergency procedures and handling safe substances.

#### **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 and representatives are satisfied with the safety and comfort of the living environment at the home. Although residents are encouraged to personalise their bedroom areas with furniture and personal items the home has processes in place to provide a safe environment for staff to deliver the appropriate care. There are communal areas consistent with residents' care needs and an area of privacy when receiving visitors. Courtyards are accessed from different areas. A large function area is available for group activities and concerts. A hairdressing salon is open at various times through the week and a designated area has a computer available at all times for residents to access. The home maintains a corrective and preventive maintenance program and this includes testing of electrical equipment. The living environment is monitored by audits, the homes maintenance log and resident and staff incident reporting.

#### **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

Staff and residents are satisfied that they have a safe work and living environment. The home's has systems and processes in place to provide a safe working environment that meets regulatory requirements. Staff are provided with sufficient and appropriate equipment to complete the tasks as well as training to guide their manual handling practice. Regular maintenance through planned preventative and corrective maintenance programs occurs. Personal protective equipment is provided and is on most occasions used by staff.

#### **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 management has implemented systems to provide a safe environment and work systems that minimise fire, security and emergency risks. There is a fire safety program, including mandatory training of all staff. Contracted external services maintain the security, fire and emergency services. The maintenance officer maintains regular electrical testing of equipment and residents are informed of this requirement on entry to the home via the resident handbook. The fire panel and mimic panels identify the location of the fire and staff are aware of their responsibilities during a fire alert. Notices relating to emergencies are placed in each resident's room.

#### **4.7 Infection control**

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

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

Does comply

Residents and staff are satisfied with the practices employed to reduce the possibility of infections in the home. The home monitors resident and staff infections. All staff have access to the available personal protective equipment in their work processes however this was not practiced consistently during the audit. There is an appropriate waste and sharps disposal system and pest control programs are in place. Medication refrigeration temperatures are not consistently monitored in the nurse's station. The organization utilizes the commonwealth's outbreak plans for any infectious outbreaks. Housekeeping staff have adequate infection control systems and practices in place and maintain a clean environment.

#### **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 are satisfied with the catering, cleaning and laundry services provided. The home has processes for providing hospitality services consistent with residents' individual needs and preferences. The fresh cook menu provides variety, individual choices and special needs foods as required. Residents are consulted in menu development and provide feedback verbally, or at meetings. The housekeeper monitors the home's food safety plan and incorporates resident feedback into the menu review. Residents' personal clothing is laundered at the home and the home provides a clothes labelling service to minimize lost items. Cleaning schedules provide appropriate cleaning of residents' rooms and communal areas. All hospitality staff have regular training in infection control, chemicals and manual handling. Material safety data sheets are readily available to staff. Audits, inspections and resident feedback processes monitor efficiency and satisfaction with hospitality services. Staff are satisfied their work environment assists them to provide services to meet residents' needs and wishes.