



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Good Shepherd Aged Services Inc - Nursing Home**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Good Shepherd Aged Services Inc - Nursing Home in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Good Shepherd Aged Services Inc - Nursing Home is three years until 25 September 2012.

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

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

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

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

The Agency has taken into account the following:

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

## Home and approved provider details

### Details of the home

Home's name:	Good Shepherd Aged Services Inc - Nursing Home				
RACS ID:	3436				
Number of beds:	49	Number of high care residents:	48		
Special needs group catered for:	• Nil				
Street/PO Box:	2 Clarke Street				
City:	ABBOTSFORD	State:	VIC	Postcode:	3067
Phone:	03 9419 3933		Facsimile:	03 9416 1316	
Email address:	Dean.Gemmill@gsas.asn.au				

### Approved provider

Approved provider:	Good Shepherd Aged Care Services Inc
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### Assessment team

Team leader:	Mary Jo Nash
Team member/s:	Carlene Tyler
Date/s of audit:	6 July 2009 to 8 July 2009

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

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

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

**Standard 2: Health and personal care**

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

**Accreditation decision**

<b>Agency findings</b>
Does comply
Does comply
Does comply
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<b>Agency findings</b>
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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>
Does comply
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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	Good Shepherd Aged Services Inc - Nursing Home
RACS ID	3436

### **Executive summary**

This is the report of a site audit of Good Shepherd Aged Services Inc - Nursing Home 3436 2 Clarke Street ABBOTSFORD VIC from 6 July 2009 to 8 July 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Good Shepherd Aged Services Inc - 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 6 July 2009 to 8 July 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:	Mary Jo Nash
Team member:	Carlene Tyler

## Approved provider details

Approved provider:	Good Shepherd Aged Care Services Inc
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## Details of home

Name of home:	Good Shepherd Aged Services Inc - Nursing Home
RACS ID:	3436

Total number of allocated places:	49
Number of residents during site audit:	48
Number of high care residents during site audit:	48
Special needs catered for:	Nil

Street/PO Box:	2 Clarke Street	State:	Victoria
City/Town:	ABBOTSFORD	Postcode:	3067
Phone number:	03 9419 3933	Facsimile:	03 9416 1316
E-mail address:	Dean.Gemmill@gsas.asn.au		

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Good Shepherd Aged Services Inc - 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
Director of nursing	1	Residents/representatives	10
Registered nurses	3	Volunteers	1
Care staff	1	Laundry staff	3
Director of quality and innovation	1	Cleaning staff	2
Catering staff	1	Maintenance staff	1
Chief executive officer	1	Activities coordinator	1
Physiotherapist	1	Care coordinator / registered nurse division two	1
Dietitian	1	-	-

**Sampled documents**

	Number		Number
Residents' clinical files	5	Medication charts	5
Summary/quick reference care plans	5	Personnel files	6
Residents' administration files	5	-	-

**Other documents reviewed**

The team also reviewed:

- Activities therapy program
- Affiliation agreement between Australian Catholic University and home
- Assisting a resident up from the floor
- Blood glucose levels
- Chemical register
- Cleaning services agreement
- Code of conduct
- Comments and complaints form
- Comments and complaints register
- Comments and complaints report (online)
- Communication –handover

- Continuous improvement plan
- Dental assessment
- Drugs and poisons license
- Emergency evacuation list
- Emergency procedures
- Essential services maintenance folder
- Falls management pathway
- First aid management of skin tears
- Food safety program
- Foot management
- General practitioner contribution to care plan
- Hazard analysis and investigation reports folder
- Hazard identification, risk assessment and risk management form
- Improvement request form
- Incident data graphs
- Incident reports
- Independent certificate of audit (food safety)
- Infection control committee minutes
- Letters of appreciation folder
- List of DVD's planned to be shown during the week
- Management review committee minutes
- Managing an intruder
- Manual handling task analysis
- Material safety data sheets
- Meals/drinks report
- Medication review committee minutes
- Meeting minutes – occupational health and safety
- Memorandum regarding update of policy and procedures manual
- Memorandum reminding a staff member that their new police records check is due
- Memorandum to staff member regarding requirement to attend mandatory fire training
- Nursing collective agreement
- Nursing home blood sugar testing timetable
- Nursing protocol manual
- Nursing staff allocation folder
- Occupation health and safety manual
- Occupational health and safety risk assessment form for new equipment
- Occupational therapy care plan
- Palliative and terminal care charts
- Pandemic management plan
- Pastoral care assessment (social worker)
- Photographic release form – residents'
- Photographic release forms – staff and volunteers
- Poisons control plan 2009
- Police records check policy
- Policy and procedures manual
- Position description, specification and appraisal tool
- Preventable maintenance schedule
- Recruitment policies and procedures
- Relatives and friends meeting minutes
- Resident activities records sheets
- Resident application package
- Residents' information handbook
- Residents' information package
- Risk safety assessment
- Security contractors compliance folder
- Smoking policy

- Social and human needs assessment
- St Vincent's residential aged care In-reach service
- Staff handbook
- Staff incident forms
- Staff newsletter
- Staff orientation checklist
- Statement of compliance (police checks –contractors)
- Strategic plan 2005-2008
- Strategic plan review: five year plan (February 2009)
- Summary improvement requests
- Trend of clinical indicators
- Whistleblowers policy and procedures
- Workplace bullying and harassment
- Workplace incident investigation report

### **Observations**

The team observed the following:

- Activities in progress
- Cleaners store room
- Emergency kit
- Equipment and supply storage areas
- Flip charts with residents' raw survey feedback data
- Framed philosophy, mission and values statements
- Garden
- Interactions between staff and residents
- Large print books
- Living environment
- Maintenance shed
- Manual handling posters
- Residents having lunch
- Staff assisting a resident up from the floor
- Storage of medications
- Wound trolley

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has a mature and robust continuous improvement system with staff, residents’ and relatives supported and encouraged to participate. The continuous improvement system is underpinned by policies, procedures and protocols and is informed by a number of sources including audits, focus groups and surveys, meeting minutes, comments, suggestions, complaints, improvement requests and accident and incident reporting. Improvements are registered then actioned and evaluated takes place through a cyclical re-audit process. Feedback is provided individually or through minutes, memoranda and newsletters. The home participates in national benchmarking of key quality indicators and education forms a strong part of the continuous improvement process. The continuous improvement system is monitored through internal audit processes and trends are identified and actioned as appropriate through management review and resident care committee meetings. Staff and residents confirm their participation in the continuous improvement process and are satisfied ongoing improvements occur.

Examples of continuous improvements in Standard one include:

- A staff training record book has been developed to enable staff to detail their individual attendance at training. The new process requires that the staff bring this record book to their performance appraisal to analyse their personal development over the last year.
- Improvements have been made to the education program by streamlining the process to identify which roles need which competencies. Staff competencies assessments are now conducted every two years.
- An affiliation agreement has been developed with the Australian Catholic University to collaborate in aged care research, to facilitate professional development of post-graduate nurses, to provide preferential access for the home’s staff to their courses, to facilitate undergraduate student placement and to provide professional development of these students in the aged care setting.
- Following a concern raised by a relative, orientation procedures for agency staff has been improved to incorporate a checklist for signoff prior to commencing duties.

### **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

Regulatory and legislative updates and information are made available to the home through membership of industry bodies, industry networking and government and municipal correspondence. Management monitors these avenues for regulatory and legislative changes and assesses the changes for their potential impact on policies and procedures and the home conducts regular internal audits to ensure continued compliance. Significant changes to legislation are included as improvement requests to inform the continuous improvement system. Staff are made aware of all requirements through access to policies and procedures, memoranda and in-service education and to residents’ and staff at meetings, in newsletters and on noticeboards. A police record checks register is maintained for all staff and volunteers.

Contractors present written confirmation that any personnel with unsupervised access to residents have completed a satisfactory police records check within the last three years.

### **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 education and staff development officer oversees the education program. The education calendar is developed from regulatory changes, audits, training needs assessment survey conducted at the end of each year and input from staff. The home offers education from the facility educator, external providers and courses, and self directed learning packages. There is a comprehensive orientation program for new staff and the home ensures all staff have appropriate qualifications when commencing employment and registration details are collected yearly. Education delivered in Standard One includes compulsory reporting, quality systems, accreditation process, audit techniques and Point of Care- 'WeCare' update.

### **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

The home displays internal and external complaint mechanisms and documents the complaint process in the resident and staff information handbooks. During orientation the residents and relatives are shown the location of the suggestion box and the comments, suggestions and complaints forms. Comment and complaint processes are reinforced at resident and staff meetings and all residents have immediate access to senior staff and management. All feedback, comments and complaints are registered, acknowledged, discussed at meetings and followed up as required. An improvement request is generated if changes to the homes systems or processes are required. The staff orientation program includes information on the internal and external complaints process and managing feedback from residents, relatives and visitors. Residents and staff know about making comments or expressing concerns through appropriate means and said that management is responsive to concerns or suggestions.

### **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's mission, values, philosophy, strategic goals and commitment to quality is documented and copies of these statements are displayed. The organisation's original philosophy model of 'the individual is worth more than the world' provides the foundation for the home's staff and residents' to embody the home's mission, values and objectives while initiating continuous improvement activities. All stakeholders including resident focus groups were consulted in the formation of the home's strategic plan which embraces the overall philosophy. Key values adopted by the home include excellence, respect, individuality and compassion and the strategic plan is reviewed six monthly. The Sisters' of the Good Shepherd provide dedicated input to the home's operational management and are represented on the board of directors.

## 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

Appropriately skilled and qualified staff are employed at the home to meet resident care needs. Experienced staff facilitate recruitment and the home employs a range of staff from different backgrounds and cultures who embody the home's philosophy. Position descriptions inform and guide staff, a competency based orientation program is followed and staff are required to complete probationary periods prior to permanent employment. All staff are performance reviewed annually and training needs are identified and implemented. All care staff complete basic competencies including infection control, diabetes, medication administration, manual handling and fire safety and security and all staff sign an organisational code of conduct. In consultation with staff, the home has developed a collective agreement which provides substantial benefits. Staff confirm they are provided with a thorough orientation of work practices and complete competencies relating to their areas. Residents and relatives express confidence in the abilities of regular staff and are satisfied with the services staff provide to them. Staff state they enjoy their work and express a commitment to the residents and to the home.

## 1.7 Inventory and equipment

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

### **Team's recommendation**

Does comply

There is a system in place to ensure there are adequate supplies and equipment for the provision of services to residents. There is a preventative maintenance program including electrical tagging and thermo scanning of electrical outlets to reduce risk of fire. An electronic system is used for registering day to day needs and is accessible to all staff in the home. Purchasing of new equipment is discussed by relevant stakeholders and staff receive education on the use of new equipment. There are stock rotation processes for perishable items and identified lists of suppliers and external contractors. Staff and residents report there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

Information required for the provision of quality care and services is gathered through the clinical assessment and care planning process, continuous improvement activities, meetings, organisational updates, audits and correspondence. Staff have access to a fully implemented computerised system for resident care and medication management and use computerised hand units for clinical care. Resident care information is well organised and reviewed regularly and resident and personnel files are stored and archived securely and confidentially in restricted access offices with electronic information password protected and backed up daily. Regular management, resident and staff meetings are held and minuted and policies and procedures are regularly reviewed. The home has a website which provides information to all stakeholders and allows for online communication between relatives and the home, including improvement requests. Staff report they receive information in newsletters, on noticeboards, at handover, attached to their payslips and at staff meetings. Residents and relatives confirm

they are made aware of information relevant to them through newsletters, noticeboards, in meetings and by mail.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

The home has systems in place to ensure that externally sourced services are provided in a way that meets the needs and quality expectations of the organisation. Management select, monitor and evaluate contractors' level of service and ensure the contractors' meet all necessary regulatory requirements. The home maintains a contractor register which requires sign-in and sign-out and contractors wear identification badges while on site. Regular contractors to the home have provided police records checks and contractors without a police records check are supervised while on site. All significant suppliers and contractors have service level agreements in place and these agreements are reviewed annually. Suppliers and contractors' performance is evaluated six monthly as part of the management review committee. Residents', relatives' and staff said that they are satisfied with the services provided by external contractors.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### Team's recommendation

Does comply

The home has a continuous improvement system that demonstrates improvements in residents' health and personal care. Policies and procedures, scheduled audits, accident and incident reporting, comments and complaints and improvement forms are used by staff, residents, relatives and volunteers in relation to Standard two with outcomes discussed, actioned and fed back as appropriate. Staff confirm improvements have occurred in resident health and personal care and residents are satisfied their clinical care needs are being met.

Examples of continuous improvements in Standard two include:

- A nursing protocol manual has been developed to guide expected care practices within the home and is reviewed following identification of updated literature reviews, changes to practices and ongoing identification of current best practice.
- Staff and residents participate in a global corporate challenge which involves residents buddying with staff over an 18 week period. Each participant wears a pedometer which records how many steps are taken daily and this data is entered into the global corporate challenge website which then gives the participants a 'virtual' location on the globe and enables the participants to 'virtually' traverse other countries and regions. While leading the participants to be fitter and healthier, the challenge also enables the participants to learn about other countries, their living conditions and interesting facts through an armchair travel program. The home attempts to align menu items with the country the participants are in. Residents' and staff participating in the challenge all reported an increase in energy, in fitness and healthy weight loss.
- Following a concern raised by a relative at a relatives meeting regarding continence and the use of continence aids, the home conducted additional continence training with staff and reviewed documentation to ensure continence programs were relevant and individualised for residents. Information sessions at relatives meetings were also introduced to ensure a collaborative approach was being taken with resident care.
- A therapeutic communication course was held to educate staff in the person-centred approach to relationships and to equip staff with more effective communication techniques when dealing with people with dementia. There was no differentiation of information offered to staff on the course – staff from all areas of the home heard the same information and learnt the same techniques. Staff stated the course improved their communication skills in relating to residents with dementia and they found the course meaningful when applied to the work they are doing.

### 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 in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. A register is maintained recording annual nursing registrations and registered nurses assess, plan, implement and evaluate resident medication and specialised care needs. Medications are stored and administered according to legislated processes. Staff confirm they are informed about legislative and regulatory requirements.

### 2.3 Education and staff development

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

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

Does comply

The education program is developed following a yearly needs analysis, audits, resident needs, performance appraisals and resident and relative satisfaction surveys. Education is delivered in a variety of ways to capture staff's different learning techniques, such as self directed learning packages, poster presentations, power point presentations, quizzes and games, focus groups and competency testing. Nursing and care staff have identified competencies to complete including medication management, infection control, diabetes management and fire safety and security. Attendance records are kept and staff are encouraged to complete evaluations after each session and identify topics for future education. Staff confirm they have completed competencies and are encouraged to attend further education. Residents and relatives state they are very happy with the care provided by staff. Education delivered in Standard Two includes: Hearing and hearing aids, wound management, influenza update and urinary tract infections.

### 2.4 Clinical care

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

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

Does comply

Resident's clinical care is assessed on admission and reviewed regularly. Care staff update residents care needs daily on their hand units which are linked to the resident's electronic file. Registered nurses division one review care plans and assessment tools with changes communicated to care staff at handover, in the 'allocation' folder and on the hand units. Doctors visit residents regularly and staff alert them to changes in resident's condition by phone or the communication folder. Staff confirm they have access to residents care needs information and residents and relatives state they are consulted and happy with the care provided.

### 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

Resident's specialised nursing care is documented in their care file and daily care is communicated to staff on their hand units. The registered nurse division one assesses and evaluates ongoing care and consults with the resident's doctor or refers to specialist services. Specialised care needs include management of diabetes, catheter, wound and behavioural care. Care staff have clear guidelines for residents with diabetes including acceptable blood sugar levels and when to report to the resident's doctor. Review of documentation indicated that specialised care is being provided according to the guidelines. Residents and relatives confirmed that specialised care needs and preferences are managed well.

### 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 access to a range of health specialists and refers residents according to their needs. Specialists visiting the home include a physiotherapist, dietician and occupational therapist. They provide individual care to residents and develop guidelines and policies in consultation with staff. Other services accessed include podiatry, optometrist, hearing services, dental care and the home has access to St Vincent's residential aged care In-reach service for specialised support. Resident's doctors are consulted for specialist referral and changes are documented in resident files. The home uses its electronic system to print current medical information if residents are transferred to hospital or specialist appointments. Residents and relatives confirmed referrals to specialists are made as required.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

Residents medication is managed safely and correctly by registered nurses division one. Medication is stored securely according to relevant legislation. The home uses an electronic system for medication management which links the facility to the doctor and pharmacy. The software accompanying this system provides a robust system for checking administration of medication, ensures doctor's orders are legible and changes in medication are actioned immediately to the pharmacy. The system provides a photograph for identification, known allergies and methods for administering medication when there is difficulty swallowing. There is a medication review committee that meets regularly to review medication management. Staff receive training to use the system correctly and residents state they are satisfied with the management of their medication.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

Resident's pain management is assessed on admission and reviewed on a daily basis with changes documented on the residents file. Residents identified with increasing pain are placed on a seven day assessment chart, reviewed by their doctor and analgesia changed as required. Staff identified residents with reduced cognitive function may show increased pain through behavioural changes. Analgesic patches are being used on some of these residents to provide better pain control. Pain relief strategies include hot packs, repositioning, massage, air mattresses and pressure area care. Residents confirm their pain is well managed.

## **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 home consults with residents and their representatives to determine their terminal care wishes. Care provision during the palliative phase includes spiritual needs, pain relief, nutrition and hydration requests and support for relatives. The home provides training for staff and has access to external palliative services for advice and support. Resident files show regular communication with families and review by the resident's doctor. Residents have access to the chapel at the home for funeral services and the pastoral care coordinator works with the care staff to support other residents. Relatives said they were well supported by the home.

## **2.10 Nutrition and hydration**

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

**Team's recommendation**

Does comply

Resident's preferences, allergies, likes and dislikes are assessed on entry, written on a 'meals and drinks' report and reviewed regularly. The chef consults with residents on a daily basis to ensure residents are satisfied with the food provided. The kitchen uses a colour coded system to identify resident's needs. Residents are weighed monthly and their doctor is consulted if weight loss or gain is outside documented guidelines. The dietician visits weekly and residents are referred to the speech pathologist when swallowing difficulties are identified. All changes are added via the electronic system so resident care plans are updated continually. Catering is a regular agenda item at resident and relative meetings and the home conducts an annual survey of their catering services. Residents and relatives were very complimentary about food services.

**2.11 Skin care**

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

**Team's recommendation**

Does comply

Residents have a skin integrity assessment on entry to the home which is documented on their care plan. Staff use skin emollients, repositioning, continence aids and receive education on manual handling to reduce skin tears and wounds. The home has access to specialists for education and support in wound management. Wound care is clearly documented, evaluated and audited. Benchmarking with similar facilities show the home has a low incidence of skin tears and wounds. Resident's preferences in showering, hair washing and nail care are identified on their care plans. Residents said they were supported with personal hygiene and relatives confirmed they were contacted if skin tears occurred.

**2.12 Continence management**

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

**Team's recommendation**

Does comply

Resident's continence needs are identified on entry to the home and assessed regularly. A care plan is developed including toileting times, continence aids, and nutrition and hydration requirements. There are guidelines for residents with catheters including problem solving. The home audits infection rates and staff identified that urinary tract infections can lead to behavioural changes in residents. Testing for infection is conducted and resident's doctors are contacted when necessary. The team observed staff supporting residents in a dignified and respectful manner. Residents and relatives confirmed they are supported with their continence needs.

**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 strategies and processes in place to assess, manage and review residents with challenging behaviours. Care plans identify assessment, goals and specific interventions and residents can be referred to psycho-geriatric specialist services. Wandering residents wear bracelets that activate an alarm on the staff pagers if they are near an exit door. Staff can then redirect the resident away from exits. The activities staff conduct an afternoon session specifically targeting these residents in the home's sensory room. Staff are encouraged to complete a self directed learning package titled Challenging Behaviours. Residents and relatives advise they are satisfied that behavioural issues are managed effectively.

## **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

Resident's mobility and dexterity are assessed on entry and reviewed regularly. Resident's care plans identify aids used to assist mobility. A physiotherapist visits the home twice weekly and conducts individual assessments, group exercise programs and reviews residents identified as having increased impaired mobility or falls. The activity staff run regular exercise classes and a Fit for Life program in the gymnasium. Audits of falls are communicated to staff and discussed at the resident and relatives meetings. Residents have access to a range of aids to maintain their independence and staff encourage them to exercise. The team observed staff assisting residents to walk around the home and residents said they were happy with the care given by staff.

## **2.15 Oral and dental care**

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

### **Team's recommendation**

Does comply

Residents have an assessment of their oral and dental needs on entry to the home and their care needs and preferences are written on their care plan. The home has implemented an agreement with a local dentist to provide annual review of all resident's dental needs and emergency treatment if required. Staff could identify the care requirements of residents and the team observed documentation of oral care. Residents said they are satisfied with the care provided.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

The home assesses resident's sensory losses on entry and documents their care requirements. Residents have access to specialists for auditory and visual review. The home has a sensory room using aromatherapy, music and massage to engage residents. Activity staff read the local paper to residents using this time for discussion and orientating to time and place. Staff education includes care of residents following strokes, reducing noise and speaking clearly to residents with hearing deficits. The home regularly audits the living environment to reduce clutter and improve access for residents with impaired vision. Residents and relatives confirm they are supported to access services of their choice.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

Resident's sleep patterns and preferences are assessed and documented on their care plans. Resident's doctors are advised of sleep problems. Strategies to promote sleep include repositioning, drinks, hot packs, radio and conversing with the resident. The home has a 'sleep box' containing items to assist residents who cannot sleep. This includes tea bags, instant meals, relaxation music and aromatherapy oils. Residents confirm the home is quiet at night and they are supported when they cannot sleep.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The home actively pursues improvements in resident lifestyle, including the maintenance of residents’ control of their own lives and their rights to privacy, dignity and choice within the home. Lifestyle issues and improvements are discussed and implemented and audits address privacy, dignity, the provision of a safe and secure environment, preferred activities and timeframes for activities. Residents’ actively participate in the decision making process through resident meetings, focus groups, comments, suggestions and complaints forms and informally. Residents’ conduct their own fundraising to fund identified goals or charities including the bush fire victims of Victoria and residents, relatives and friends knit for AIDS orphans. Residents confirm their satisfaction with improvements in the area of resident lifestyle.

Examples of continuous improvements in Standard three include:

- As a fundraiser, the home developed a cookbook with input from residents, relatives, volunteers and staff. The cookbook incorporates recipes for healthy diets and recipes from other times which align with the home’s health and wellness program.
- An ecumenical memorial service is held to remember loved one who have died, particularly during the preceding twelve months. Residents’, relatives, volunteers and staff are invited to attend and remember not only the residents who have died but also remember their own loved ones who have died.
- For non-Catholic residents the pastoral care coordinator has introduced an ecumenical ‘sacred space’ which is a time of prayer, praise and worship. Residents, including Catholics, report this as a most successful time.
- An enhanced Christmas concert for residents has been put on by staff and management, with residents’ participating if they wish. This is an extremely successful event with imaginative performances and embraces the sense of community in the home.

### 3.2 Regulatory compliance

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

#### Team’s recommendation

Does comply

The home has systems in place to identify and ensure compliance with all legislative and regulatory requirements relating to resident lifestyle. Residents and relatives are provided with a resident agreement and resident information handbook which detail information relating to their security of tenure, internal and external complaints mechanisms and rights and responsibilities. Residents’ are provided with information regarding specified services and information relevant to privacy. Lifestyle documentation supports legislation and regulations relating to residents’ current and ongoing needs and preferences. Staff receive information and education on elder abuse and mandatory reporting and staff and residents report they are satisfied with information given by the home, are informed of their rights and responsibilities and of any relevant changes regarding regulatory compliance.

### 3.3 Education and staff development

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

**Team's recommendation**

Does comply

The home identifies education that will enhance residents' lifestyle options, offers it to all staff, collects attendance records and completes evaluations. The home has an active lifestyle program and encourages staff to attend external courses and to document and present their programs at conferences. The home offered all staff the opportunity to participate in the program 'Therapeutic communication with people living with dementia'. An external educator ran the program which identified ways to enhance the lifestyle of residents by focusing on a wellness model. Staff confirm they are encouraged to participate in education and residents and relatives commented on the patience and skill of staff. Other education delivered in Standard three includes: Health and wellness, activities update, challenging behaviours and Good Shepherd services.

**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 makes an assessment of residents' emotional needs in the initial stages and in an ongoing manner. Management consult with each new resident or their relative on and prior to entry to assess their emotional needs and a personal care plan is developed using this information and made available to alert staff to the emotional needs of the resident. The pastoral care co-ordinator, together with care and lifestyle staff, are involved in welcoming new residents and relatives and orientating them with a guided tour to familiarise them to the new environment and to introduce staff and fellow residents. Families and friends are welcome to visit at any time to interact or share a meal together. All staff support and understand the Good Shepherd Sisters' philosophy and apply the home's values in their daily interactions with all residents. Regular staff training and development takes place addressing the emotional needs of residents, particularly in relation to grief and loss. Residents and relatives complimented the home on the support provided and in particular expressed their gratitude to the staff who care for them.

**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' individual interests and preferences that are important for them to achieve maximum independence are identified from information gathered in life history and personal interest forms, individual assessments, progress notes, care plans and verbal information from staff, relatives, visitors and other residents. Residents' are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home through components of the leisure and lifestyle program. Residents' are encouraged to participate in decisions about their physical, intellectual, emotional, spiritual and social care through regular consultations and ongoing assessments. Where appropriate, staff support residents' in the use of devices and aids that assist with mobility needs and to complete activities of daily living. Residents' are assisted with the identification of an authorised representative to make decisions on their behalf if they are unable to act for themselves. Residents and relatives confirm they are supported and encouraged to remain as independent as possible

### 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

The home has systems in place for residents' privacy, dignity and confidentiality to be recognised and respected. Residents' wishes, preferences and values in relation to privacy, dignity and confidentiality are identified, documented and incorporated in all care plans and residents' right to privacy is explained to residents and relatives during their initial entry to the home. A resident's preferred name is documented on files that staff use when addressing and interacting with residents. Orientation and ongoing staff education and development programs guide staff to ensure residents' privacy and dignity is not compromised while assisting with hygiene routines or discussing residents individual care needs. Staff were noted by the team to handle residents with care and dignity while maintaining a warm, friendly and encouraging approach when attending to activities of daily living and assisting with meals. Residents' rights to refuse treatment, die with dignity or engage in activities of risk are recognised, documented and supported within professional and legal guidelines. All resident files are kept in a locked nursing station are archived securely. Residents' and relatives commented that staff are respectful of their privacy and dignity when caring for them.

### 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

Following entry to the home, a life history and personal interests questionnaire and a holistic assessment process is completed for each resident capturing information that assists in constructing an individual program for leisure interests and activities. Residents' are encouraged to participate in various activities and the home offers a one to one option for residents who choose not to be or are physically unable to be involved in group activities. Group activities are designed around residents' preferences and suggestions and upcoming events are displayed in private and communal areas of the home. Needs and interests are discussed individually with residents and relatives on a continuous basis and suggestions and other feedback are encouraged at all times. Activities that promote and support integration with the community and community events are incorporated in monthly activity timetables. Each resident's response to activities attended is regularly evaluated with the results contributing to the future direction of the program. Residents' said they are very satisfied with lifestyle options and participate in decision making at meetings and consultations.

### 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

Information of individual requirements for each resident's cultural and spiritual preferences is captured on entry in the life history and personal interests' questionnaire. From this information a pastoral care plan is developed which incorporates spiritual background and beliefs, social and cultural backgrounds, current support systems, linguistic and other needs associated with ethnicity and wishes in relation to observance of spiritual beliefs and customs. To recognise these preferences, the home conducts memorial and religious celebrations, commemorative days and birthdays. Catholic Mass is celebrated six days a week in the chapel attached to the home and the pastoral care team offers communion to residents' who have been unable to attend mass. An ecumenical 'sacred space' which is a time of prayer,

praise and worship is available for non-Catholics'. Interpreting services are available to assist residents with exercising choice and decision making. The home provides counselling services for residents as the need arises and grief counselling is available as required. Residents' are satisfied that their cultural and spiritual needs are being met by the home.

### **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

Individual choices reflecting residents choices and wishes in relation to all activities of daily living, medications, treatments, medical practitioner, leisure activities, relationships, cultural and spiritual needs and after death arrangements are recorded in personal care plans. The home encourages resident input into care and lifestyle decision making and assesses each individual's ability to do so. Authorised representatives are consulted if residents are unable to make decisions and the home assists residents' in managing their financial affairs where necessary. Resident choice and decision making is further supported through the provision of voting services and a system of resident meetings and other forums. Orientation training and ongoing education and staff development programs emphasise the rights of residents and relatives to be informed, to exercise choice and decision making and advocacy. Residents and their relatives said that the home supports their involvement in making personal choices and decisions.

### **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

Prior to entry to the home, residents and relatives are provided with an information package including a resident agreement and resident information handbook, a prudential compliance statement and a schedule of fees and charges. Upon entry to the home a resident agreement is signed that documents security of tenure, resident rights and responsibilities, complaints mechanisms, privacy and care and services provided. The charter of rights and responsibilities is displayed in the home. Residents and relatives confirm they are informed of any changes to their security of tenure or rights and responsibilities through resident meetings, consultations with senior staff, notice boards and by mail. Residents confirm they feel safe and secure in the home and know what is expected of them in a shared living environment.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### Team’s recommendation

Does comply

The home has a system that supports ongoing improvements in the physical environment and safe systems. The system includes updated policies and procedures, audits, risk management assessments, staff education and satisfaction surveys. Hazards and incidents are recorded and information gathered is collated, reviewed and analysed for trends. Documentation indicates follow up actions occur in response to issues identified. An independent food safety audit is conducted and a food safety program is implemented at the home. Staff confirm ongoing improvements in the physical environment and safe systems occur and residents’ are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvements in Standard four include:

- As a result of an improvement request by the physiotherapist a high pressure steamer has been purchased to clean wheelchairs and mobility aids.
- Following a donation to the home, a storage room was redeveloped as a sensory room, providing a relaxed environment for residents with dementia. The refurbished room includes new curtains, a fish tank, a television and DVD player, new tables and chairs, resident art work and mirror balls. Residents were observed to be making use of and enjoying the room and staff feedback of residents’ participation is positive.
- A pandemic influenza kit has been introduced as a result of receiving information about potential pandemics.
- Security for wandering residents was improved by introducing wanderer alert systems on all external doors that interface with the nursing pager system. Identified residents wear tamper proof bracelets that activate an alarm on the pagers if a resident is about to leave or is near an exit to the building.

### 4.2 Regulatory compliance

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

#### Team’s recommendation

Does comply

Systems and processes are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems. Internal communication systems ensure changes to regulatory information are appropriately communicated to staff, residents, relatives and contractors. Essential services are maintained by external contractors and risk assessments have been completed for manual handling tasks and chemical usage. The kitchen is registered with the local council and meets all food safety requirements. Regulatory requirements are reflected in work practices and in the home’s systems and processes related to occupational health and safety, fire safety and infection control and staff confirm adherence to required work practices and procedures.

### 4.3 Education and staff development

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

#### Team’s recommendation

Does comply

The home demonstrates that management and staff have knowledge and skills in relation to the home's physical environment and safety systems. The education and staff development officer ensures all staff have completed compulsory training each year. The orientation program includes sessions on infection control, manual handling and occupational health and safety. Fire safety and security is offered three times a year to ensure all staff receive training. Education opportunities completed by staff reflecting the expected outcomes of Standard Four include the following: infection prevention and control, colour coding (cleaning and kitchen), stress management and fire and safety.

#### **4.4 Living environment**

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

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

Does comply

The home has a calm and relaxed atmosphere. Residents have access to lounge areas, a large activity room and garden areas. The dining room is situated next to the kitchen and is decorated in a manner to reflect the homeliness of the facility. Residents are encouraged to decorate their rooms with personal items and there is an audit system to ensure all areas of the home are free from clutter. There is a scheduled maintenance and cleaning program and residents and relatives commented on the cleanliness of the home. Staff are aware of the privacy and mobility requirements of residents within the home environment.

#### **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 are active in providing a safe working environment that meets regulatory requirements. Preventive measures such as compulsory education, risk assessments, a no lift policy and providing suitable equipment and protective clothing supports the home in maintaining a safe workplace. A hazard system is in place and staff and residents actively participate in the identification of hazards. Falls and manual handling injuries are benchmarked against other facilities and all incidents are analysed for trends. An environmental walk through of the whole home occurs quarterly with environmental maintenance issues and hazards identified. Occupational health and safety matters and collated incident information is discussed at all meetings. Staff confirmed they are trained to recognise and report hazards or incidents.

#### **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 has effective systems in place for preventing, detecting and acting upon fire, security and emergency risk. Fire orders, an emergency evacuation kit and emergency procedures are located at a central point in the home and emergency exits are clearly marked with clear access and egress. Fire detection and fire fighting equipment is regularly tested and maintained by specialist contractors, and all electrical appliances have been tagged and tested. Orientation education on fire and emergencies for staff is supported by annual mandatory education on fire and emergency procedures and essential services audits are conducted. The home has visitor and contractor sign-in books and all staff are issued with photographic identification badges which detail emergency colour codes and responses. All

external doors and gates are key-padded and linked to the fire panel. The home is secured in the early evening and a security company monitors external doors regularly overnight. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff are aware of their responsibilities in the case of fire or other emergencies.

#### **4.7 Infection control**

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

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

Does comply

Management demonstrated they have effective infection control policies and procedures in place that are readily available for staff. The home is proactive in its approach to infection with kits for influenza and gastro outbreaks and the kitchen have developed a three day diet plan if residents should develop gastroenteritis. Staff state they have initial and ongoing training in infection control and flu vaccines are offered to all residents and staff. Documentation reviewed confirmed that infection data is collected, discussed and benchmarked with similar organisations. The team observed notices at the entrance and in staff areas describing influenza outbreak information.

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

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

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

Does comply

The home has effective systems in place to provide and monitor hospitality services. Resident meal preferences and requirements are communicated via the home's electronic system. The kitchen uses a colour coding system to ensure residents receive the correct meals. Cleaning is provided by an external contractor, completed according to a schedule and regularly audited. Laundry services are available onsite. Staff receive education in safe chemical handling and are aware of resident's privacy and dignity needs when delivering laundry to residents' rooms. The home conducts an annual survey of hospitality services and it is regular agenda item at resident and relatives meetings. Residents and relatives commented on the cleanliness of the home, they were happy with the laundry services and very complementary about food services. The team observed the home was clean and free of clutter.