



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Helping Hand - Jubilee House**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Helping Hand - Jubilee House in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Helping Hand - Jubilee House is three years until 23 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 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:	Helping Hand - Jubilee House		
RACS ID:	6119		
Number of beds:	51	Number of high care residents:	39
Special needs group catered for:	<ul style="list-style-type: none"> <li>• People with dementia or related disorders</li> <li>• People with culturally and linguistically diverse backgrounds</li> </ul>		
Street:	437 Salisbury Highway		
City:	PARAFIELD GARDENS	State:	SA
		Postcode:	5107
Phone:	08 8258 2199	Facsimile:	08 8283 0591
Email address:	semerson@helpinghand.org.au		

### Approved provider

Approved provider:	Helping Hand Aged Care Incorporated
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### Assessment team

Team leader:	Jane Anderson
Team members:	Jo Langham
Dates of audit:	20 April 2009 to 22 April 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<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
<b>Standard 2: Health and personal care</b>	
<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
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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
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<b>Agency findings</b>
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### 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	Helping Hand - Jubilee House
RACS ID	6119

### **Executive summary**

This is the report of a site audit of Helping Hand - Jubilee House 6119 437 Salisbury Highway PARAFIELD GARDENS SA from 20 April 2009 to 22 April 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 Helping Hand - Jubilee House.

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 20 April 2009 to 22 April 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:	Jane Anderson
Team member:	Jo Langham

## Approved provider details

Approved provider:	Helping Hand Aged Care Incorporated
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## Details of home

Name of home:	Helping Hand - Jubilee House
RACS ID:	6119

Total number of allocated places:	51
Number of residents during site audit:	50
Number of high care residents during site audit:	39
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street:	437 Salisbury Highway	State:	SA
City/Town:	PARAFIELD GARDENS	Postcode:	5107
Phone number:	08 8258 2199	Facsimile:	08 8283 0591
E-mail address:	semerson@helpinghand.org.au		

### Assessment team's recommendation regarding accreditation

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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
Clinical manager	1	Residents/representatives	5
Care services manager Metropolitan division	1	Hotel services manager	1
Director care governance		Food services team leader	1
Clinical nurse	2	Hotel services team leader	1
Supporting clinical nurse	1	Hotel services staff	3
Registered nurses	1	Physiotherapist	1
Enrolled nurse	1	Occupational therapist	1
Care staff	2	Pharmacist	1
Administration assistant	2	Learning and development consultant	1
Continence nurse	1	Nurse educator	1
Project officer / enrolled nurse /manual handling trainer	1	Building services coordinator	1
Lifestyle staff	2	<i>Research development</i>	1
Quality manager	1	External services provider	1
Safety and wellness coordinator	1	Manager corporate services	1

### Sampled documents

	Number		Number
Residents' files	5	Medication charts	6
Summary/quick reference care plans	5	Personnel files	10
Lifestyle plans, assessments and reviews	30		

## **Other documents reviewed**

The team also reviewed:

- Policy and procedure manuals and Intranet sources, vision, mission and objectives, organisational strategic plan, charter of rights and responsibilities, organisational brochures and plans
- Action forms, plan for continuous improvement, complaint summary logs, action form summaries, comments and complaints data and log, various audits and survey results, incident data, graphical representations, trending and analysis, clinical indicator information and graphs
- Legislation information, organisational emails, procedures, Intranet information and resources, memoranda information staff about legislative information and staff practice
- Individual staff education records, continuing professional development program, training calendars, self-directed learning package, temporary and permanent staff induction packages and checklists, attendance lists, evaluation sheets, draft performance, individual certificates, development program
- Resident information handbook, resident welcome package and surveys
- Staff handbook, job descriptions, rosters, leave forms, allocation sheets, performance reviews, disciplinary information, contracts
- Meeting minutes, communication books, handover sheets, diary, memoranda folders, staff education lists
- Equipment inventory list including tested and tagged equipment, purchasing requests, invoices, equipment trial forms, safe operating procedures, material safety data sheets, hazard reports with risk assessments, staff incident data
- Care procedure manual, care plan update alerts, thicken up procedure, 'nursing bulletin', visual check monitoring, vital signs and weighs, fluid balance charts, treatment charts/exercise checklists, doctors communication folder, oral health assessment tool, colostomy care instructions, wound documentation with photographic evidence, bowel management programs
- Nurse initiated medication lists, medication management reports
- Lifestyle information and folders, volunteer information, participation sheets, activity evaluation sheets, newsletters, church lists, birthday lists, referral forms
- Menus, menu cards, recall information emails, inventory credit information, food safety management plan, audit results, daily meal list, diet change sheets, colour coded meal cards, daily work plans, temperature monitoring records, approved supplier list, certificates of registration and accreditation, probe thermometer calibration record, dietitian/nutrition report, flyers of special events, cleaning schedules
- Area cleaning schedules, full room clean schedule, resident laundry information sheet, missing clothing form, cleaning duty lists
- Fire triennial information, action plan to answer fire review priority recommendations.

## **Observations**

The team observed the following:

- Internal and external living environments, including courtyard, lounge, dining areas, library, computers for resident use, activity and therapy room with dentist chair, exercise equipment
- Group and individual activities in progress including concert, painting group and coffee and chat group
- Equipment and supply storage areas
- Interactions between staff, residents, representatives and volunteers
- Storage of medications, medication administration, alerts flags and stickers, denture care kits, clinical equipment
- Equipment and supply storage areas, clinical and wound supplies, labelled slings

- Laundry, labelling machine, automatic chemical dispensers, colour coded skips, dissolvable laundry bags, ironing of resident clothing
- Cleaning in progress using colour coded equipment, storage areas
- Meal preparation, service, morning and afternoon tea being distributed and served, residents receiving assistance eating their meals
- New television and sound systems
- Outbreak kit, infection kits, chemical spill kit
- Comment and complaint information on display, information brochures in varying languages, suggestion boxes
- Camera and intercom system, key pads
- Fire indicator panel, fire suppression and indicator equipment, fire equipment notices, emergency phones, area maps and emergency procedure information, colour coded emergency codes and procedures, whiteboard warden information, resident mobility lists
- Resident noticeboards with comment and complaint and rights and responsibilities information, resident activity photographs, meeting minutes
- Nursing station with policy and procedure information, memoranda and notices to remind staff about appropriate procedures and meeting reminders
- Staff room with information on noticeboards with meeting minutes, occupational health and safety information.

## **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

Helping Hand Aged Care’s continuous improvement framework is driven by its mission, philosophy and strategic plan. Residents, their representatives, staff and other stakeholders are encouraged to identify opportunities for continuous improvement by using meeting forums, case conferences and the comment and complaint system. Other opportunities for improvement are identified from incident and hazard data, audits, survey information, verbal feedback and action forms available for staff use. The care manager is responsible for logging the home’s improvement activities and monitoring progress using a range of tools, including feedback forms, meeting forums and verbal feedback. The plan for continuous improvement, action summary form, complaints summary log, results of audits and surveys, incident and hazard data is regularly reported at the site specific Quality, Safety and Wellness Committee and other relevant meeting forums. Residents, their representatives and staff are aware of the home’s continuous improvement processes and are satisfied with the home’s responsiveness to their suggestions.

Improvement activities relating to management systems, staffing and organisational development in the last 12 months include:

- The home identified a need to better coordinate the sites induction program to ensure staff received the required information and training relevant to their roles in a timely fashion. A recently developed timetable outlines the process including the scheduled training and competency checks relevant to individual roles. An information pack has been developed for staff with resources to assist them when commencing employment. Staff feedback to date has been positive and the home is continuing to review this system for effectiveness, with plans to include students and volunteers.
- In response to an action form submitted by a staff member, the home conducted an audit relating to manual handling. As a result, the home identified a need for additional sling purchases. Various products were trialled and additional slings were purchased with allied health and resident input. The slings are numbered and labelled with the resident’s name, stored in their rooms for easy access. A register has been developed for monitoring the quantity and quality of these items. Although not formally evaluated, anecdotal feedback suggests this initiative is successful in reducing time locating slings for residents, improving comfort and safety for residents and reducing the risk of cross infection.

### **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

Corporate and site specific processes enable the home to identify, action and monitor compliance with legislation, regulations and guidelines. The home identifies changes through corporate officer responsibilities and information gathered from external associations, Internet sources, contractors and business groups. Information is disseminated to relevant staff, management, residents and representatives through a variety of mediums, including meetings, posters, payslip notices and training. Internal and external audits, surveys, observation and reviews monitor compliance with current legislation.

### **1.3 Education and staff development**

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

### **Team's recommendation**

Does comply

The organisation uses two levels of education and development to provide and monitor training for staff and management and to enable staff development. Corporate and site specific education initiatives supports staff through formal inductions, routine and mandatory training and development opportunities. Surveys, clinical information, complaint and suggestion mechanisms, resident care and lifestyle needs, staff requests and mandatory training assist the home to identify and monitor ongoing training needs. Training attendances are monitored through a central database and staff training evaluations generally provide information about training content and facilitators.

### **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 are satisfied with opportunities available to discuss issues of concern to them and believe their concerns are listened to and actioned where appropriate. Residents and representatives are informed of both internal and external comment and complaint mechanisms on admission. They are reminded of this process at resident meetings and information sessions are conducted periodically by the Aged Rights and Advocacy Service. Comment and complaint information on display in the home is available in various languages and suggestion boxes are available for confidential information. The home uses logs for documenting verbal feedback. Comment and complaint data is recorded and monitored every month to identify trends, corrective actions and opportunities for improvement, which is reported to the Quality, Safety and Wellness Committee. The care manager is responsible for managing the system and implementing the required actions, including providing feedback to complainants. Survey results are monitored to determine satisfaction with this process. Staff are familiar with complaint and advocacy mechanisms available to residents.

## 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 mission and vision, values, philosophy and commitment to quality in its strategic plan, quality improvement framework, policy manual and in resident information documents. The 'Concern, complaint or compliment' form contains the mission and objectives and promotes opportunities for improvement by understanding the individual needs and concerns of residents.

## 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

Formal recruitment and induction processes guide permanent and temporary staff in their roles and responsibilities. Standard rosters, which are used to guide and monitor the allocation of staff and supervisors, are reviewed through complaint and suggestion mechanisms, meetings, budget requirements, performance measures and individual conversations. Planned and unplanned leave replacements are designated to specific roles and residents' temporary additional care needs are managed through roster flexibility. For instance, extending shorter shifts or additional shifts for temporary periods. Performance monitoring and the education program identifies and provides staff and management with appropriate opportunities for training and development.

## 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

Established corporate and site procedures identify and monitor levels of goods and stock appropriate to meet the needs of staff and residents. Specific personnel have designated responsibility for ordering supplies, goods and equipment in line with organisational procedures. Storage of goods and equipment are appropriate and working instructions and material safety data sheets are available for staff use. Preventative and corrective maintenance processes generally monitor the safety and effectiveness of equipment. Audits, surveys, monthly maintenance summaries, trials of equipment and goods, incident and hazard reporting processes monitor the appropriateness of goods and equipment.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Resident, representatives and other stakeholders are provided information about the home and its services to assist in their decision making. Care information is identified, documented, evaluated and available for staff, to provide for the current needs of residents. Communication processes are consistently used and reviewed for effectiveness. Information and data is routinely collected, collated, actioned where required and reported to maintain appropriate services. Electronic information, which is backed up through corporate processes, is available for stakeholders and secured using authorised levels and passwords. Confidential information is secured, and the home follows corporate archiving and destruction processes.

## **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

Approved suppliers are offered service agreements and contracts, which include specific information about the expected level of service, organisational and legislative requirements and some specific performance measures. Induction processes, which include a contractor handbook, informs providers about the requirements of the organisation and the home. A preferred contractor and supplier list is accessible to staff through the organisation's Intranet and hard copies placed around the home. External provider performance is reviewed through corporate processes, internal and external audits and feedback mechanisms.

## **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 relating to health and personal care are identified through resident and staff feedback, analysis of individual resident health needs during care plan reviews and case conferences, audit results, surveys, analysis of incident data and comments and complaints. Staff are encouraged to log suggestions on action forms and feedback is provided verbally, on memos and at various staff and resident meeting forums. Residents, their representatives and staff are aware of the home's continuous improvement processes and are satisfied with the home's responsiveness to their suggestions.

Improvements relating to health and personal care implemented in the last 12 months include:

- The home in consultation with the dietitian recognised a need for improving its response to resident weight loss. A nutrition team including, the dietitian, nursing and food services representatives was developed to identify required strategies, such as implementing monthly weighs. Clinical pathways have been developed outlining consistent interventions for an identified loss of weight such as providing milkshakes and increased monitoring. Staff were provided with additional training, which is ongoing. The nutrition team meeting forum continues to monitor the effectiveness of this approach and to date the use of supplements has reduced due to the immediate response implemented.
- In response to an incident the care manager identified a need to improve the home's existing system for alerting staff to changes to resident care needs. A red care plan alert placed in the front of the care plan is used to clearly identify the revised care domain. Staff feedback relating to this improvement is positive.
- In response to information from a government study on the prevalence of pressure areas, the home conducted an audit of existing pressure related wounds to identify the effectiveness of existing strategies. In consultation with the occupational therapist existing equipment for relieving pressure was reviewed and additional items were purchased. Resources and training were provided to staff. Initially a reduction of pressure related wounds was noted with recent increases contributed to hospitalisation. Data collection and staff knowledge has since improved resulting in early detection.

### **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

Established processes alert management, staff and residents to changes in legislation, regulations and guidelines. Routine processes, such as monitoring levels of service, nursing registrations and renewing medical licenses are established. Meetings, electronic legislation files, daily handover processes, payroll notices and memoranda are used to inform staff about changes that impact on their roles and responsibilities. Staff practices are monitored through clinical indicators, feedback mechanisms and observation.

### **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 schedule is developed each year and added to as needs and opportunities are identified. For instance, enteral feeding updates, behaviour management and peritoneal dialysis. Training information and the education schedule are available in staff areas and mandatory monitoring of staff skills, such as nursing drug calculations, are conducted each year. Self-directed learning packages, such as maintaining skin integrity, which can be completed at their own pace, have been developed to guide staff about the required practices. Senior staff monitor staff practices through results of audits, feedback mechanisms, observation and management information. Staff are encouraged to participate in training sessions and further their own development through a new training ‘point’ system and corporate development processes.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents and their representatives are consulted in response to changing care needs and are satisfied with the clinical care provided by the home. An initial health assessment is conducted on entry to the home and an interim care plan is developed in consultation with the resident and their representatives. A schedule outlines the assessments to be conducted by registered nurses. This information is used to develop individualised care plans, which are reviewed every four months or when care needs change. Changes to care needs are identified by monitoring progress note documentation, care plan consultations, handover information and incident data. Incidents are trended and analysed to identify risks to residents and discussed at relevant meeting forums. The home has a process for advising staff of changes to care needs, including the use of the ‘nursing bulletin’ and care plan alerts. Ongoing consultation with relevant staff, residents and representatives during case conferences and the monitoring of audit, comment, and complaint information and survey responses, allows the home to provide care specific to individual requirements and monitor satisfaction with service delivery.

### **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 with the care provided to residents with specialised nursing care needs. Registered nurse support is available at all times and their responsibilities include managing, assessing and monitoring identified special care needs to allow for appropriate interventions and referral. Specialist nurses are available for consultation and advice relating to clinical assessment, education and continence care. Appropriately trained enrolled nurses perform some duties under the supervision of registered nurses, including medication administration, simple wound care and blood glucose monitoring. Staff are aware of the care they can administer according to their skill level. Additional training is provided for specialised nursing care and staff have access to the required equipment for providing this care. Resident satisfaction with care practices is determined through care plan review feedback, information from surveys and comments and complaints.

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

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied that referral to appropriate health specialists occurs in accordance with resident needs and preferences. The organisation employs its own physiotherapists, occupational therapists, podiatrists and social workers. The home has an area available for allied health consultations. Where possible, residents are supported to receive care from their preferred practitioners and alternatives service options are available if required. A range of allied health providers visit the home regularly to meet identified resident care needs, reducing the need for external appointments. Registered nurses are responsible for making referrals and coordinating appointments, including providing the required transfer documentation, updating and disseminating care information. Information from the 'outpatients' form, which is used for documenting the outcomes of appointments, is used for revising care plan information and medication regimes.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with staff practices relating to medication administration. Multi dose pharmacy packed medications, which are checked for accuracy by the home's auditing process, are administered by registered and enrolled nurses. 'As required' medications are administered in consultation with registered nurses and their use is monitored to identify changes to resident needs. Cognition and dexterity assessments are conducted and reviewed every four months by a registered nurse and the general practitioner for residents who wish to self-medicate. The pharmacist conducts medication reviews for each resident on admission, each year, and in response to an identified change in health. Incident data and routine audit

results are analysed and discussed at relevant meeting forums, including the Medical Advisory Committee, to monitor staff practices and identify opportunities for improvement. Staff are provided with training relating to medication and administration practices, and resources are available for additional information.

## **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 home's pain management techniques. Assessment processes implemented on entry to the home and in response to a change in pain status, includes physiotherapist consultation and when required occupational therapy review. Non-verbal indicators of pain are considered when determining pain status and for developing individualised care plans in consultation with residents and their representatives. Care plan documentation outlines the strategies and preferences for managing existing pain and preferred alternatives, including care interventions, exercise, heat packs, massage and individualised pressure relieving devices. A registered nurse is available at all times to monitor the effectiveness of pain management strategies, including the administration of drugs of dependency. The home responds to identified changes to pain by repeating pain assessments and initiating referrals for specialist intervention. Audit results, surveys, and comment and complaint data is monitored for resident satisfaction.

## **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 care and support provided to terminally ill residents. The home has a process for identifying and recording key information including emergency contacts, spiritual needs and preferences for comfort measures or hospital transfer. When required, care plans are modified and reviewed in consultation with the resident and their representatives, and relevant health care professionals to reflect residents' needs, rights, dignity and choices. This information is used to guide staff in providing care based on individual wishes and preferences. Family members are consulted and supported to assist with care provision if safe to do so. A single room is available for use and family and friends are able to stay overnight if they wish to. Ongoing consultation with the resident and representatives allows the home to implement additional interventions for specialised care and meeting residents' comfort needs. Palliative care equipment is available for use and interested staff have received training in palliation.

## **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 generally satisfied with the quality and quantity of food and fluids provided. Residents' cultural and religious preferences, dietary requirements and allergies are identified as part of the home's entry process. The home's monitoring processes are used for identifying changes to resident swallowing capabilities and loss of appetite, allowing for food modification, additional assessments and/or referral. The home has implemented a multidisciplinary nutrition team meeting process to identify opportunities for improvement and monitoring the effectiveness of interventions, including significant weight changes. Where indicated, referrals are made for speech pathology and dietitian review. Resident independence and choice is encouraged by supplying assistive devices, freely available snacks and identifying preferred locations for dining including their rooms. Residents are encouraged to maintain hydration levels with ready access to a variety of fluids in their rooms and regular fluid rounds with thickened fluid kits available for staff use. Resident input into the menu is encouraged through resident meetings, food focus group, survey data and formal and informal feedback mechanisms.

#### **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 skin care provided by the home. The home's assessment and review process is used for identifying risk factors and developing care plans for maintaining skin integrity based on resident preferences and care needs. The impact of mobility, strength, cognition, continence and nutrition are considered when determining strategies for residents, including the use of protective and pressure relieving devices. Referrals are made to allied health services, including podiatry, physiotherapy and occupational therapy when required. Incident data, handover and progress note information is monitored to identify changes to skin integrity. Registered nurses are responsible for developing and monitoring complex wound management strategies aided by the use of photographic evidence, to monitor healing rates. Appropriately trained enrolled nurses perform wound care under registered nurse supervision, with resources available to guide work practices.

#### **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 management of their continence needs. The information from assessments conducted on entry to the home in consultation with residents and their representatives, is used for developing care plans. These outline individual preferences and strategies for promoting resident continence. Dietary needs and hydration levels are considered when managing residents' continence with high fibre diets and increased fluid intake ordered for residents when required. A bowel

management plan is used by registered nurses for assessing and monitoring the use of aperients. Infection data is monitored to identify residents at risk of urinary tract infections with regular urinalysis implemented for residents identified at risk. The continence advisor visits the site weekly to support staff and provide individual advice and education.

### **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 representatives are satisfied with the home’s management of behaviours. The home’s assessment process, includes identifying possible underlying causes and suggested strategies for managing identified behaviours. Based on this information care plans are developed incorporating lifestyle activities to guide work practices. Resident and staff incidents are analysed to identify changes to behaviour, the effectiveness of strategies and possible environmental concerns. Progress note documentation and handover information provides additional information to identify changes in behaviour, which may result in reassessment and referrals to external providers.

### **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 representatives are satisfied with the assistance provided by the home to maintain or improve their mobility and dexterity. A registered nurse and physiotherapist assessment is conducted on entry to the home to identify specific goals, interventions and manual handling requirements. Scheduled reviews and consultations are initiated for changing care needs. If required, an occupational therapist employed by the organisation is available for additional assessments. These include developing interventions to maintain range of movement, monitoring the suitability of aids, such as scooters and walking aids and recommending equipment use. A podiatrist reviews all residents. Pictorial exercise programs, which are developed in response to these consultations, are completed by care staff and physiotherapy aides to provide individualised therapy as directed. Lifestyle activities provide additional options for residents to participate in a range of exercise programs. The home analyses incident data and reports identified trends to relevant meeting forums, including a multidisciplinary team that coordinates responses for residents with identified changes to their care needs. The home provides a range of equipment and training to minimise the use of restraint and reduce the risk of injury to residents.

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

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

#### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the oral and dental care provided by the home. The admission process includes an assessment for identifying residents' oral care needs, preferences for maintaining dental hygiene, preferred specialist and where possible last known appointment. Dental and hygienist consultations occur regularly at the home and residents are supported to attend their preferred specialist externally when required. Care plans outline the staff assistance required to maintain dental, and oral health and continue with residents' preferred care practices. The home is currently involved in the 'Better Oral Health in Aged Care' project due for completion in November 2009, trialing the implementation of the oral health tool kit.

## **2.16 Sensory loss**

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

### **Team's recommendation**

Does comply

Residents and representatives are generally satisfied with the home's management of their sensory needs. The entry process includes assessments for identifying residents' sensory needs, including sight, hearing, touch, taste and smell. This information is used for developing care plans that outline resident care needs, preferences, maintenance of aids and strategies to enhance communication. Where possible the resident's preferred specialist and last known appointment is identified. The home uses its monitoring processes for identifying changes to residents' sensory needs, making appropriate referrals when indicated. Aids to promote independence are available for resident use. Lifestyle activities, which are available for enhancing sensory stimulation and supported by staff and volunteers, include music, cooking and hand massages. The home considers the impact of the environment on quality of life for residents with sensory loss by providing appropriate lighting, temperature control and eliminating odours.

## **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 how the home supports them to achieve a natural sleep. Resident preferences to achieve natural sleep patterns are identified and monitored for effectiveness, with the home implementing additional assessments in response to identified sleep disturbances. The home investigates a range of possible factors impacting on sleep, including changes to pain levels, continence, environmental and comfort issues. Staff will support residents experiencing sleep disturbances by implementing individualised strategies, providing emotional support, warm drinks, snacks and/or relocating to an alternative area. Referrals are made to allied health specialists, including general practitioner intervention to reduce sedation use where possible.

### **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 encourages residents to be actively involved in identifying opportunities for improvement relating to their lifestyle. Information from resident and staff meeting forums, individual and regular program reviews, case conferences, comments, complaints and survey data are monitored to identify opportunities for improvement and monitor satisfaction with the initiatives implemented. The existing framework for continuous improvement is used by the home for identifying, monitoring and evaluating the benefits of the initiatives identified. Residents and staff are aware of the continuous improvement program and feel their suggestions are acted upon by the home.

Improvement activities relating to resident lifestyle in the last 12 months include:

- Monitoring of activity attendances identified participation rates for church services was decreasing. It was identified lifestyle activities planned or conducted at the same time was impacting on these attendance rates. The weekly calendar was reviewed to include church services, resulting in an increase in attendance. As a result volunteers were available to assist residents to attend these services.
- In response to resident feedback a ‘coffee/chat and more group’ was commenced. Initially the group met once a week to reminisce, listen to music, poetry or participate in quizzes. Due to the popularity of this program it has been extended and is now held twice a week.
- Lifestyle staff identified a need to increase recreational options for male residents. In discussion with residents a group of men interested in playing eight ball was identified. The appropriate equipment purchases were made and the event scheduled for once a week has resulted in consistent attendance rates. Feedback from residents relating to this activity is positive.

#### **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

Corporate and site specific processes identify, action and disseminate legislation, regulation and guideline information to relevant management and staff. Routine communication processes inform management of changes in legislation and how this impacts on the home’s care and service delivery. Policy documents are reviewed regularly by corporate officers and routine audits monitor that processes are followed. Notices, memoranda and meetings inform staff of policy review and how changes may impact on their

roles and responsibilities. Intranet and hard copy legislation and regulations are provided by the organisation.

### **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

Lifestyle staff have health and lifestyle training and aged care experience, and the home promotes lifestyle training for all other staff. This includes simplifying dementia, cultural competency, advocacy information and elder abuse to assist in the care and well being of residents. Staff practices are monitored through feedback mechanisms, survey results and observation. Lifestyle staff assist volunteers and the home is now providing a formal training program to increase their skills and knowledge.

### **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 representatives are satisfied they receive support in adjusting to their new environment and on an ongoing basis. An orientation process, which includes a tour, documents for future referral, invitations to attend various activities and a post entry interview, provide support for life in the home. Lifestyle and care assessments and review processes generally identify individual resident's emotional needs, which are documented and disseminated where appropriate. Internal and external support processes develop strategies to meet these needs. Surveys, complaint and suggestion mechanisms and individual conversations provide information to the home about the effectiveness of the emotional support strategies.

### **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 representatives are satisfied their individual needs, preferences and habits are identified and supported on an ongoing basis. Assessments, review and observation processes are used to identify individual needs and preferences of residents. Specific strategies are developed and documented by senior staff to maintain or commence preferred individual activities. Equipment such as eating, mobility, communication and sensory aids are provided to support residents' needs.

### **3.6 Privacy and dignity**

*This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".*

### **Team's recommendation**

Does comply

Residents and representatives are satisfied their privacy, dignity and confidentiality needs are recognised and respected. Information about confidentiality and privacy are provided to residents and representatives on entry to the home and on an ongoing basis. The home promotes resident privacy and dignity through orientation and training processes. Established staff practices to promote privacy and dignity are monitored by senior staff. Activities are generally designed to promote independence and minimise dignity issues in groups and with individuals.

### **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 representatives are generally satisfied their individual activities and interests are identified and provided through a range of activities. Care and lifestyle assessments, review processes, meetings and individual conversations generally identify residents' individual interests and provide feedback about the activity program. An activity program is developed based on long term activities of interest, for example concerts and other activities, which are added either for trial or as ongoing activities. A large volunteer team assist lifestyle staff with facilitating activities and providing individual visits with residents. Information about residents' interests, preferences and habits are provided for staff and volunteers in care plans, lifestyle plans and general information and activity preference lists.

### **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 representatives are satisfied their individual customs, habits and cultural backgrounds are identified and fostered. Information about culture, social and working backgrounds and communication needs are identified during assessments, reviews and discussions with individual residents and their family members. Various religious services and gatherings are scheduled and sourced where needed, and included into the activity program. Individual visits with ministers, priests, pastoral visitors and other religious and spiritual groups are arranged by the home based on an identified need or where requested by residents, or where needs are identified. The activity program facilitates a variety of cultural activities, including barbecues, concerts, movies, specific cultural cooking and gardening.

### **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 representatives are satisfied they are supported to exercise choice and control of their lifestyles. Information about residents' individual needs, preferences and choices are identified when residents enter the home and on an ongoing basis. Residents' choices and preferences are documented on a range of information to assist staff to provide residents with appropriate choices and facilitate their decision making. Routine reviews, consultation with residents and representatives, observation and feedback mechanisms provide the home with various methods to promote residents' 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

Residents and representatives are satisfied their security of tenure is secure and generally understand their rights and responsibilities. Information about the home and the services they provide is given to residents and representatives before residents enter the home, at entry and on an ongoing basis. The agreement and resident handbook provide information about comment, complaint, and suggestion mechanisms, residents' rights and responsibilities, levels of service, security of tenure and fees and charges. A consultation process is used to initiate residents' movement to alternative accommodation within the home, a co-located home or another facility following a resident request or changes to care needs.

## **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

Opportunities for improvement relating to Accreditation Standard Four are identified by the home’s monitoring processes that include information from surveys and meeting forums, internal and external audits and the analysis of hazard, incident and infection data. Corrective actions identified from internal and external monitoring processes, including inspections and/or audits are incorporated into the home’s continuous improvement system to ensure all issues are rectified. Opportunities for improvement are monitored by the home and feedback is provided to staff by memorandums and through staff and resident meeting forums. Residents and staff feel their suggestions are listened to and acted upon and are satisfied that the home actively pursues continuous improvement

Improvements relating to the physical environment and safe systems in the last 12 months include:

- The home conducted an audit to identify those residents requiring restraint. Training was provided to staff, residents and their representatives and the home reassessed the restraint use for residents to identify alternative strategies. As a result, nine residents no longer require any form of restraint.
- The care manager reviewed the atmosphere and running of the ‘garden cafe’. The area was refurbished and a food services staff member employed on a fulltime basis to manage the running of the cafe and prepare the food. The cafe provides an additional social outlet for residents and the takings have significantly increased.
- The data collection tool for logging infections was reviewed to include information relating to both new and ongoing infections, including pathology results. This information enables the care manager to analyse the time taken for infections to be resolved and record the identified cause. The care manager identified that more detailed information has assisted to clearly identifying trends, allowing for appropriate corrective actions.

### **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

Established processes identify changes to legislation, notify management and staff and confirm changes are implemented. Management monitor occupational health and safety and infection control outcomes and provide assistance and direction where appropriate. Processes to monitor food and equipment recall and infection control procedures are in place. Routine audits, incident and hazard reporting monitor environmental conditions.

External authorities monitor compliance with fire and emergency procedures and food safety and have been used to identify security issues. Meetings, the education program and observation monitor and maintain staff knowledge.

#### **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

Established processes identify, plan and monitor staff education and training based on legislative requirements, staff needs and requests and residents' care needs. Mandatory training for all staff and specific designations, includes manual handling, food safety and fire and emergency processes. Attendances are monitored and training feedback is used to identify opportunities for improvement. Internal and external audits, surveys, questionnaires, incident and hazard reports, resident feedback and observation are used to monitor staff practices and identify areas for improvement.

#### **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 system to actively provide a safe and comfortable environment consistent with residents' care needs. A system of scheduled and corrective maintenance, safety audits, hazard and incident reporting, monitor current needs and legislative requirements. Residents provide feedback about the internal and external living environment through surveys, meetings, comment and suggestion mechanisms and individual conversations. The home provides safety guidelines, cleaning protocols, routine training and monitor the comfort and safety of the environment. Safety equipment and processes are in place to maintain resident safety and ongoing reviews monitor the safety and comfort needs of residents.

#### **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

Helping Hand Aged Care has a safety & wellness strategic plan that outlines the objectives of its occupational health and safety program and corporate procedures provide direction to guide staff work practices. A safety and wellness consultant provides advice and assistance to the home. The Quality, Safety and Wellness Committee is responsible for identifying, planning, implementing and monitoring occupational health and safety issues. This includes analysing incident and hazard data, audits results and responding to information from feedback mechanisms. Representatives from the site attend and report to the organisational Safety and Wellness Committee allowing for corporate responses for identified trends. The home's monitoring processes

are used for identifying strategies and the required equipment purchases to reduce the risk of injury to staff and residents. Staff are provided with the required training, including manual handling with a train the trainer program increasing the number of trainers from one to seven working across all rosters to monitor staff work practices. Staff can demonstrate they observe safe practices and have input into the home's occupational health and safety system.

#### **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 safe process of work that minimise fire, security and emergency risks.

Policy and procedure documents guide staff for fire safety and emergency evacuation and safety routines. Mandatory fire and emergency training is conducted each year and designated fire wardens attend specific training sessions. Staff are aware of their roles and responsibilities in emergency and security situations and emergency information and plans are provided around the home, including residents' rooms. The call bell system is currently being upgraded and revised communication processes now enable staff to effectively identify resident and staff needs throughout the home. Key pads, after hours routines, camera and intercom monitoring are used to assist staff provide a safe environment.

#### **4.7 Infection control**

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

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

Does comply

The care manager is responsible for the monitoring of infections throughout the home. Data on infections is collected, logged and analysed every month to identify trends and training needs. The information is acted on in consultation with the clinical nurses and reported to the Quality, Safety and Wellness Committee and other relevant meeting forums. Preventatives strategies implemented by the home include an influenza immunization program available to residents, staff and volunteers, environmental temperature monitoring and audits. Staff receive training relevant to their roles as part of the induction process, each year and in response to identified trends. Resources, policies and procedures including an organisational pandemic plan are available to guide staff work practices. 'Outbreak' and 'infection kits' are available for staff use. Staff practice standard precautions using the protective equipment and hand-washing facilities available to them. Staff are satisfied with the quality and quantity of the equipment supplied by the home.

#### **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 hotel services manager responsible for coordinating services for three of the northern sites is supported by the team leader food services and the team leader of housekeeping. A qualified chef prepares fresh meals on site guided by a five week rotating menu. Snacks are available and special events catered for. The housekeeping team leader meets with new residents to discuss meal preferences and the registered nurse is responsible for assessing special dietary requirements and advising the kitchen of changes to preferences or needs. A dietitian reviews the menu annually and visits the site every month to discuss resident issues. The home has a food safety plan and a recent audit has been conducted. Hotel services are responsible for the cleaning of the home and laundering of residents' personal items of clothing. An external contractor is used for laundering and supplying linen. Additional hours allocated to the laundry allows for the ironing of clothing that is returned to residents in a timely fashion. Cleaning schedules outline the required tasks with maintenance responsible for larger cleaning duties Hospitality services provided in accordance to legislative and infection control guidelines are regularly audited to monitor for compliance. Staff receive training relevant to their roles and have the required equipment and supplies for completing their tasks. Resident feedback is monitored from information provided at the resident meetings and 'food services' focus group, feedback mechanisms and survey data. A hotel services representative attends meetings to provide feedback to any concerns or suggestions made.