



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Helping Hand - Mawson Lakes**

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

The Agency has decided that the period of accreditation of Helping Hand - Mawson Lakes is three years until 28 May 2013.

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 - Mawson Lakes				
RACS ID:	6207				
Number of beds:	85	Number of high care residents:	75		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• People with dementia or other related disorders</li> <li>• People from culturally and linguistically diverse backgrounds</li> </ul>				
Street:	2 The Strand				
City:	MAWSON LAKES	State:	SA	Postcode:	5095
Phone:	08 8360 2500		Facsimile:	08 8360 2555	
Email address:	semerson@helpinghand.org.au				

### Approved provider

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

Team leader:	Kimberley Moss
Team member:	Karen Lesuey
Dates of audit:	15 March 2010 to 16 March 2010

<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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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	Helping Hand - Mawson Lakes
RACS ID	6207

## **Executive summary**

This is the report of a site audit of Helping Hand - Mawson Lakes 6207 2 The Strand MAWSON LAKES SA from 15 March 2010 to 16 March 2010 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 - Mawson Lakes.

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 15 March 2010 to 16 March 2010

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:	Kimberley Moss
Team member:	Karen Lesuey

## Approved provider details

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

Name of home:	Helping Hand - Mawson Lakes
RACS ID:	6207

Total number of allocated places:	85
Number of residents during site audit:	83
Number of high care residents during site audit:	75
Special needs catered for:	People with dementia or other related disorders People from culturally and linguistically diverse backgrounds

Street:	2 The Strand	State:	SA
City/Town:	MAWSON LAKES	Postcode:	5095
Phone number:	08 8360 2500	Facsimile:	08 8360 2555
E-mail address:	<a href="mailto:caldridge@helpinghand.org.au">caldridge@helpinghand.org.au</a>		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Helping Hand - Mawson Lakes.

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

### Assessment team's recommendations regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
Care manager	1	Residents/representatives	9
General manager - metro division	1	Admissions manager	1
Care services manager – metro division	1	Lifestyle coordinator	2
Building services manager	1	Hotel services manager	1
Business manager - metro division	1	Hotel services team leader	1
Corporate safety and wellness coordinator	1	Hotel services staff	1
Quality manager	1	Manager property services	1
Clinical nurses	2	Catering team leader	1
Enrolled nurses	1	Maintenance officer	1
Care staff	2	Senior administrator	1

#### Sampled documents

	Number		Number
Residents' files including various assessment tools, risk assessments and progress notes	7	Medication charts	6
Resident care plans	7	Personnel files	3
Resident lifestyle history profiles and lifestyle care plans	9		

## Other documents reviewed

The team also reviewed:

- Action forms
- Activity attendance records
- Activity care plan review schedule
- Admissions satisfaction survey
- After hours maintenance manual
- Agency staff orientation checklists
- Application for capital works funding
- Approved contractors list
- Asset & property management plan 2010 – 2013
- Care review tool
- Cleaning schedules
- Concerns, complaints and compliments forms and summaries 2009, 2010
- Continuous improvement framework flow chart
- Contractors handbook and induction information
- Drugs of dependence register
- Emergency response manual
- Employee orientation and induction checklist
- Employee/volunteer consent forms for influenza vaccination
- Employment agreements
- Equipment checklist folder
- Food and fluid intake charts
- Food safety management plan
- Guidelines for shifts
- Handover sheets
- Hazard reports
- Immunisation records
- Infection record evaluations
- Job and person specifications
- Job descriptions
- Legislative changes log
- Maintenance request sheets and reports
- Medical officers' communication folder
- Medication record evaluations
- Menu and snacks folder
- Ministers specification folder
- Mission statement
- Material safety data sheets
- Notification of resident diet change forms
- Nursing registrations
- Observation checklists for aseptic techniques
- Occupational health, safety and welfare and injury management strategic plan 2006 - 2009
- One-to-one resident visits schedule
- Organisational aims and philosophy
- Organisational chart
- Performance appraisal records
- Photos of activities
- Plan for continuous improvement
- Police check procedure
- Preventive, corrective and asset register information
- Product recall procedure

- Quality, Safety and Wellness Committee terms of reference, agendas and minutes
- Recruitment policies and procedures
- Resident dietary needs profile
- Resident incident logs
- Resident incident reports
- Resident medication profile
- Resident newsletter
- Resident weigh records
- Residents and nominated representatives satisfaction survey report 2009
- Residents' information handbook
- Residents' information package and surveys
- Rosters
- Safety & wellness strategic plan 2006 – 2009
- Signature register
- Specialised nursing procedure folder
- Spiritual and cultural information folder
- Staff handbook
- Staff induction packs
- Strategic plan
- Temperature checking records
- Testing and tagging records
- Therapy daily record sheets
- Training plans and attendance sheets
- Triennial certificate
- Various audits and surveys
- Various policies and procedures
- Various reports and graphs
- Volunteers information folder
- Worksite inspection reports
- Wound record evaluations.

## **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 Mawson Lakes has a continuous improvement process in place to monitor compliance with the Accreditation Standards and identify opportunities to improve. The home uses corporate and site specific audit schedules to monitor compliance. Staff record their suggestions on action forms and these are monitored through the Quality, Safety and Wellness Committee which meets once a month. The Quality, Safety and Wellness Committee also monitors accident and incident data, audit results, comments and complaints, training and policy and procedure reviews. Improvements are evaluated for effectiveness through feedback gathered from meetings and surveys, audit results and incident data analysis. Residents, representatives and staff understand and use the home’s continuous improvement system and confirm their satisfaction with the responsiveness of management to suggestions.

The home demonstrated results of improvements in relation to management systems, staffing and organisational development including:

- A two year project was implemented in 2007 with the aim of reducing the amount of agency staff used at the home. Vacant shifts were identified at this time as being at 630 hours per fortnight. Various improvements, including a recruitment drive, have resulted in the home currently having 30.5 hours of vacant shifts per fortnight that are filled by agency staff. The project has now evolved, management are currently focussing on staffing skill mixes with the intention of maximising the skills of the registered nursing staff. The most recent improvement is the creation of a new position of ward clerk implemented in January 2010 to free registered nursing hours to focus on clinical care. The registered nurse delegates any non-nursing tasks, such as making appointments, arranging transport for residents, answering incoming phone calls and filing of resident notes to the ward clerk. This improvement has not been formally evaluated to date, however, the care manager reports that feedback from registered nurses has been positive.
- A corporate project was developed to implement a consistent approach across the sites for collection and reporting of statistical data. New corporate systems have been implemented so that all sites are recording and capturing the same incident data and all resident incident forms including wounds, infections, and medication incident forms have been reviewed to streamline this process. The organisation now plans on benchmarking incident data across sites to identify organisational improvement opportunities or site specific trends.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements and professional standards and guidelines. The organisation maintains links to industry associations and legal services. Any changes are logged corporately and then disseminated to department managers as appropriate. Compliance is monitored through internal and external audit processes. The organisation has processes to meet the requirements of police clearances for all staff, volunteers and contractors. Residents and representatives were made aware of the site audit through the resident meetings, newsletters and signage on noticeboards. Management and staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, memoranda and policies.

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

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

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

Does comply

The home has processes to monitor that staff have the appropriate knowledge and skills to perform their roles. Corporate recruitment and employment processes screen employees to ensure they meet the job requirements. There is a corporate and site specific orientation process for permanent and temporary staff. A corporate training plan includes mandatory training for all staff and the site specific training plan is created to cater to the needs of staff on site which are identified through performance appraisals, observation and supervision. Education provided to staff in relation to Accreditation Standard One in the last twelve months includes documentation and continuous improvement. Staff are satisfied with the effectiveness of the training provided and the opportunities available to them to enhance their skills.

### **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 feel their concerns are listened to and actioned where appropriate. Residents and representatives are informed of both internal and external comment and complaint mechanisms through the resident handbook and resident agreement. Residents and representatives understand and use the home's internal and external comment and complaint processes, including concerns, complaints and compliment forms, suggestion boxes, resident meetings and individual discussions with staff, management or volunteers. There are processes for analysing comments and complaints received each month to identify any trends or improvement opportunities. Information about external complaints processes and advocacy support mechanisms is available in the home. 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

Helping Hand Aged Care has a documented vision, philosophy, objectives and commitment to quality throughout the organisation. This information is provided to all staff through the corporate induction program and to residents through the resident handbook. The information is also displayed around the facility.

## 1.6 Human resource management

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

### **Team's recommendation**

Does comply

The organisation has processes for the recruitment and employment of sufficient and suitably qualified staff to meet the needs of the residents and the home. Relevant department heads take responsibility for the rosters for different areas of the home. Staff are supported to attend external education and courses with flexible rosters. There are processes to monitor ongoing staffing levels and skill mixes to meet the residents' needs, including change of shift requests and leave replacements. A registered nurse is rostered twenty four hours, seven days a week. Call bell response times are monitored and incident data is analysed to monitor staff responsiveness to resident needs. Residents and representatives are satisfied with the responsiveness of staff and adequacy of care.

## 1.7 Inventory and equipment

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

### **Team's recommendation**

Does comply

Internal and corporate processes maintain appropriate levels of goods and equipment. The home has preventative and routine maintenance schedules which are actioned by internal staff and external providers to maintain equipment. New systems are being developed and implemented to centralise purchasing and encourage sharing of information regarding goods and equipment trials. Residents and staff are involved in providing feedback regarding the environment and equipment as appropriate. Processes are in place to rotate and maintain appropriate levels of stock. Resident and staff feedback, incident and hazard reporting, workplace inspections, audits, surveys and quality and safety meetings assist in monitoring equipment and inventory. Staff are satisfied with the goods and equipment available to provide care and services. Residents and representatives are satisfied with levels and quality of goods and equipment provided by the home.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

Information systems are in place for all stakeholders to have access to current information on the processes and general activities and events of the home. Newsletters, meetings and minutes, agreements, information handbooks and noticeboards are used to inform residents of the home's processes on entry to the home and on an ongoing basis. Staff are made aware of relevant information through intranet access, memoranda, job descriptions, noticeboards, policies and procedures, meetings and minutes. Storage and archiving systems ensure that confidential material is stored securely and disposed of appropriately. Electronic information is password protected. Audits, comments, complaints and suggestion forms, incident statistics, surveys, and meetings are used by the home to gather information and monitor the effectiveness of systems. Staff are aware of how to access information relevant to their role. Residents confirm they have access to information about the home and are aware of the feedback 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

The home has processes for ensuring that externally sourced services are provided in a way that meets the home's needs and quality goals. An approved list of service contractors is available onsite. Corporate and site specific processes identify, contract and orientate suitable external providers according to set criteria, including police clearances and licensing. The home monitors contractor performance through specific performance records, inspections of work, complaints, internal and external audits, feedback and meetings. If concerns are identified, these are addressed in consultation with all stakeholders. Staff are comfortable to raise any concerns with management and are consulted where appropriate regarding services. Residents are satisfied with the external services provided at the home.

## 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

Helping Hand Mawson Lakes has a continuous improvement process in place to monitor compliance with the Accreditation Standard Two and identify opportunities to improve. The home uses the analysis of resident incident data, audits and surveys to monitor the effectiveness of the systems in place and to identify opportunities to improve residents' health and personal care. Incident data monitored includes resident falls, behaviours, skin integrity data and medication incidents. Residents, representatives and staff understand and use the home's continuous improvement system and confirm their satisfaction with the responsiveness of management to suggestions.

The home demonstrated results of improvements in relation to health and personal care including:

- Through performance appraisals and feedback from staff, a staff knowledge deficit was identified relating to wound care. Incident data analysis also identified a high incidence of skin tears. A wound management project commenced and actions included staff attendance at an external training session, the development and implementation of a self directed learning package for staff, a review of the wound forms used, the development of a new procedure, and the provision of a wound care training day for registered and enrolled nurses. An observation competency on aseptic techniques for enrolled nurses was also created and conducted as a part of the training day. Evaluation shows positive feedback and an increase in registered and enrolled nursing staff knowledge on managing wounds. The home can demonstrate a reduction from July 2009 where 80% of total wounds were skin tears to December 2009 where 27% of total wounds were skin tears and attributes this to the implementation of the self directed learning package for carers on skin care.
- Due to an increase of medication incidents a project was implemented to improve the knowledge and skills of staff administering medications. Investigation occurred through meetings with the nursing staff which included education on the potential impact of medication errors. Actions included educating carers not to interrupt nursing staff during medication rounds, the implementation of 'do not disturb' signage, and a review of the enrolled nurses' workload in the mornings. The new position of ward clerk is responsible for answering phones to reduce the amount of interruptions to staff administering medications. The home demonstrated a reduction of 35 medication incidents in January 2009 to four in February 2010. The evaluation also identified two further improvements that are now in progress. These are educating staff to record missing signatures as a medication error and liaising with the pharmacy about the confusion created for staff due to the use of generic medication brands.

## 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 to monitor and respond to relevant legislation, regulatory requirements, and professional standards and guidelines in relation to health and personal care. Nurses’ registrations are obtained prior to commencement at the home and there are processes to ensure these are updated annually. Processes assist the home to provide residents with the specified care and services as outlined in the *Quality of Care Principles 1997*. Management and staff are made aware of any relevant changes through various mechanisms including staff meetings, emails, memorandums and policies.

## 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 home has processes to monitor that staff have the appropriate knowledge and skills to perform their roles in relation to health and personal care. Registered and enrolled nurses who administer medications are required to successfully complete a drug calculation competency each year. Other competencies and training packages have been designed and implemented on site as a part of continuous improvement projects. Education provided to staff in relation to Accreditation Standard Two in the last twelve months includes medication management, wound dressings, complex wound management, continence, dysphasia, and pain management. Staff are satisfied with the effectiveness of the training provided and the opportunities available to them to enhance their skills. Residents and representatives are satisfied that staff have the skills to promote and achieve an optimum level of physical and mental health.

## 2.4 Clinical care

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

### Team’s recommendation

Does comply

Residents and representatives are satisfied that residents’ care needs are met. The home has policy, procedures and a system to assess, plan and review clinical care needs. Assessments, including risk assessment tools, are completed by registered nurses and provide initial and ongoing identification and planning of residents’ needs in consultation with residents and or their representatives. Residents are referred to specialist services in consultation with medical officers. Reviews of care needs occur regularly, additional assessments are undertaken as appropriate and reassessment of residents’ care needs occur as the result of changes in care needs. Multi disciplinary meetings occur monthly to encourage input from a variety of resources. Care needs are monitored through meetings, direct supervision, resident incident reporting, comments and complaints and audit and survey processes. Staff practices are

monitored through feedback, direct observation, clinical data and competency assessment. Organisation and site training schedules provide regular opportunities to maintain and develop knowledge and skills. Competency assessments and external training further assist care practices and development of increased knowledge and resources in the home.

## **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 that residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. The home has policy and procedures to support practice and meet the needs of residents. Specialised nursing care needs are assessed by registered nursing staff. Specialised care needs identified, managed and reviewed include; complex pain, feeding tube management, diabetic management and wound care. Review of care needs occur regularly, additional assessments are undertaken as appropriate and reassessment of residents’ care needs occur as the result of changes. Care needs are monitored through multi disciplinary meetings, direct supervision, resident incident reporting, comments and complaints, audit, and survey processes. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

## **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 they are referred to appropriate health specialists as the result of assessment of their care needs. All residents are referred to the physiotherapist on admission, all high care residents are referred to the podiatrist and low care residents following discussion with the resident and or their representative. The home demonstrated referral to services such as; occupational therapist, pain clinic review, speech pathologist, dietitian, dental and palliative care services. The home reviews and transfers information from specialist reviews into residents’ care plans. Care needs are monitored through multi disciplinary meetings, direct supervision, resident incident reporting, comments and complaints and audit and survey processes. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

## **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 that medications in the home are managed and administered safely and correctly. Assessments are conducted to identify individual medication requirements and care strategies are recorded on resident medication charts. While the home has systems for safe and correct management of strong pain medication, this is not always maintained. Medications are administered by registered and enrolled staff from pre packed medication dose aids. An imprest system supports the timely commencement of medications such as; antibiotic therapy. 'When necessary' medication administration is monitored in progress notes through the use of stickers which prompt staff to note an outcome for the resident. Medication monitoring systems include; checking of temperatures for refrigerated medications, medication chart checks, pharmacist and general practitioner reviews of medications, medication incident reporting systems and other audits and surveys. Staff drug calculation competency is checked annually. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

## **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 that comfort is maintained. The home has a system for assessment, planning and review of residents' pain. This includes an initial assessment and initiation of flow charts which identify both verbal and non verbal responses to pain. Consultation with the medical officer and referral to services such as the pain clinic assist in individual resident management plans. Care plans provides provide additional measures to assist in maintaining comfort, these are implemented and evaluated. Monitoring systems include multi disciplinary meetings, regular care review, progress notes, staff feedback, audits and surveys. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

## **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 that the palliative care wishes of residents' are respected. The home has systems to identify individual needs and preferences regarding end of life and these are revisited as appropriate. Family members are supported and encouraged to be present throughout the palliative care phase. The home demonstrated access to local palliative care services in managing residents' ongoing comfort. Pastoral care and other cultural, spiritual and counselling resources are available to meet residents' needs. Care needs are reviewed medically and from a nursing perspective. Comfort care is provided including repositioning, mouth care and pain management. The home uses a palliative care box which includes music, aromatherapy, lighting and equipment for mouth care. A tea trolley is set up for family and visitors to utilise. Satisfaction with care provided is monitored through feedback and auditing systems. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

## **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 prepared and served onsite. Residents’ needs and individual preferences are assessed on admission and updated as needs change. Information located in care plans, kitchenettes and the main kitchen provide consistent details regarding preferences, special diets, food and fluid textures, assistive devices and any dietary supplements residents require. A risk assessment tool is conducted to identify issues related to malnutrition with corresponding actions to direct care. Dietitian and speech pathologist referrals are initiated and recommendations implemented and evaluated through weigh records and care reviews. Further monitoring includes discussion at multi disciplinary meetings, audits and surveys. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

## **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 that residents’ skin maintenance and wound care needs are met. The home conducts an initial skin assessment including factors related pressure area risk. Care plans identify interventions to manage risk and maintain skin integrity such as; massage, use of moisturising creams, limb protection and elevation of limbs. The home also uses equipment such as pressure relieving mattresses, wheelchair foot plate protectors and heel protection boots. Registered nurses assess and manage wound care. Assessment incorporates review of pain needs and clear direction regarding treatment and review. Skin care is monitored through incident reporting data, regular reviews and internal audits. A wound care education package and competency assessments related to wound care techniques are a part of education opportunities for staff to maintain and update their knowledge and skills.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied that residents' continence needs are effectively managed. The home has a system to assess all residents on admission and to reassess if needs change. A continence nurse advisor is available to discuss and advise care. A range of continence products, scheduled toileting, medication interventions and food and fluid considerations are implemented to assist in reducing incontinence and supporting residents' continence and bowel care needs. Residents' urinary and bowel care needs are monitored through bowel charts, staff handover, multi disciplinary meetings, regular reviews and internal audits. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

### **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 that residents' challenging behaviours are managed. The home has a system for assessing residents' needs on admission and as needs change. Assessments include identifying, through completion of a behaviour chart, the type and frequency of behaviour, as well as triggers and strategies which can assist in preventing and managing individual behaviours of concern. Residents who experience escalation of behaviours are reviewed and in consultation with the general practitioner referred to consultants and mental health specialists. Recommendations are included into care plans. The home maintains a minimal physical restraint policy and monitors use of 'when necessary' medications administered to assist in behaviour management. Pain is considered as a factor which may contribute to behaviour. Residents' behaviour is monitored through incident reporting data, multi disciplinary meetings, regular care reviews, feedback, observations, audits and surveys. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

### **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 that residents' levels of mobility and dexterity are optimised. The home has a system for assessment of residents' mobility, dexterity and falls risk needs which include input from general practitioners, the physiotherapist, occupational therapist and nursing staff. Mobility and exercise plans are developed for each resident. The physiotherapist and therapy assistants provide specialist treatment such as massage, heat packs, exercises and walking programs. While the home conducts a nursing falls risk assessment on admission, this is not updated if risk changes and is not always highlighted on residents' care plans. Interventions, such as electric hi-low beds, monitoring of bed levels for safe transfers, floor mats, hip protectors and increased surveillance are implemented and identified in care plans. Staff are generally aware of their role in performance of active and passive exercises which are identified in resident care plans and assessed and reviewed by the physiotherapist. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills

## 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 their representatives are satisfied with the oral and dental care provided by the home. The initial assessment identifies the use of dentures, the state of residents’ own teeth and assessment of the mouth and gums. Care plans outline care of teeth and dentures and other resident preferences for management such as soaking and storage of dentures. Dental referrals to visiting dental services, as well as family support to attend local dental services, assist in maintaining dental review. Staff observe for, monitor and report any pain or discomfort associated with oral and dental care. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

## 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 satisfied that the sensory needs of residents are managed. While the home has a system for identifying and managing all five sensory areas this relies on verbal information recorded in the admission process and physiotherapy and podiatry assessment information. Referrals occur to external services for hearing and vision assessment and review. Care plans identify management for care of glasses and hearing aides and provide guidance on how to manage deficits such as decreased sensation associated with medical conditions such as stroke and diabetes. Sensory care needs are reviewed through multi disciplinary meetings, regular care reviews, feedback and observations. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the strategies implemented to encourage and support individual sleep patterns. The home conducts individual assessment to identify sleeping patterns and preferences for settling. Settling strategies implemented to promote natural sleep patterns include assessment of an appropriate mattress for comfort, jugs of water and monitoring of any noisy behaviours. Residents are encouraged to identify natural rising and settling times. Sleep patterns and preferences are monitored through multi disciplinary meetings, regular care reviews, progress notes, resident feedback, observation and internal audits. Organisation and site training schedules provide regular opportunities to maintain and develop staff knowledge and skills

## **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

Helping Hand Mawson Lakes has a continuous improvement process in place to monitor compliance with the Accreditation Standard Three and identify opportunities to improve. The home uses feedback gathered through resident and representative satisfaction surveys and resident meetings to identify improvement opportunities relating to resident lifestyle. Improvements are evaluated through feedback gathered from residents, representatives and staff. Residents, representatives and staff understand and use the home’s continuous improvement system and confirm their satisfaction with the responsiveness of management to suggestions.

The home demonstrated results of improvements in relation to resident lifestyle including:

- Lifestyle staff attended an external training session on providing dementia specific activities and as a result implemented a project to create more resources that can be used to run activities for people with dementia. Five dementia specific reminiscing reading books were created on topics relating to the residents’ era using a special font size and including pictures. Lifestyle staff state that one resident who read the book during the activity, read the book twice and started singing about the topic as a result. Some of the pictures have been made into jigsaws that residents can use also.
- As a result of an art project implemented by the home it was identified that some residents were experiencing a sense of loss about no longer being able to sew. One resident commented that giving away their sewing machine was like ‘giving away my best friend’. In response lifestyle staff resourced sewing machines and developed and implemented a sewing and craft activity. Actions taken included researching sewing projects that can be broken down into a series of tasks and utilising volunteers to assist in purchasing fabrics and other equipment required. One resident has now taken responsibility for sourcing the fabrics and resources required and acquiring these. Residents have made Christmas tree hangings, pyramid door stops, dolls, bags for walking frames and oven mitts. These are being sold and the money is being used to purchase more resources for the activity of the residents’ choice.

### **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 to monitor and respond to relevant legislation, regulatory requirements, and professional standards and guidelines in relation to resident lifestyle. Policies and procedures inform and guide staff on the mandatory reporting of resident abuse and wandering residents. Each resident and/or representative is provided with a residential care agreement on entry to the home and meet with the corporate admissions team who explain fees and charges, security of tenure and the charter of residents' rights. Management and staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, memoranda and policies.

### **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 has processes to monitor that management, staff and volunteers have the appropriate knowledge and skills to perform their roles in relation to resident lifestyle. Volunteers are provided training and support to understand their role and the home's processes to assist residents to retain their civic, legal and consumer rights. Education provided to staff in relation to Accreditation Standard Three in the last twelve months includes internal and external dementia workshops. Staff are satisfied with the effectiveness of the training provided and the opportunities available to them to enhance their skills. Residents and representatives are satisfied that staff have the skills the help them maintain their preferred lifestyle as much as possible.

### **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 are satisfied with the emotional support provided in adjusting to life in the new environment and on ongoing basis. Corporate pastoral care support programs and volunteers are utilised to facilitate a one-to-one program to provide individualised emotional support to residents. Resident lifestyle history profiles identify residents' emotional needs by obtaining input from the resident, families and staff. Care and lifestyle plans are developed and evaluated in consultation with residents and representatives. Residents changing emotional needs are monitored through communication processes between care and lifestyle staff, care plan reviews, progress notes and handovers. Staff practices are monitored by observation and feedback from residents and representatives.

### **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 with the home's assistance to maintain independence, friendships and community lifestyle according to their individual needs. Assessment processes, such as the physiotherapist assessment, care and nursing assessments and the lifestyle history profile identifies resident's abilities, needs and preferences. An on-site cafeteria provides residents the opportunity to purchase items, such as food and greeting cards. Handover, the handover sheets, progress notes and informal communication processes between care and lifestyle staff and volunteers are used to monitor and communicate information about residents' changing needs. Staff practices are monitored through observation, supervision and resident feedback. Staff confirm they understand their responsibilities in promoting independence.

### **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 with the way in which staff and management preserve the privacy and dignity of residents. The home provides information about confidentiality, privacy and dignity for residents, representatives, staff and volunteers. New staff and volunteers are required to read and sign a confidentiality agreement as a part of the orientation process. Resident information is maintained in secure areas with appropriate access to staff and health professionals. The home uses resident surveys, feedback gathered through resident meetings and comments and complaints mechanisms to monitor resident satisfaction with the processes to maintain their privacy, dignity and confidentiality.

### **3.7 Leisure interests and activities**

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

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

Does comply

Residents and their representatives are satisfied with the individual and group activity programs provided at the home. Residents and representatives are assisted to complete a lifestyle history profile by lifestyle staff, after allowing residents the time to settle in. From this an individual lifestyle care plan is created. Lifestyle history profiles and lifestyle care plans are included with health and personal care plans to assist in providing a holistic approach in care and lifestyle. Lifestyle care plans are reviewed and updated in line with the nursing care plan review schedule every four months. A weekly activity program is created and displayed for residents and representatives to access and a one-to-one program is in place to meet the individual needs and preferences of residents. There are processes for encouraging resident interaction with individuals and groups in the community. Residents' needs and preferences for individual and group activities are regularly reviewed and evaluated through feedback gathered directly from residents, resident and family meetings and surveys.

### **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 with the way staff support their cultural and spiritual needs. A corporate pastoral care program provides on-site individual pastoral care on a regular basis and as required. Church services for a variety of denominations are held regularly on site. A spiritual and cultural resource folder is available for staff to access if they require information on specific cultures. Cue cards are available for staff to use when providing care to residents of non-English speaking backgrounds. There are processes for monitoring and evaluating residents' spiritual and cultural needs, including resident satisfaction surveys and comments and complaints mechanisms.

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

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

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

Does comply

Residents and their representatives are satisfied with the home's support of their participation in decisions and choices concerning their care and lifestyle needs. Residents and their representatives are provided with information about their rights and responsibilities prior to their entry to the home and are encouraged to use internal and external complaints mechanisms as appropriate, if they have any concerns. Information on residents' rights, responsibilities and complaints mechanisms are displayed in the home and included in the resident handbook and resident agreement. There are processes for monitoring staff practice, and reviewing strategies to enable residents to make choices and decisions about their care and lifestyle needs.

### **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 understand their rights and responsibilities and security of tenure. The organisation provides information about the organisation, rights and responsibilities, and fees and charges through the pre-entry information pack, residential services agreement and the resident information handbook. The resident agreement is provided to all residents or representatives and details are discussed with them. Security of tenure is described in the resident agreement and resident handbook. Management, residents and representatives discuss security of tenure when residents' needs change or if they request a room or area change. Brochures about internal and external mechanisms are displayed in the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

Helping Hand Mawson Lakes has a continuous improvement process in place to monitor compliance with the Accreditation Standard Four and identify opportunities to improve. The home uses internal and external audits, surveys, hazard and incident data analysis and comments and complaints mechanisms to monitor the effectiveness of the systems and to identify opportunities to improve the physical environment. Improvements are evaluated through resident, staff and representative feedback mechanisms, audits and incident data analysis. Residents, representatives and staff understand and use the home’s continuous improvement system and confirm their satisfaction with the responsiveness of management to suggestions.

The home demonstrated results of improvements in relation to the physical environment including:

- A project to improve the infection control processes commenced in 2007. During 2009 the focus of this project has been on educating staff. Actions have included the clinical nurse attending a five day external course on infection control, creating and implementing self directed learning packages for staff, informal education sessions at handovers and the use of memoranda to educate staff. Also in 2009 the database used for collecting information on resident infections has been reviewed and improved to further breakdown the data. The home could demonstrate a reduction in resident infections from a peak of 16 in March 2009 to nine in February 2010. The clinical nurse also stated that wounds and incidents have also declined and she attributes this to the improvements made around infection control.
- Residents requested automatic sliding doors be installed at the entrance to the home as they felt the existing doors were heavy and difficult to manoeuvre while using a walking frame. After investigation into the fire safety requirements an application for capital works funding was submitted to the organisation by the care manager and was approved. Automatic sliding doors have been installed and subsequent resident meeting minutes indicate residents are satisfied with this improvement.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The organisation has systems to monitor and respond to relevant legislation, regulatory requirements, and professional standards and guidelines in relation to the physical environment and safe systems. Compliance is monitored through internal and external audit processes. External audit processes include triennial fire inspections and environmental checks conducted through the local council. Corporate occupational health and safety policies and procedures are available to guide management and staff. Staff are made aware of any relevant changes through various mechanisms, including staff meetings, emails, memoranda and policies.

#### **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 has processes to monitor that management, staff and volunteers have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. All staff must attend a corporate compulsory training session each year which includes manual handling, emergency responses, infection control and safety and wellness. Other education provided to staff in relation to Accreditation Standard Four in the last twelve months includes chemical safety and the new paging system for call bell responses. Staff are satisfied with the effectiveness of the training provided and the opportunities available to them to enhance their skills. Residents and representatives are satisfied that staff have the skills to maintain a safe physical environment.

#### **4.4 Living environment**

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

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

Does comply

Residents and their representatives are satisfied with the safety and comfort of the home's internal and external environment. The home's environment includes a café in the foyer area and three wings including a series of dining and kitchenette areas, private sitting rooms and a secure area. Residents are encouraged to personalise rooms and have access to gardens, including a secure outdoor area. A preventative and corrective maintenance program is in place to maintain the safety and comfort of the living environment. The home uses minimal restraint and conducts risk and restraint assessments with appropriate monitoring, review and evaluation of resident comfort and safety. Resident satisfaction with the living environment is monitored through feedback mechanisms, audits and surveys. The safety of the home is monitored by environmental audits, worksite inspections, and analysing hazard reports and incident data.

#### **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

The organisation and home has systems to identify, plan, implement and monitor issues pertaining to occupational health and safety through staff feedback, actions forms, maintenance requests and hazard and incident reporting systems. These systems regularly assess potential and identified hazards/risks and initiate implementation of management to reduce actual and potential injury to staff and residents. Quality, Safety and Wellness Committees on-site and organisationally, provide appropriate staff and management representation, reporting and follow up of workplace safety. Staff participate in annual mandatory education regarding safe manual handling practices. Hazard reporting processes are a part of the staff induction program. Information and resources are available in the workplace regarding safe work practices and a safe working environment.

#### **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 demonstrated established procedures for detecting and acting on fire, security and other emergency risks. Fire suppression equipment, fire detection and emergency exits are regularly maintained, upgraded and tested. Emergency exits are clearly marked and signage around the home provides direction both within the home and to agreed evacuation areas. Security is maintained through monitoring of close circuit television, key pad entry and restricted access after hours via intercom systems monitored by registered nurses. Staff participate in annual emergency response updates. Staff are aware of procedures and requirements in the case of an emergency. Emergency response information is available in residents' rooms and discussed at resident meetings.

#### **4.7 Infection control**

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

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

Does comply

The home has a system to monitor infection rates and procedures and guidelines are accessible for staff to prevent and minimise the spread of infection. Resident infections are monitored and strategies implemented for individual resident infections. Staff and residents have access to immunisation programs. Hand-washing facilities and hand gels are located throughout the home. Personal protective equipment, sharps containers, designated bins for medical waste and a gastroenteritis kit for use in the event of an outbreak are available. A food safety program is in place and temperature monitoring processes reduce the risk of cross infection at the home. External contractors provide pest control and waste management programs. Other surveillance programs include environmental swabbing. An infection control specialised role has been developed and implemented to provide increased knowledge and staff support. Staff education programs include hand washing competency programs, food safety and mandatory infection control program. Staff are aware of infection control practices and use the personal protective equipment available to them.

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

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

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

Does comply

Residents and representatives are generally satisfied with the catering, cleaning and laundry services. Residents' needs and preferences are identified as part of the admission process and updated as required. Care plans, drinks lists, dietary profiles and colour coded tray and card systems are used to meet residents' needs regarding types of diet, appropriate textures, and assistance required. Resident meetings, surveys and direct consultation inform hotel services of residents' feedback and requests. Hospitality services team leaders respond to any concerns raised. Residents' personal items are laundered on site and linen is contracted to an external provider. The home maintains a food safety program. Catering, cleaning and laundry services are monitored through direct feedback, observation, comments and complaints mechanisms, internal and external audits and surveys. Hospitality services staff are provided with opportunities to update knowledge and skills.