



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

## **Decision to Accredite City of Bayswater Hostel (formerly Mertome Village)**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit City of Bayswater Hostel (formerly Mertome Village) in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of City of Bayswater Hostel (formerly Mertome Village) is 3 years, until 2 July 2010.

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

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

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

Paul Richards  
State Manager  
Western Australia

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

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

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

# Service and Approved Provider Details

## Service Details

Service Name: City of Bayswater Hostel (formerly Mertome Village)  
RACS ID: 7076  
Number of beds: 70      Number of High Care Residents: 12  
Special Needs Group catered for: People with dementia or related disorders.

Street: C/- 30 Winifred Road  
City: BAYSWATER      State: WA      Postcode: 6053  
Phone: 08 9272 2022      Facsimile: 08 9370 2861  
Email address: mreception@westnet.com.au

## Approved Provider

Approved Provider: City of Bayswater

## Assessment Team

Team Leader: Ms Wendy Holdaway  
Team Member: Ms Jacqueline Gillespie

Dates of audit: 27/03/2007 to 28/03/2007



**Executive summary of Assessment Team's Report**

**Accreditation Decision**

**Standard 3: Resident Lifestyle**

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

<b>Agency Findings</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>

**Standard 4: Physical Environment and Safe Systems**

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

<b>Agency Findings</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>
<b>Compliant</b>

## **Executive summary**

This is the report of a site audit of Mertome Village 7076, C/- 30 Winifred Road, BAYSWATER WA 6053 from 27 March 2007 to 28 March 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 11 April 2007.

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

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

- 44 expected outcomes

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

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Mertome Village.

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

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

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

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

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

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 27 March 2007 to 28 March 2007.

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:	Ms Wendy Holdaway
Team Member:	Ms Jacqueline Gillespie

## Approved provider details

Approved provider:	City of Bayswater
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## Details of home

Name of home:	Mertome Village
RACS ID:	7076

Total number of allocated places:	70
Number of residents during site audit:	65
Number of high care residents during site audit:	12
Special needs catered for:	Nil specified

Street:	C/- 30 Winifred Road	State:	WA
City:	BAYSWATER	Postcode:	6053

Phone number:	08 9272 2022	Facsimile:	08 9370 2861
E-mail address:	mertome@bayswater.wa.gov.au		

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

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Mertome Village.

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

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

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

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

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

### **Audit trail**

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

#### **Interviews**

	<b>Number</b>		<b>Number</b>
Executive manager operations north	1	Residents	6
Care manager	1	Relatives	2
Care manager (another site)	1	Supply manager	1
Enrolled nurse	1	Laundry staff	1
Care staff	8	Cleaning staff	2
Catering manager	1	Health and safety manager	1
Catering staff	2	OSH representative	1
Chef	1	Maintenance staff	1
Human resource manager	1	Maintenance manager	1

#### **Sampled documents**

	<b>Number</b>		<b>Number</b>
Residents' files	25	Medication charts	20
Care plans	13	Personnel files	5

**Other documents reviewed**

Accident/incident file  
Activity planner (monthly and weekly) and attendance records  
Appointment diary  
Audit file 2006 and 2007  
Care manual  
Communication book  
Continuous improvement file 2006/2007  
Contract files  
Dietary preference profiles  
Electrical tagging book  
Entry package information  
Handover records  
Induction package  
Infection control manual  
Job descriptions and duty statement file  
Medication incidents  
Meeting minutes 2006/2007  
Memorandum file  
Menu  
Moving house project file  
Newsletters including infection perfection and OSH connection  
Orientation booklet  
OSH committee meeting file  
Palliative care education resources  
Pharmacy review 2006  
Policies and procedures  
Preventative maintenance schedule  
Resident agreement  
Resident surveys  
Security check file  
Staff competencies  
Therapy statistics  
Training manual 2006 and 2007  
Treatment file  
Weight monitoring file  
Workers compensation and injury management manual

**Observations**

Activities in progress  
Equipment and supply storage areas  
Interactions between staff and residents  
Living environment  
Notice boards, posted notes, brochures and whiteboards  
Storage of medications

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

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

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The organisations’ policy and procedure manuals have been implemented and staff educated on the content during the orientation process, which has taken place for all staff since Uniting Church Homes has taken over management of the home in July 2006. Processes have been implemented for the collection of information and data from audits and surveys, accidents/incidents, hazard reports, comments/complaints and suggestion forms, and feedback from residents and representatives and staff through meetings and face-to-face contact. The care manager is responsible for driving the continuous improvement processes through logging data on the electronic data bases, reviewing collated data, and acting on suggestions, comments, and complaints. Any issues identified are logged on the continuous improvement plan, if they cannot be resolved within a month, and all are reported on monthly to the regional manager. Staff were knowledgeable about the improvement processes and could describe suggestions that they had made which have been adopted. Residents and representatives advised that staff are receptive to any suggestions and they felt comfortable to discuss any concerns or issues with staff and management.

Examples of continuous improvement are listed below.

- All staff have attended Uniting Church Homes orientation program and received the organisations’ booklet following the change in management.
- All staff have been re-employed under the Uniting Church Homes award, new position descriptions and duty statements have been implemented.
- The organisations’ electronic data management system has been implemented with intranet and internet connections for access to the information management systems.
- Staff have the opportunity for a career pathway and options to complete training programs. One staff is undertaking enrolled nurses training.
- Equipment purchased includes: electronic beds, two lockable treatment trolleys, lockable cleaning trolleys, and chair scales.

### **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 corporate office source changes to regulatory requirements from government departments, peak bodies and external consultants, and relevant changes are communicated to staff, residents, and representatives via memos, letters, and meetings. Staff are informed of regulatory requirements relevant to their position during induction, and all appointment letters provide information relating to staff responsibilities surrounding confidentiality and privacy of resident information. Staff

practices are monitored to ensure ongoing compliance via observation and the auditing program.

Examples of regulatory compliance are listed below.

- All staff have been informed of the requirement that they need to provide a police clearance and provide a statutory declaration if they have lived overseas since reaching the age of 16.
- All external contractors have to provide information relating to their appropriate licensing and registration details.

### **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

Corporate policies and procedures have been implemented following the change in management of Mertome Village. All staff have attended an orientation program and have signed a letter of employment with Uniting Church Homes. All position descriptions identify required skills and knowledge required. A corporate training matrix is established which contains mandatory and elective components and indicates the locations and planned dates. Mandatory education, which includes training in fire safety, manual handling, infection control and chemical safety (for relevant staff) has been implemented. Staff have the opportunity to attend relevant development days. Staff attendance at training is recorded on a spreadsheet to enable monitoring to take place. Staff stated that they have attended training on a large number of topics and are satisfied with the education available.

Examples of training attended by staff are listed below.

- The manager has a Diploma in Business Management.
- The manager has attended workers compensation, infection control, financial systems and processes, continuous improvement, planning, and employee services training.
- All staff have attended bullying and harassment in the workplace
- Information technology has been attended by staff using the computer system.
- Continuous improvement.
- Training in specialised equipment.
- Training about the role of Advocare.

### **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

All residents and representatives are informed of the internal and external complaints process via the admission package where information is recorded in the handbook, conditions of occupancy, and the agreement. Complaints can be recorded on continuous improvement forms that are distributed throughout the home in communal areas. A comment box is located in the main hallway, and a poster explains the process. Resident meeting minutes indicate that residents and representatives have the opportunity to raise any issues of concern at the resident meeting. Management advised that they respond to any complaints on the continuous improvement form

within the specified timeframe and they are logged onto the data management system. Residents and representatives indicated that they feel comfortable to raise any issues of concern with management and have been satisfied with the results.

### **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 mission, values and philosophy of the organisation are written in key documents including the resident and staff handbook, and are displayed within the facility. The service's commitment to quality is reflected in these statements as well as the strategic plan. All staff are instructed about the organisation's commitment to quality during their orientation training, and through policy and procedure manuals.

### **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

Established orientation, education and competency programs ensure that all staff have appropriate knowledge and skills to deliver care and services to residents. Staff performance is monitored on a regular basis and future training needs are identified through performance appraisals, audits, accident/incident reporting and ongoing resident care needs. Staff indicated that they are able to complete their work within the required timeframe and management are responsive when they request additional hours due to the increasing needs of residents. The residents and representatives expressed satisfaction with the level of skill demonstrated by staff.

### **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

Uniting Church Homes has implemented the standard policies and procedures relating to the purchase of goods and equipment through the use of authorised service providers and standardised service agreements. All capital purchases are referred to the City of Bayswater for approval and payment. A preventative and corrective maintenance program is established. Designated staff are responsible for the ordering and monitoring of stock within the home. Staff demonstrated a clear understanding of the hazard reporting mechanisms, including the tagging of faulty equipment. Provision is made for the rotation and safe storage of stock including, chemicals, clinical products, toiletries, linen supplies, and dry and frozen foods. Feedback from staff and residents and representatives indicated that the established processes are effective in ensuring that goods and equipment are fit for their intended purpose, and that there are adequate supplies available to meet their needs.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

Policies and procedures guide the disclosure, use, storage, retrieval, and destruction of information. Effective information systems include communication and referral books, newsletters, memoranda, meeting minutes, signing sheets, clinical and medical notes, electronic maintenance systems, comprehensive education and training records, and secure storage and archiving of confidential information. These systems are used by care and nursing staff, medical and allied health personnel, and residents and representatives to maintain effective communication. Residents, representatives, and staff advised that they have ready access to and use of accurate and appropriate information to help them perform their roles.

## 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

Corporate contracts are established and provide enough detail to ensure that preferred suppliers are aware of their responsibilities relating to the quality of goods and services including key performance measures, safety standards, reporting processes and review mechanisms. Management and staff are responsible for monitoring and reporting the quality of goods and services provided to ensure they meet the home's needs. Residents and representatives indicated satisfaction with the external services provided. Staff advised that they are able to contact approved contractors after hours, if required, they are prompt to attend and staff are able to give feedback if deficiencies are noted.

## **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

Refer to Continuous Improvement in Standard 1 – Management systems, staffing and organisational development for a description of the home's system.

Examples of continuous improvement are listed below.

- An examination table has been purchased for the medical practitioners use.
- New microwave ovens with turntables have been purchased to heat hot packs.
- An aroma therapist has been employed.

## 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

Refer to Regulatory Compliance in Standard 1 – Management systems, staffing and organisational development for a description of the home’s system.

Examples of regulatory compliance are listed below.

- Proof of qualifications and/or registration is requested and sighted by the care manager.
- Schedule 8 medications are stored and administered as per regulatory requirements.

## 2.3 Education and staff development

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

### Team’s recommendation

Does comply

Refer to Education and Staff Development in Standard 1 – Management systems, staffing and organisational development for a description of the home’s system.

Examples of education attended by staff are listed below.

- Registered and enrolled nurse development days
- Medication training and competencies
- Insulin pen training and competencies
- Dementia link training
- Continence link training
- Person centred care
- Communication with people with dementia.

## 2.4 Clinical care

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

### Team’s recommendation

Does comply

There are policies and a care manual available to guide staff practice to ensure that residents receive appropriate clinical care. When a resident is admitted to the home baseline physical observations are recorded within 24 hours and a suite of assessments are commenced to identify individual care needs and preferences, including medical and social histories. The physiotherapist and occupational therapist assess all residents and an interim care plan is implemented until all relevant assessments are completed. Care plans are reflective of assessments, and reviewed by appropriately qualified staff three monthly for residents with a high care classification, and six monthly for residents with a low care classification. Reassessments are conducted annually or sooner as required. Staff have access to clinical support during every shift and were knowledgeable about responsibilities relevant to their roles. Residents/representatives provided positive feedback regarding the quality of clinical care they receive.

## **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

Registered nursing staff are responsible for assessing, care planning and the ongoing management of residents’ specialised nursing care needs including complex wound care, diabetes and stoma management and peritoneal dialysis. Care plans reflect the specific needs of residents and outline detailed procedural and educational material to support staff as required. Care staff demonstrated that they understand their role in terms of ‘scope of practice’, and confirmed they receive education and clinical support to assist them in their roles. There is a process to review staff practices and assess competency on an ongoing basis. Resident/representative feedback indicated they are satisfied with how residents’ specialised care needs are managed.

## **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

Processes are in place to identify and assess residents’ health preferences and needs to determine if referrals to other health and related services are indicated. Residents have access to a wide range of medical, allied health and complementary service providers including aromatherapy. Management were able to demonstrate consultation with residents/representatives, the general practitioner and other health professionals on admission and on an ongoing basis as required. Staff assist residents to plan and attend specialist appointments, for example renal dialysis and mental health services, and specialist feedback and instructions are reflected in the care plans. Residents/representatives reported that they are satisfied that residents are assisted to access other health and related services.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

There are systems in place to ensure the safe and correct ordering, storage, disposal, administration and overall management of all medications in the home. Medication competent care staff and registered staff administer medications as per the documented policies and procedures. Night staff conduct medication audits weekly to identify discrepancies such as pharmacy packaging. Additionally the care manager and senior supervisor conduct second monthly audits to identify gaps in the medication management system, including signature and dose omissions, expiry dates and labelling of prn (as required) medications. Medication incidents are analysed for trends and appropriate action is taken as required. Staff could describe the processes to minimise and report medication incidents. There is a process to assess residents’ ability to self-medicate, which is reviewed by the general practitioner and monitored appropriately. An external pharmacist conducts medication reviews of each resident annually or as required, providing a report to management and the general practitioner.

A review of documentation indicated that residents' needs in relation to medication are reviewed regularly and residents/representatives indicated they are satisfied with how their medications are managed.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

A pain assessment is conducted on all residents upon admission to the home. Residents' needs are captured and communicated to staff via a detailed care plan outlining medicinal and non-medicinal strategies to alleviate pain, including aromatherapy. Registered staff review resident care plans six or three monthly depending on the care classification, in conjunction with the general practitioner, and allied health professionals. A review of resident files showed that the general practitioner, in consultation with residents/representatives, reviews residents' pain management regularly. Residents/representatives confirmed that the aforementioned management strategies keep residents as pain free as possible.

## **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 terminal care wishes are discussed on admission to the home, at case conferences or as the need arises. Staff confirmed that they have access to palliative care resources and education through the cancer foundation and other external resources, and were able to describe appropriate practices to ensure the comfort, dignity and emotional needs of residents are met. Management advised that community palliative care services are accessed to support staff and to manage complex palliative issues such as the management of syringe drivers. Review of past resident files demonstrated that residents are reviewed regularly by the general practitioner and community palliative care services and that appropriate equipment and resources are implemented as required. Staff advised that additional care staff are rostered on to meet the increased needs of residents during the palliative stages.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents' special dietary requirements, food preferences, and the level of assistance required, are identified on admission and reviewed annually or more frequently as required. Information from the assessment is used to formulate a resident food profile for the catering staff to ensure that residents receive an appropriate and preferred diet. A nutrition and hydration care plan is also implemented to communicate resident needs and preferences to care staff. Assistive equipment and modified texture diets are implemented as required, in consultation with the general practitioner and allied health professionals. Residents' weight status is recorded second monthly and there is a policy for care staff to report a variance of two or more kilograms to the senior

supervisor. Resident/representative feedback indicated an overall satisfaction with food and fluids received at the home.

### **2.11 Skin care**

*This expected outcome requires that “residents’ skin integrity is consistent with their general health”.*

#### **Team’s recommendation**

Does comply

On admission all residents have a skin and feet assessment, and risk assessment to identify actual or potential skin problems. Information from the assessments is used to develop a detailed care plan outlining interventions to ensure optimum skin integrity, including use of emollients, massage and protective equipment. There are processes in place to evaluate wound management and monitor staff practices. Staff confirmed they have access to relevant wound care resources and education, and that they work closely with the allied health team to provide a holistic approach to skin care. A range of pressure relieving devices and interventions are utilised in consultation with residents/representatives and therapy staff.

### **2.12 Contenance management**

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

#### **Team’s recommendation**

Does comply

Information is collected on admission to determine the resident’s current continence function, voiding and bowel patterns and special needs and preferences. A three-day continence assessment is conducted and incorporated into the relevant care plan to guide staff in the effective management of each resident’s continence needs. Care staff conduct ‘pad audits’ and a reassessment when it is identified that current continence aids are no longer effective. There are two continence link staff to provide education, updates and support in the ordering and supply of continence aids. The team noted a low incidence of urinary tract infections and the successful management of a resident with an indwelling catheter. Residents/representatives reported satisfaction with how residents’ continence needs are managed.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

The needs of residents’ with challenging behaviours are managed effectively by accurate assessment at admission and ongoing, through appropriate referral to external specialists, and liaison with residents/representatives. Care plans are reflective of the residents’ behavioural needs and updated regularly to include new problems and interventions as they are identified. Staff record changes in resident behaviour in the resident integrated progress notes and report episodes of challenging behaviour on incident forms and through staff handover. There are two dementia link staff to provide information and support to other staff, and staff were able to describe strategies to appropriately manage challenging behaviours. There is currently one resident with a physical restraint (bed rail), which was implemented in consultation with the general practitioner and with the consent of the resident/representative.

#### **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

All residents are assessed on admission by the occupational therapist and physiotherapist to determine baseline mobility and dexterity function. Residents’ mobility, dexterity and rehabilitation needs are reflected in the care plan and reviewed either three monthly or six monthly depending on their care classification (high or low care respectively). A monthly group activity planner includes a wide range of activities on offer to residents, such as group exercises and hand therapy, and qualified staff prescribe individual exercise and therapy programs for residents with assessed needs. There is a system in place to record residents’ attendance at planned activities, and actual time spent on individual therapy, which therapy staff analyse to identify residents at risk of altered mobility and dexterity, and to highlight the need for care plan reviews. Residents/representatives expressed satisfaction with how residents’ mobility, dexterity and rehabilitation needs are identified and promoted, including access to mobility aids.

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

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

##### **Team’s recommendation**

Does comply

Residents’ baseline oral and dental needs are identified on admission and strategies to promote optimal oral and dental health are documented on the relevant section of the care plan. Residents have access to the annual government dental visitation scheme; alternatively residents are assisted to attend external appointments as required or requested. Review of documentation confirmed that staff liaise with residents/representatives and the general practitioner regarding the oral and dental needs of residents, and residents/representatives indicated they are satisfied with the assistance provided by staff to maintain residents’ oral and dental health.

#### **2.16 Sensory loss**

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

##### **Team’s recommendation**

Does comply

Through a resident care history and occupational therapy assessment, residents’ sensory needs are identified on admission and specific needs and preferences are outlined on the relevant section of the care plan. Residents have access to appropriate assistive devices such as auditory books, large font documents, point boards and talking clocks, and residents with identified needs are referred to health professionals of their choice. The group and individual activity programs incorporate sensory stimulation by offering activities such as hand therapy, aromatherapy, concerts, and pet therapy. Residents/representatives advised that sensory losses are identified, and expressed satisfaction with the support and assistance residents receive from staff.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

All residents undergo a three-day sleep assessment on admission to the home, to identify existing sleep patterns and preferences and individual settling and rising processes. Residents’ needs and preferences related to sleep are outlined in the relevant section of the care plan, including medicinal and non-medicinal interventions such as aromatherapy, to promote natural sleep patterns. A review of documentation showed that residents are promptly reassessed in response to disturbed sleep patterns to identify possible causes, such as pain or anxiety.

## **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

Refer to Continuous Improvement in Standard 1 – Management systems, staffing and organisational development for a description of the home’s system.

Examples of continuous improvement are listed below.

- Intergenerational activities have been increased with the introduction of a playgroup.
- A men’s group has been formed and meets weekly.
- Discussions have taken place with residents on how they would like to be informed when another resident dies. A memorial table has been set up and an album commenced.
- Residents have become sponsors to an overseas child with the money coming out of therapy donations.

### 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

Refer to Regulatory Compliance in Standard 1 – Management systems, staffing and organisational development for a description of the home’s system.

Examples of regulatory compliance are listed below.

- Respite and low care residents' are given agreements that include all information as required under the *Aged Care Act 1997*.
- Residents and representatives are notified of changes to the schedule of fees and charges.

### **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

Refer to Education and Staff Development in Standard 1 – Management systems, staffing and organisational development for a description of the home's system.

Examples of education attended by staff are listed below.

- Occupational therapy assistant development days.
- Advocacy training.

### **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

An orientation pack is provided to residents on admission to the home, which provides information to assist orientation and settling into the home, and staff complete an orientation checklist to ensure that all aspects of services available at the home are conveyed to the resident/representative. A social and personal history is collected to identify residents' individual needs and record significant events or special days. Staff were able to describe strategies to provide emotional support to residents on admission and ongoing, and at times of crisis. Residents are encouraged and supported to be involved in the happenings of the home and monthly 'intimate lunches' are held with four residents (rotated to ensure all resident have the opportunity) and the care manager, to enable residents and management to get to know each other and to discuss concerns or reminisce about the past.

### **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

Comprehensive assessments are conducted on admission to assist residents to achieve maximum independence. The home considers sensory and cognitive deficits, environmental factors and the risk to residents, in determining how best to promote resident independence. Staff demonstrated how they assist residents to remain as independent as possible in all aspects of their daily lives, including enabling residents to maintain friendships and attend community outings as desired, such as local council meetings, disability support services, and shopping and bus outings to places of

interest. A review of documentation showed regular consultation with residents/representatives and relevant health professionals in relation to maintaining and promoting resident 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 privacy, dignity and confidentiality are maintained and promoted by practices such as staff privacy/confidentiality agreements, compulsory anti-harassment and anti-bullying education for staff, and knocking on residents' doors and waiting before entering. A consulting room for medical and other health-related consultations is provided, and resident information is stored and communicated in a way that respects the privacy and confidentiality of residents. There are processes in place to enable anonymous comments and complaints to be lodged and an annual privacy audit and resident surveys are conducted to evaluate the effectiveness of interventions in place. Feedback from residents/representatives confirmed that residents are treated with dignity, their privacy is maintained, and their personal matters are handled confidentially.

### **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' social histories and past and present interests and activities are documented on admission and the information is used, along with occupational therapy and physiotherapy assessments, to compile individual therapy care plans. There is a monthly activity planner, which offers a range of physical, cognitive, and social activities delivered in a group or one-to-one environment, in response to residents' identified interests and needs. The activity planner is evaluated by therapy staff in response to attendance records, feedback from residents verbally and via an annual satisfaction survey, and residents changing needs and abilities. Residents/representatives confirmed satisfaction with the variety of activities on offer and the assistance received from staff to facilitate participation.

### **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' individual spiritual interests, customs, beliefs and cultural and ethnic backgrounds are identified on admission and communicated to staff via the care plan. Staff demonstrated practices that foster and value residents' specific needs including accessing interpreters, pastoral care, chaplains and community cultural groups. A remembrance area is accessible to staff and residents/representatives, in memory of past residents. Religious services are held regularly at the home, in addition to individual parishioner visits. Cultural days and special occasions are routinely

celebrated and a birthday club is held monthly to celebrate resident birthdays. Residents/representatives confirmed that residents' interests, customs and beliefs are recognised and valued at the home.

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

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

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

Does comply

The home assists and empowers residents/representatives to participate in decision making about care and service delivery through case conferencing, resident/representative surveys and meetings, improvement logs, and an open door policy for access to the facility manager. Resident/representative input is sought for care planning and service delivery, to accommodate individual needs and preferences including medication management, the menu and the therapy planner. Processes are in place to involve and promote resident/representative participation in preparing for the transition to the new facility, including choosing rooms and soft furnishings. Residents/representatives reported satisfaction that residents' choices and decisions are respected and that they have control over their lifestyle appropriate to their 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

Processes are established for providing appropriate information (written and verbal) to all prospective residents and representatives about the services available. Currently all information is provided in English although management advised that they utilise family, staff, or translation services if there is a need. All residents and representatives receive a resident agreement, handbook, and conditions of occupancy, which contain information on the level of care and services available, resident's rights and responsibilities, and the cost of fees and services provided. Management advised, that changes to legislative requirements are communicated in writing to residents or their authorised representatives. Interviews with residents and representatives indicate that residents understand their rights and responsibilities, and are satisfied that they have security of tenure within the scope of care provided at the home.

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

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

### **4.1 Continuous improvement**

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

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

Does comply

Refer to Continuous Improvement in Standard 1 – Management systems, staffing and organisational development for a description of the home's systems.

Examples of continuous improvement are listed below.

- Locks have been changed on external doors so they are exit only, and the front door is used as the only entrance, to improve security.
- No-lift trainers have been appointed and trained following nominations by staff.
- Following feedback from fire authorities, all oil heaters that do not have cut-out switches have been removed.
- A reverse cycle air-conditioning unit has been fitted in the dining room.
- Lighting has been reviewed in the dining room and light globes have been changed and lace curtaining removed to increase the light.
- New furniture including electric beds, stand-up hoist, wheelchairs and shower chairs have been purchased.
- Information on the building of the new premises has been collated into a file and residents are kept informed and have visited the new home.
- An emergency evacuation kit has been assembled that includes pertinent resident information.

#### **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

Refer to Regulatory Compliance in Standard 1 – Management systems, staffing and organisational development for a description of the home's systems

Examples of regulatory compliance are listed below.

- The home's buildings are certified under government regulations.
- Mandatory fire training is provided at the home for all staff annually.

#### **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

Refer to Education and Staff Development in Standard 1 – Management systems, staffing and organisational development for a description of the home's systems.

Examples of education attended by staff are listed below.

- Occupational safety and health representatives (OSH) have been nominated and attended five days of training.
- All staff have attended induction which includes OSH, infection control, identification of hazards, fire and emergency training, and no lift training.
- Chemical training.
- Foodsafe training for all staff that are likely to serve food.
- Fire Warden training.

#### **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

Systems and processes are established to ensure that the safety and comfort of residents at the home is maintained, and to provide an environment that is consistent with residents' needs and preferences. The City of Bayswater has outsourced the building of a new home and residents are due to be relocated in April 2007. Management has established a file with information about the new home and have organised regular meetings to keep staff and residents informed with visits taking place as the move approaches. Environmental audits and surveillance systems, preventative and corrective maintenance programs, hazard reporting mechanisms, and comments and complaints raised by staff, and residents/representatives are used to identify and correct any deficits with the living environment. Residents and representatives stated that they were extremely happy with the internal and external living environment although some expressed concerns relating to the coming move. Staff were knowledgeable about the processes in place and were noted to be patient and understanding when residents raised concerns about the coming move.

#### **4.5 Occupational health and safety**

*This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".*

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

Does comply

Management actively work to provide a safe working environment that meets regulatory requirements by ensuring that the safety systems in place are regularly monitored. An OSH trained staff member attends regular organisational safety meetings, monitors hazards and staff accident/incident data for potential risks, hazards and unsafe practices, and actions them appropriately. All staff have attended orientation training following the change in management. Training includes occupational health and safety responsibilities, hazard identification, and emergency procedures. Processes are established to monitor staff attendance at mandatory fire, 'no-lift' training, infection control, and handling hazardous chemicals. Staff could describe their responsibilities relating to reporting hazards and incidents and advised that management is responsive to issues of work safety.

#### **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

Systems are in place to ensure the ongoing monitoring and maintenance of security and fire/emergency prevention programs at the hostel. Regular external security patrols occur on site, staff carry (connected to security) duress alarms during the evenings, nights and weekends and lockdown procedures for staff are in place. All electrical equipment is tested and tagged for safety. Appropriate systems are in place to ensure

monitoring of the fire detection and fire fighting equipment (which is regularly checked and tagged), illuminated exit signage, emergency lighting, compartmentation, and emergency manuals. Staff are provided with orientation training in these areas, and ongoing instruction on an annual basis. All staff demonstrated a clear understanding of the emergency evacuation procedures and feedback from residents indicated that they feel safe and secure at the home.

#### **4.7 Infection control**

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

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

Does comply

Processes are established to ensure there is an effective infection control program at the home. A staff member is responsible for the program within the home, manages infection surveillance and attends the organisational infection control committee that meets regularly. An external consultant oversees the program organisationally and is available to staff of the home for advice. Preventative programs, including vaccinations for residents and staff, provision of personal protective equipment, education, and environmental audits, are in place. Outbreak management processes are available for staff and an outbreak kit has been established. Staff are provided with education on infection control principles at orientation and on an ongoing basis, and could describe basic principles, standard precautions, and food hygiene principles relevant to their roles.

#### **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

Processes are in place to identify residents' individual dietary needs and preferences which are incorporated into meal planning, cooking, and serving processes. Contract catering staff cook the meals on-site in accordance with hazard analysis and critical control point principles. A four-week rotational menu is in place and changed seasonally in consultation with residents and dietician advice. Staff have completed safe food handling training. Laundry is sent off site to an external provider, except residents' personal items that are laundered in the home's laundry. Cleaning schedules cover the internal and external environments, including equipment. Surveys and audits are used to monitor staff compliance with the systems in place and to ensure practices maintain the home's standards. Residents and representatives confirmed that they are satisfied with the standard of hospitality services at the home.