



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

## **Decision to Accredite**

# **Good Shepherd Aged Services Inc - Abbotsford Hostel (formerly Abbotsford Hostel)**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Good Shepherd Aged Services Inc - Abbotsford Hostel (formerly Abbotsford Hostel) in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Good Shepherd Aged Services Inc - Abbotsford Hostel (formerly Abbotsford Hostel) is 3 years, until 16 November 2009.

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 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.

Geoff Freeman  
Accreditation Decision Maker  
Victoria and Tasmania

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

The Agency has taken into account the following, 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: Good Shepherd Aged Services Inc - Abbotsford Hostel  
(formerly Abbotsford Hostel)

RACS ID: 3106

Number of beds: 35      Number of High Care Residents: 14

Special Needs Group catered for: Mild Intellectual Disabilities

Street: 2 Clarke Street

City: Abbotsford      State: Victoria      Postcode: 3067

Phone: 03 9419 3933      Facsimile: 03 9416 1316

Email address: Dean.Gemmill@gsas.asn.au

## Approved Provider

Approved Provider: Good Shepherd Services Inc

## Assessment Team

Team Leader: Helen Ellwood

Team Members: Jenny Thomas

Lynn Borundia

Stephanie Crowhurst

Dates of audit: 06/06/2006 to 07/06/2006



## Executive summary of Assessment Team's Report

## Accreditation Decision

### Standard 3: Resident Lifestyle

Expected Outcome	Assessment Team Recommendations
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>

Agency Findings
<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

Expected Outcome	Assessment Team Recommendations
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>

Agency Findings
<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 Good Shepherd Aged Services Inc - Abbotsford Hostel (formerly Abbotsford Hostel) 3106, 2 Clarke Street, ABBOTSFORD VIC 3067 from 6 June 2006 to 7 June 2006 submitted to The Aged Care Standards and Accreditation Agency Ltd on 21 June 2006.

### **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 Good Shepherd Aged Services Inc - Abbotsford Hostel (formerly Abbotsford Hostel).

The assessment team recommends that the period of accreditation be 3 years.

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

The assessment team recommends that there should be 3 support contacts during the period of accreditation and the first should be within 12months.

### **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.

Please note the Agency may have made findings different from these recommendations.

# Site Audit Report

## Scope of audit

An assessment team appointed by The Aged Care Standards and Accreditation Agency Ltd conducted the audit from 6 June 2006 to 7 June 2006.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of 4 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:	Helen Ellwood
Team Members:	Jenny Thomas
	Lynn Borundia
	Stephanie Crowhurst

## Approved provider details

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

Name of home:	Good Shepherd Aged Services Inc - Abbotsford Hostel (formerly Abbotsford Hostel)
RACS ID:	3106

Total number of allocated places:	35
Number of residents during site audit:	32
Number of high care residents during site audit:	14
Special needs catered for:	Mild intellectual disabilities

Street/PO Box:	2 Clarke Street	State:	VIC
City/Town:	ABBOTSFORD	Postcode:	3067

Phone number:	03 9419 3933	Facsimile:	03 9416 1316
E-mail address:	Dean.Gemmill@gsas.asn.au		

## Audit trail

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

### Interviews

List types of people eg. (add or delete as appropriate)	Number		Number
CEO/director of nursing	1	Residents	8
Quality manager	1	Representatives (friends)	2
Parish priest	1	Relatives	9
Hostel supervisor	1	Volunteers	3
Care staff	4	General practitioner	1
Activities coordinator	1	Activities assistant	1
Educator	1	Registered nurse division one	1
Catering staff	1	Maintenance supervisor	1
Laundry staff (contract)	2	Cleaning staff (contract)	1

### Sampled documents

List documents eg. (add or delete as appropriate)	Number		Number
Residents' files	6	Medication charts	9
Summary/quick reference care plans	6	Personnel files	4
		Service contracts	3

## Other documents reviewed

The team also reviewed:

- Strategic Plan
- Health and Wellness model
- Improvement request reports
- Continuous Improvement register
- Compliments, comments and complaints register
- Continuous improvement work plans
- Management review committee meeting minutes
- Policies and procedures
- Annual audit schedule
- Audit documents and results
- Trend Analyses
- Education plans, program and attendance records
- Competencies, including medication administration and manual handling
- Resident admission information
- Residents' information handbook
- Resident and staff surveys
- Nursing protocol manual
- Diet manual
- Food safety program
- Menu
- Monthly activities calendar
- Accident/Incident and hazard reports
- External services contracts
- Essential services, preventative and corrective maintenance schedules
- Maintenance audits and results
- Emergency procedures guide
- Contingency plan
- Asset register
- External audit certificate against Victoria Food Act 1954
- Job descriptions/appraisal forms/contracts of employment
- Fire & emergency planning manual and evacuation site maps
- Floor plans
- OH&S committee meeting minutes
- OH&S manual
- Risk assessments
- Infection control meeting minutes
- Staff handbook
- Staff meeting minutes
- Residents/relatives meetings minutes
- Resident and staff newsletters
- Certification against 1999 Certification Instrument

## Observations

The team observed the following:

- Living environment
- Activities in progress
- Storage of medications
- Administration of medication
- Interactions between staff and residents
- Equipment and supply storage areas
- Resident rooms
- Interactions between residents and volunteers
- Posters and display material
- Residents meals
- Visitor sign in book at front entrance

## **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 organisation has strong continuous improvement systems and processes in place under the jurisdiction of the Chief Executive Officer/Director of Nursing and the Quality Manager to monitor its performance. The home’s overall strategic plan with its overarching “wellness model” derived from various relatives/residents and staff focus groups drives the direction the home takes in its pursuit of continuous improvement. Performance against management systems is monitored through a schedule of internal audits. Staff are aware of and are involved in conducting audits to monitor performance. Deficits identified through audits are documented and corrective actions developed. All suggestions for improvement, complaints and deficits are actioned via improvement request forms. Monitoring occurs until a satisfactory outcome is achieved and followed up with two evaluations to avoid re-occurrence of problems or ensure a satisfactory outcome. All results are recorded and trend analysis done every two months. The home also actively participates in external benchmarking audits against other services. The management review committee meets every six months; reviews results and future plans; and prioritises through the continuous improvement work plan. Residents and relatives reported high levels of satisfaction with the responsiveness of management and staff to their suggestions and concerns.

Achievements demonstrated relating to Standard 1, Management systems, staffing and organisational development include:

- Use of the home’s self directed learning packages and other education programs by other aged care services.
- Provision of consultancy services to other homes to assist them with their continuous improvement programs.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has processes for identifying relevant legislation and regulations, receiving updates, informing staff and residents about changes, reviewing policies and procedures and for monitoring compliance with requirements. Changes to regulation or legislation are a standard agenda item on all committee meetings. Recent examples of changes to legislation have been received and have been implemented.

### **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

Residents and resident representatives interviewed said that the staff have the knowledge and skills to carry out their roles in the home. The home evaluates whether management and staff have appropriate knowledge and skills to perform their roles effectively through an annual training needs analysis, annual evaluation of the education program, performance appraisals, competency assessments, observation of staff practices, improvement requests, results of audits, benchmarking results, and analysis of incident/accident and clinical statistics. The annual training plan is responsive to the needs of the home, for example, resident care needs, staff requests and staff personal development plans. The home supports staff to attend external education and upgrade qualifications, and the certified agreement provides incentives for staff to pursue educational opportunities. The home maintains a library with a broad range of resource material available for staff. All staff interviewed by the team stated they receive relevant education in order to perform their roles effectively. Documentation reviewed shows that the education program is effective in identifying and acting on employees' individual training needs. Education relating to Accreditation Standard 1 during 2005/2006 includes computer training, workplace bullying and harassment and the accreditation process.

### **1.4 Comments and complaints**

*This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

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

Does comply

The home has processes for advising residents/relatives of the internal comments and complaints process and external mechanisms available to them. Information about the complaint system is displayed and included in residents and staff handbooks. Residents and relatives are encouraged to complete the compliments, comments and complaints form and put them in the displayed suggestion boxes or give them to staff. Residents and relatives described the avenues they use to raise issues and said they are satisfied with the way they are responded to. Staff described the way in which they respond to complaints and were clear about their responsibilities in the process. Management has processes for collating and analysing comments (including verbal concerns and suggestions) and complaints and provides feedback to residents and relatives through resident meetings or individually as required.

### **1.5 Planning and leadership**

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

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

Does comply

The organisation has documented its commitment to quality through its strategic plan,

mission, vision, values, philosophy and objectives. This is also documented in the resident information booklet and the staff orientation guide. Expectations of staff to meet the organisation's objectives and to embrace the home's values and philosophy are explained at orientation. An organisational structure is in place to support the achievement of the home's strategic plan. The home's mission statement has been re-written to incorporate the home's "good shepherd's wellness model" and the ERIC (Excellence, Respect, Individuality, Compassion) model.

## **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 Chief Executive/Director of Nursing is responsible for financial, commercial, professional and administrative management of the home. Police record checks are required for all staff. Recruitment, selection and performance appraisal processes are in place to ensure appropriately skilled and qualified staff provide resident care. A registered nurse division one is available at all times. The home has a special nursing certified agreement which includes salary packaging options, incentives for leave entitlements, rewards for education and other regular terms of employment. Residents/relatives speak highly of the staff and care provided and the team noted that a number of staff have worked at the home for many years. Minimal agency staff are used. Staff surveys are conducted annually and have shown a high level of satisfaction.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

The home maintains stocks of goods and equipment that support good quality service provision. Staff reported feedback from residents/relatives and the team observed that equipment is maintained in good working order. A maintenance supervisor is employed across the organisation's three homes and contracted maintenance providers are used as required. Day to day and preventive maintenance programs are in place. Processes to order and store medical and other supplies are in place. Adequate levels of stocks are kept and processes are in place to order regularly. Food supplies and stock rotation processes are also in place. The team observed asset register documentation and processes for replacing obsolete items. New equipment is trialled before purchase (including OH&S assessment), and staff trained by the contractor.

## 1.8 Information systems

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

### Team's recommendation

Does comply

Management and staff demonstrated they have access to and use accurate information to help them perform their roles. Residents' care files contain comprehensive assessment and care planning information which is accessible to staff. Documentation relating to the quality management system is accessible and used by management to assist in decision making. The home has processes for securely storing confidential material and informing staff about confidentiality requirements. Staff records, residents clinical information and resident agreements are stored securely. Archiving processes are in place computer systems are password protected. Residents and relatives have access to information to assist them in making decisions about their care and lifestyle. Residents and relatives are provided with information through the resident agreement, resident information booklet, resident meeting minutes, newsletters, activities program and information on noticeboards. Documentation related to care plans is currently paper-based; a new computerised system is to be trialled and implemented with regard to medication management (Refer 2.1 Continuous Improvement).

## 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

A number of services are contracted including pharmacy, waste management, maintenance of equipment and essential services, chemicals and general supplies. Contracts sighted by the team are current and contain code of ethics, frequency of attending and relevant insurances. Management discussed processes used to monitor contractors' performance and contracts are reviewed six monthly by the management review committee. Contractors must abide by occupational health and safety requirements, phone for permission to enter the home and sign in/out. Staff and residents reported satisfaction with services provided by current contractors.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

### Team's recommendation

Does comply

Continuous improvement systems incorporating scheduled audits, surveys and corrective action are operating in regard to residents' health and personal care under the direction of the Quality Manager. The home has processes for regularly monitoring

compliance with health and personal care expected outcomes and identifying opportunities for improvement. Management demonstrates improvement activities in health and personal care showing responsiveness to the needs of residents and resulting in benefits for residents. Trends in data analysis in falls, medication incidents, infections and skin tears only show decline in numbers and these results are further analysed to determine reason for occurrences.

Achievements demonstrated relating to health and personal care include:

- Presenting their diabetes program at the Agency's better practice last year and also providing their education and training program to other aged care services.
- Trend analysis carried out on medication management incidents indicated concerns with the home's pharmacy provider. This has now been changed to a new medication system (sachets) and provider. The current nursing policy and procedure is under review due to this recent change.
- The purchase of new equipment including purchase of new beds for residents.
- Participation in external benchmarking against other services including falls prevention, medication incidents, skin tears, and infections. Results are analysed and acted upon by the home.
- The organisation has plans to implement a new computerised medication management system which will eliminate paper-based medication charts. Delivery of medication by staff will be automated using this system eliminating the need for signatures. These will be synchronized from palmtops to mainframe systems and will provide management with data and inaccuracies. Time efficiencies gained from this will be used for the home's other planned care for residents. The home will be the first nationally to trial and implement this system.

## **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

Systems are in place to enable the home meet its regulatory and legislative obligations in relation to clinical care. Annual registrations of registered nurses division one and two are recorded, and a copy of relevant legislation relating to medication management is available for staff.

## **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's approach to education and staff development described in expected outcome 1.3 Education and staff development, operates across the four Accreditation Standards including health and personal care. The home offers all care staff the opportunity to undertake Certificate III in aged care and the majority of staff have completed this qualification. Education is provided as needed to ensure staff have the necessary knowledge and skill to meet the specific needs of individual residents or manage particular conditions. All care staff complete competency assessment for a number of care skills including medication management, managing challenging

behaviours and monitoring blood glucose levels. The educator uses verbal and written questionnaires to test staff knowledge of the topics presented. The educator is currently completing a graduate certificate in wound management, and training sessions and information packages are provided for staff about individual residents' conditions such as residents returning to the home post surgery, epilepsy, Parkinson's disease and Huntington's disease. Education attendance records show that education sessions conducted in 2005 and 2006 covered a broad range of topics in health and personal care including medication systems, managing falls, palliative care, managing asthma, diabetes management continence management and managing challenging behaviours.

#### **2.4 Clinical care**

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

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

Does comply

Residents are admitted to the hostel and assessed, staff then complete 'admission information and initial assessment' forms that contain relevant care information for staff. Comprehensive assessments are then undertaken by appropriately qualified staff and detailed care plans implemented. The hostel supervisor and registered nurse division one oversees the assessment and evaluation process that involves ongoing consultation with residents and relatives. Progress notes are comprehensive and demonstrate evaluation of residents' care which occurs three monthly and is ongoing. Resident and relative feedback to the team indicated a high degree of satisfaction with clinical care received and the level of consultation by staff.

#### **2.5 Specialised nursing care needs**

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

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

Does comply

Residents specialised nursing care needs include management of diabetes, continuous oxygen therapy and wound management. Care plans document these needs and instructions for staff to optimise resident specialised care. The hostel has a nursing protocol manual available for staff, who said they refer to this for additional information when planning care. The hostel has been involved in a project focussing on developing best practice in diabetes management. The outcome of this project has been a marked decrease in infections and falls in residents with diabetes. There is an emergency management kit for acute changes in resident blood glucose levels and guidelines for management for each resident with diabetes. A registered nurse division one and/or the hostel supervisor supported by care staff ensure specialised care is provided to residents. The feedback from residents and relatives was very positive about the care received.

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

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

### **Team’s recommendation**

Does comply

The hostel has a number of practitioners who visit the residents including physiotherapist, podiatrist, dietitian, occupational therapist and visiting psychiatric team among other services. Residents also have access to a range of complementary therapies such as massage, relaxation and aromatherapy. Many residents are able to attend external appointments independently or with assistance from staff, relatives and volunteers. Residents told the team they receive these services and said staff always consult them before making referrals and said staff inform them of appointment times and the outcomes of the appointments.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Personal care staff administer medication from single and multiple dose packaging. Staff could tell the team how they ensure medication is administered to the correct residents and safe administration of medication was observed. Medication charts reviewed have photographs of residents, allergy stickers and relevant information for staff. Two residents self-administer medication, one of these residents orders and organizes their own medications independently. The occupational therapist conducts regular assessments including cognitive ability tests and physical examinations to determine the resident’s abilities to continue to self-administer medication. Staff wear red aprons when administering medication to alert others to minimize distraction at this time. The hostel has a policy of only having regular staff administer medication and residents said they are happy with how their medication is managed.

## **2.8 Pain management**

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

### **Team’s recommendation about compliance**

Does comply

Residents are assessed for their level of pain on admission and at intervals during their stay. The pain assessment tool used identifies pain that is then indicated on a ‘body’ diagram and a pain assessment summary is completed and a care plan implemented. Some pain relieving strategies used include hot packs, massage and analgesics. Evaluation of the effectiveness of strategies is completed to ensure residents are as free from pain as possible. Staff said they attend education sessions on pain management and said they apply this knowledge to ensure residents in pain are attended promptly and offered relief. Residents were observed enjoying gentle exercise activities and they said this helps manage their pain.

## 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 relatives are consulted and end of life care discussed. They are asked to provide information regarding their wishes in the event of sudden illness or deterioration. The resident’s right to refuse treatment is documented and staff said they are aware of these wishes. Staff said they respect each resident’s requests for palliative care and ensure these requests are carried out. The hostel has a pastoral care team available 24 hours per day who provide outstanding palliative care and support to residents, relatives and staff at this time. Funerals can be held in the chapel and staff said these are occasions for everyone to be involved and to celebrate the resident’s life. Relative feedback was extremely positive about the palliative care given to residents at the hostel.

## 2.10 Nutrition and hydration

*This expected outcome requires that “Residents receive adequate nourishment and hydration”.*

### **Team’s recommendation**

Does comply

The dietitian assesses residents on admission to the hostel. Their nutrition, hydration, swallowing needs and food preferences are documented on their care plans and the kitchen is informed of their needs. All residents are weighed regularly and weight gain or loss is a trigger for a referral or review by the dietitian or speech pathologist. Special diets, texture modified food, thickened fluids and eating aids are available if required. Residents are offered meal choices at each meal and are very complimentary about the quality and quantity of food served.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

Skin assessments are completed for all residents in the hostel using a specific skin integrity scale and risk management strategy. A detailed skin care and management plan is developed and resources such as pressure relieving mattresses and current wound management practices contribute to the individual skin care provided. Each resident requiring application of creams to the skin has an individual treatment sheet signed by staff when care is provided. Audits are undertaken in this area and skin tears monitored as part of the incident reporting system and logged into the quality improvement cycle. Residents told the team they are very satisfied with their skin care.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

A number of assessment tools are used to determine each resident’s pattern of toileting and continence status. A three-day flow chart is undertaken for all new residents or if a change in continence is identified. Following evaluation of this data the hostel supervisor and care staff develop an individualised continence management plan for each resident. Staff attend education on continence management and have practical information on the correct fitting of continence aids. The team observed the hostel to be odour free with residents’ saying they are assisted to maintain social continence and that staff provided their continence care with dignity.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Detailed assessments are carried out for residents identified with challenging behaviors. Each identified behavioral issue has a comprehensive care plan implemented with information to assist staff to understand triggers to the behaviors and with strategies to manage the behaviors. Staff undertake self-directed behavioral management education and are supported to implement strategies and minimize the impact of behavioral issues in the hostel. External specialist services are accessed if additional assistance is required to effectively manage challenging behaviors. Activities staff are involved in behavior management and the team observed staff interacting in a calm manner with residents. The environment and atmosphere in the hostel is quiet and conducive to minimizing behaviors.

## **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all resident”.*

### **Team’s recommendation**

Does comply

The physiotherapist and the occupational therapist assess residents on admission and during their stay at the hostel. Documented care plans reflect the level of assistance and equipment required to ensure optimum mobility and dexterity is maintained. Falls risk assessments are also carried out and all falls are recorded on incident reports and become part of the quality improvement data collection system. Exercise is a focus for residents with staff encouraging them to be active each day. Residents have recently been involved in a community sports day and are continuing to incorporate these exercises into their daily schedule. Feedback to the team from residents indicated a high level of satisfaction with how staff assist and encourage their mobility.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

Processes are in place to assess residents oral and dental care needs and to document their care requirements. Staff are aware of the level of assistance each resident requires to maintain their oral and dental health. Staff attend education on oral and dental care and are aware of the importance of oral and dental care and the impact this has on many areas of the residents’ life. A senior dentist assesses all residents annually and as required and attends to their ongoing treatment. Residents told the team they are happy with their oral and dental care.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Staff complete a ‘communication and sensory deficits assessment’ for all residents incorporating hearing, vision and communication and individual care needs are recorded on related care plans. The level of sensory loss and the assistance required is also documented on the care plans. Residents identified with sensory loss are referred to appropriately qualified practitioners for review and management strategies. Staff attend education on the care and the fitting of sensory aids and residents said they appreciate the care they receive to minimise the impact sensory loss has on their lives.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents’ usual sleep patterns and preferences are recorded on admission and at their annual review. Assessments include medical and physical factors and toileting requirements that may affect sleep. A three-day baseline sleep chart is completed and this information used to develop individualised care plans. Residents with behavioural issues that result in wakeful periods overnight are gently guided back to their rooms, offered snacks and drinks and staff spend one on one time with them until they resettle to sleep. Feedback from residents indicated a high degree of satisfaction with how staff assist residents to feel safe at night and to sleep well.

## **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

Continuous improvement related to resident lifestyle is monitored through scheduled and random audits, improvement requests and surveys. Corrective action is implemented until a satisfactory outcome is achieved and monitored through two follow-up evaluations. Results are recorded, analysed and trended. The home’s ERIC model (Excellence, Individuality, Respect and Compassion) was redeveloped and is reflected in practice and in the home’s mission statement. The five year strategic plan includes continuous improvement in maximising residents’ wellness and enjoyment of life.

The home has innovative concepts initiated and planned relating to Standard 3 of the Accreditation Standards, including:

- In February 2006 the home initiated an inter-generational friendship program between the residents and the local school children. The team viewed letters from children and residents’ photographs which showed positive results. This program will be conducted annually.
- In April the home won the competition against five other homes in various sports events. This was linked to the home’s ‘fit for life’ program where residents’ trained for the event. Due to the success and positive results on residents’ health and wellbeing, this will also be an annual event.
- Specialised programs for residents with dementia (see 3.7 Leisure Activities and Interests)
- Holiday Programs for targeted residents.
- A ‘dream catcher’ program for all residents to identify and seek to assist residents accomplish their identified dreams with the concept of never giving up hope.
- A ‘life stories’ plan to capture ten defining moments in each resident’s life; 5 pivotal people in each resident’s life to redevelop and achieve a photo diary/personal achievements diary.
- Other programs include laughter therapy, mateship, giving back to community and pet therapy.

### **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 processes for identifying relevant legislation and regulations, receiving

updates, informing staff and residents about relevant changes, reviewing policies and procedures and for monitoring compliance with requirements relating to resident lifestyle. Management can demonstrate its compliance with legislation and regulations relating to resident lifestyle through its monitoring processes.

### **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 homes' approach to education and staff development as described in expected outcome 1.3 Education and staff development operates across the four Accreditation Standards including resident lifestyle. The assistant activity coordinator is currently undertaking a diploma in community services (lifestyle and leisure); and the activity coordinator attended a lifestyle and leisure conference in May 2006. Education attendance records show that education sessions conducted in 2005 and 2006 covered resident lifestyle topics including privacy and dignity, sexual harassment, depression, celebrating cultural diversity, spirituality and resident choice (including how residents with dementia can exercise choice).

### **3.4 Emotional support**

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

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

Does comply

The level of emotional support offered to residents and relatives from the hostel and pastoral care staff is exceptional with residents/relatives saying how appreciative they are of this support and they 'could not live anywhere better'. Staff complete a seven day 'social and human needs' document for each resident and then develop a comprehensive care plan to incorporate the residents emotional needs into their daily life and care. Residents receive assistance from staff to personalise their rooms and surrounding areas. Audits and surveys are carried out showing excellent ratings in this area. Progress notes support the ongoing emotional support and involvement staff have into residents' lives and the encouragement given to relatives and friends to continue to visit the hostel.

### **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 are assisted to achieve maximum social independence with the hostel supervisor saying this is a major focus of care in the hostel. Residents are encouraged to attend external appointments independently and to go to social functions outside the hostel. Residents who attend an external day centre are 'paid their wages' by the

hostel supervisor and are then encouraged to manage this money independently. Resident/relative meetings are well attended and suggestions actioned and recorded. Residents stated staff actively encourage them to maintain interests and friendships outside the hostel.

### **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' wishes and preferences regarding privacy, dignity and confidentiality are recorded on admission and incorporated into all aspects of their care. Staff were observed knocking on residents' bedroom doors, keeping doors closed when care was being carried out and speaking to residents in a respectful manner. The hostel has policies and procedures for staff to guide them with staff saying they are aware of the privacy and dignity of all residents and that this forms the basis for all their interactions with residents. Resident files and documents are stored securely and discretely. Residents stated they feel respected by staff and are always approached with dignity and their privacy maintained.

### **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

The hostel has a 'health and wellness' program that encapsulates the activities program and forms the basis for all resident focused care provided. Residents are encouraged and supported to be involved in a wide range of leisure/lifestyle activities inside and outside the hostel. A comprehensive 'life history and personal interests' profile is documented on admission and a detailed activities plan developed. The activities coordinator and activities assistant offer a monthly program aimed at meeting all residents' needs. There is a video system available through out the hostel including each resident's room with a guide to the videos published weekly. The activities program includes outings, group and individual activities and residents and relatives confirmed their satisfaction with the program and said it is interesting and they enjoy attending very much.

### **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

The home fosters each resident's values, individual interests, beliefs and customs and these are documented on the care plan. Residents engage in typically Australian cultural activities such as observing ANZAC day, days of religious significance and birthdays that are celebrated by everyone in the hostel. Although the home has residents from predominantly Anglo Saxon background, staff have access to

interpreters and a variety of cultural information if required. The hostel has an adjacent chapel with mass being offered six days per week. The parish priest said this is an important part of some residents' lives and that all are welcome and invited to take an active part in the mass. The pastoral care team support residents' spiritual needs and consult with residents and relatives to ensure these needs are being met. Residents said their cultural and spiritual needs are respected and met by staff.

### **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 are given choice in all aspects of their daily care and in their life in the hostel. Staff told the team this is a fundamental part of their approach to residents and allow residents to decide what they will do each day. Their preferences are documented in care plans and residents confirmed that staff ask them every day 'what they want and when do they want it'. Relatives said they felt the residents are empowered to take control of their lives and are very appreciative of the staff approach in this area. Resident and relative meetings are well attended and are a forum for residents to express their choice in all areas of the hostel. Improvement forms are available in public areas of the hostel and are responded to promptly by management.

### **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

Information such as a resident agreement and handbook is provided to residents and relatives on admission enabling informed decision-making. This information is explained to them during the admission process and as required during their stay at the hostel. Residents and relatives are able to discuss with staff fees and charges, rights and responsibilities and occupancy issues. All residents interviewed expressed confidence in the security of their place with the Good Shepherd community.

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

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

### **4.1 Continuous improvement**

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

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

Does comply

The home's framework for continuous improvement described in expected outcome 1.1

includes processes for regularly monitoring compliance with physical environment and safe systems and identifying opportunities for improvement.

Achievements demonstrated relating to physical environment and safe systems include:

- The home has purchased new beds, new lifting machines, a mini bus, and upgraded the sensory garden.
- All rooms in the home have a window view to the internal gardens and historic church next door, which is being restored as a heritage building and forms part of some of the residents' history of being "good shepherd ladies".
- Even though the home has been certified as being compliant with the building certification 2008, it has plans for a major refurbishment to provide a creative, stimulating, positive and secure environment for residents and staff.
- No worksafe back injury has occurred in the home for the last 12 years.

#### **4.2 Regulatory compliance**

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

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

Does comply

Systems are in place to enable the home maintain regulatory and legislative requirements related to physical environment and safe systems. The home has processes for identifying relevant legislation and regulations, receiving updates, informing staff and residents about relevant changes and reviewing policies and procedures. Recent examples of changes to legislation have been received and implemented. Internal and external reports indicate compliance relating to physical environment and safe systems. Monthly internal workplace inspections and annual independent food audits are conducted. Catering and cleaning staff have relevant qualifications, and laundry staff are trained in the use of chemicals. Current building and essential service certifications are held.

#### **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 homes' approach to education and staff development as described in expected outcome 1.3 Education and staff development operates across the four Accreditation Standards including physical environment and safe systems. Education attendance records show that education sessions conducted in 2005 and 2006 covered relevant topics including fire and emergency procedures, colour coding and infection control, manual handling, mechanical lifting aids, food safety and occupational health and safety (assessing equipment).

#### **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

There are systems and procedures to assist management and staff to provide a safe and comfortable environment for residents including regular environmental audits. The home presents a calm and comfortable atmosphere with spacious open areas, separate lounge, dining and activity areas and tea making facilities for residents and visitors. Residents' rooms were observed to have small personal items including their own TV and wall hangings. Residents and relatives interviewed stated that they felt safe and comfortable in their environment, free to move around the home and enjoy pleasant external courtyard areas, a sensory garden, a bar-b-que area and a heritage listed chapel.

#### **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 home has a comprehensive occupational health and safety (OH&S) system to provide a safe working environment that meets regulatory requirements. The home has an OH&S committee with both management and staff representatives from all areas of the site; the committee meets monthly. OH&S is a standing agenda item for all meetings. The OH&S committee undertakes regular environmental audits, monitors and reports on all identified hazards to ensure that appropriate corrective action has been taken. There is ongoing monitoring of appropriate manual handling by staff with manual handling competencies being assessed. The team observed the home had a chemical dispensing system for safe decanting of bulk chemicals, material safety data sheets on display, signs to indicate wet floors and provided personal protective equipment for staff. All electrical equipment is checked, tagged and logged by the maintenance supervisor.

#### **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

There are a range of systems, procedures and equipment in place to minimise fire, security and emergency risks. The team observed current documents that identify compliance with the 1999 certification instrument with a safety score of 22.75 in section one and the current annual fire safety declaration. Documentation relating to fire safety and other emergencies, for example flip charts, evacuation site maps and the emergency procedures guide is easily accessible. The home utilises external contractors to undertake maintenance of the fire safety systems and the home's

records identify that these checks are attended to regularly. All staff undertake compulsory education for fire safety that is provided every six months. Records are maintained to assist in identifying staff who are due for training. The home has clearly marked exit lighting and clear egress routes. There is a security plan in place including nightly lock up procedures, external sensor lighting, key pad entry, sign in and out registers and a receptionist during business hours. At night, all external doors are alarmed, window shutters are lowered, and a security firm patrols three times per night. Residents and relatives said that emergency call bells are answered promptly.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program that includes education, provision of personal protective equipment, monitoring and analysis of infection rates, equipment monitoring and ongoing review of practices. Documentation reviewed by the team confirmed that the elements of the infection control program are in place, and monitoring, auditing and feedback of issues is tabled at the monthly infection control committee meeting and at six monthly management review meetings. The team observed staff following infection control principles prior to and after carrying out resident care activities. Observations also indicated that practices in the kitchen and laundry were in line with infection control policies. Staff are offered immunisations such as influenza injections and the educator has completed a course in immunisation.

#### **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

##### **Catering**

Residents and relatives interviewed indicated satisfaction with the quality of food and fluid provided at the home. All meals for the home are prepared fresh on site. A four-week rotating menu is in place that has been reviewed by a dietician; and residents and their representatives interviewed said it provides good choice and variety of food. Where a resident does not like the choices on the day, there are alternatives available. Snacks and fresh fruit are available daily. Residents' specific dietary needs and preferences are obtained on admission to the home. Their ongoing needs are reviewed and updated and entries in the kitchen documentation indicate good flow through of this information. From time to time the menu has been changed in response to residents' comments at residents' meetings or directly to staff. There is a food monitoring system in place that includes the dating of all food with delivery and/or use by dates. All decanted food is dated and stored in sealed containers. Temperature checks are carried out on the cool rooms, refrigerators and freezers.

## **Cleaning**

Residents and relatives interviewed by the team expressed satisfaction with the cleaning services. Planned cleaning programs are in place to ensure that all areas of the home are cleaned regularly and thoroughly. The team observed that the home was very clean in all areas during the site visit.

## **Laundry**

All residents and relatives interviewed by the team expressed satisfaction with the laundry services. Linen and residents' personal clothing are laundered on site by contract laundry staff, and the team observed staff handling linen in accordance with infection control guidelines. Processes are in place to minimise loss or incorrect placement of personal clothing.