



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to Accredite Good Shepherd Aged Services Inc - Maryville Hostel**

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

The Agency has decided that the period of accreditation of Good Shepherd Aged Services Inc - Maryville Hostel is 3 years until 8 December 2011.

The Agency has found that the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. The assessment team recommended that the home did not comply with Expected outcome 4.4 living environment. The Agency considered additional information including a submission from the approved provider and a further support contact and found that the home does comply with this outcome 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 compliance with the Accreditation Standards

Lorraine Baker  
Assessment Manager

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

## Home and Approved Provider Details

### Details of the Home

Home's Name:	Good Shepherd Aged Services Inc - Maryville Hostel				
RACS ID:	3051				
Number of beds:	58	Number of High Care Residents:	28		
Special Needs Group catered for:	• Nil				
Street:	7-9 Maryville Way				
City:	Boronia	State:	Victoria	Postcode:	3155
Phone:	03 9419 3933		Facsimile:	03 9416 1316	
Email address:	trish.adam@gsas.asn.au				

### Approved Provider

Approved Provider:	Good Shepherd Services Inc
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### Assessment Team

Team Leader:	Liz Sweeney
Team Members:	Gerard Barry
	Tracy Findling
Dates of audit:	12 August 2008 to 13 August 2008



**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	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply

<b>Agency Findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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

<b>Expected Outcome</b>	<b>Assessment Team Recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does not comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

<b>Agency Findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply



**Aged Care**

Standards and Accreditation Agency Ltd

# SITE AUDIT REPORT

Name of Home	Good Shepherd Aged Services Inc – Maryville Hostel
RACS ID	3051

## Executive summary

This is the report of a site audit of Good Shepherd Aged Services Inc-Maryville Hostel of 7-9 Maryville Way, Boronia 3155 from 12 August 2008 to 13 August 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 27 August 2008.

### Assessment team's recommendation regarding compliance

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

- 43 expected outcomes

The assessment team considers the information obtained through the audit of the home indicates the home does not comply with the following expected outcomes:

- 4.4 Living environment

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Good Shepherd Aged Services Inc.-Maryville Hostel. The assessment team recommends the period of accreditation be 3 years.

### Assessment team's recommendation regarding support contacts

The assessment team recommends there should be 4 support contacts during the period of accreditation.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 43 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 12 August 2008 to 13 August 2008.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of three 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:	Liz Sweeney
Team Members:	Gerard Barry
	Tracy Findling

## Approved provider details

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

Name of home:	Good Shepherd Aged Services Inc -Maryville Hostel
RACS ID:	3051

Total number of allocated places:	58
Number of residents during site audit:	48
Number of high care residents during site audit:	28
Special needs catered for:	Nil

Street/PO Box:	7-9 Maryville Way	State:	Victoria
City/Town:	Boronia	Postcode:	3155

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

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Good Shepherd Aged Services Inc -Maryville Hostel.  
The assessment team recommends the period of accreditation be 3 years.

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

The assessment team recommends there should be four support contacts during the period of accreditation and the first should be within 2 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 43 of the 44 expected outcomes of the Accreditation Standards.

### **Audit trail**

The assessment team spent 2 days on-site and gathered information from the following:

#### **Interviews**

	<b>Number</b>		<b>Number</b>
Chief executive officer	1	Residents/representatives	23
Hostel coordinator-registered nurse division one	1	Volunteers	2
Quality manager	1	Education and staff development coordinator	1
Care coordinator –registered nurse division two	1	Care staff	7
Education and staff development coordinator	1	Catering staff	2
Administration assistant	1	Cleaning staff	1
Catering staff	2	Maintenance staff	1
Dietitian	1	Activities staff	2
Pastoral carer	1	Support services coordinator	1

#### **Sampled documents**

	<b>Number</b>		<b>Number</b>
Residents' computerised and paper based files	7	Medication charts	7
Summary/quick reference care plans	7	Personnel files	6
Palliative care files	2	Resident agreements	8

## **Other documents reviewed**

The team also reviewed:

- Position descriptions and duty lists
- Audits
- Policies and procedures manual
- Staff Handbook
- Residents' information handbook
- Resident list
- Activities documentation
- Continuous improvement work plan
- Essential services documentation
- External contracts
- Improvement reports
- Internal audits
- Management review minutes and presentation
- Minutes of meetings
- Module assessments
- Monthly trend data
- Residents' information package and surveys
- Risk assessments
- Self assessment report
- Summary improvement requests
- Medication computerised charts
- Wound charts
- Diet manual
- Medication profiles
- Transfer records
- Pathology slips
- Nursing protocol manual
- Infection rates and data
- Incident rates
- Gastroenteritis kit
- Blood glucose kit
- Material safety data sheets
- Blood glucose reportable levels
- Restraint form
- Food safety plan
- Menu
- Refrigerator temperature records
- Education and training records

## **Observations**

The team observed the following:

- Living environment both internal and external
- Activities in progress
- Storage and administration of medications
- Medication trolleys
- Interactions between staff and residents
- Equipment and supply storage areas
- Laundry and cleaners room
- Meal services
- Bathrooms

- Better practice presentation
- Equipment and supply storage areas
- Vision mission statement
- Waste management
- Personal protective equipment
- Photography presentation
- Resident bedrooms
- Staff practices
- Noticeboards and whiteboards
- Garden/storage sheds

## **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

Good Shepherd Aged Services Inc -Maryville Hostel uses an internally developed quality management system to enhance and prioritise its continuous improvement efforts. Improvement opportunities are noted through scheduled internal audits, staff and resident meetings, regulatory compliance requirements, strategic issues and the comments and complaints system. Management actively shares quality improvements with other homes through participation in conferences, papers and presentations. The home’s documentation shows that a range of staff participate in the internal audit and improvement request systems. Recent improvements include:

- The site is undergoing a refurbishment project that involves the construction of a new building and refurbishment of some existing buildings
- Negotiated a collective agreement between staff and unions
- Developed and implemented a code of conduct for staff
- Developed and implemented policies and procedures required for the new funding tool, police checks and elder abuse requirements
- Introduced The Aged Care Standards and Accreditation Agency’s assessment modules for internal assessment purposes

### **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 is kept current of legislative changes through subscriptions to a commercial provider and industry associations. Policies and procedures are reviewed and updated, training requirements assessed and implemented and staff kept informed through memoranda, meetings and notices in the staff room. Staff confirm they are kept informed of any changes affecting them. The home has implemented police checks and mandatory reporting of elder abuse it also monitors human resource.

### 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

Training needs are identified through audits, staff appraisals and clinical analysis. An education calendar has been developed and education attendance records show staff attends mandatory education. Individual records of staff attendance at training sessions are maintained. Education sessions are evaluated and further education is planned from these results. Staff said training is occurring and opportunities for support from the home for individual training are available.

Recent education has included:

- Aged Care Funding Instrument training focusing on staff requirements with documentation.
- Accreditation training and education has occurred.

### 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

Information on the comments/complaint and improvement system is contained in the resident information pack provided to residents and relatives, contained in the home's newsletter and in the residential agreement. Information on the internal and external complaints system is displayed in the home along with spare improvement forms. Residents and their relatives can use these forms or verbally explain their concerns to the staff. Corrective action requests are raised if the concern is complex or cannot be immediately resolved; minutes of meetings confirm that complaints are discussed.

### 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 home has documented its vision, mission and philosophy making these statements readily available to residents, visitors and staff in a variety of ways. Management actively seeks feedback from residents through surveys and focus groups. Senior management review the quality system and strategic plan regularly throughout the year.

## **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

Staff are recruited to enable care of residents to meet the home's stated mission, values, philosophy and objectives. Police and reference checks are conducted; orientation is provided for new staff including competencies associated with their roles. Appraisals are conducted annually. Performance management is undertaken when staff are not meeting agreed objectives. Residents confirm their needs are met with care and respect.

## **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 has appropriate levels of supplies and equipment in all areas. Capital items are identified and budgeted for in the business plan. There is an inventory system in place to monitor general stock levels with orders being placed on an as needs basis. There are adequate storage areas for materials and equipment. Residents and relatives are happy with the service and goods supplied.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Personnel files and resident agreements are stored in secured areas. Residents' computerised files are stored securely in nurse's stations. Staff are able to access all organisational policies and procedures. Care and nursing staff maintain both hard copy and computerised resident documentation. Information of changes in resident's care needs is recorded via the computerised documentation system and staff are notified of resident care changes at handover. Information is also distributed to staff through meetings, noticeboards, to residents through meetings, newsletters and noticeboards. Staff and residents said they are aware of information when changes occur.

## 1.9 External services

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

### **Team's recommendation**

Does comply

The home has contracts in place with its major and important suppliers. Staff have access to a list of companies, individuals, doctors, physiotherapists and others who can work at the home. Evaluation is through performance, past history and competency conducted several times per year by senior management. Residents and relatives are given the opportunity to comment on the providers of services through surveys and the comments/complaints system. Management could demonstrate where changes had been made following evaluations that resulted in improved services and resident satisfaction. Residents and their relatives are happy with the choice and selection of suppliers.

## **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

Staff are involved in the continuous improvement process through the corrective action request system, internal audits, hazard and incident reporting and the monitoring of data. The effectiveness of changes made through the continuous improvement system is evaluated through the comparison of trend data, internal audits or feedback from staff and residents. Recent improvements include:

- Introduction of a new computerised care planning system complete with hand held palm pilots to improve staff efficiency and accuracy with respect to resident care.
- Introduction of a new computerised medication system to reduce medication errors and improve efficiency and information transfer between the pharmacist, visiting medical officers and staff. The change has also reduced the cost of medications to residents.

### **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

Registered nurses divisions one and two are annually required to produce evidence of their continuing registration. Police checks are also maintained for all staff and volunteers. A system for the mandatory reporting of elder abuse has been implemented. Drugs and medications are securely stored as are chemicals. Staff has access to standards, legislation and regulations that define their tasks.

### **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

Training needs are identified through monitoring of staff practises and staff requests for training. Staff complete an evaluation form after attending training sessions at the home. Compulsory training includes mandatory reporting of elder abuse and hand washing. Self directed learning packages for staff are

available that include documentation, accreditation and medication management. The education development coordinator is conducting a review of staff competencies including medication administration and diabetes. Staff confirmed training sessions for documentation has occurred.

Recent education has included:

- Identifying urinary tract infections.
- Therapeutic communication that was conducted for all staff.

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

Residents care needs and preferences are assessed on entry to the home. An interim care plan is provided until the assessment process is completed. Assessments occur over a 21 day period during which resident’s individual care needs and preferences are assessed, documented and a care plan is devised. Care plans are reviewed three monthly or as required. Consultation about care needs occurs between staff, residents and or their representatives. Staff said they are aware of residents’ care needs. Residents said they are treated very well by the care staff.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

### **Team’s recommendation**

Does comply

Residents’ specialised nursing care needs are assessed, monitored and reviewed by registered nurse division one. Reassessment of residents’ care needs and care plan reviews is also carried out by a registered nurse division one. Diabetic residents care needs are managed appropriately. Wound charts show monitoring and evaluation of wounds. Staff have appropriate knowledge and skills to attend to residents’ specialised nursing care needs. Residents said the staff are lovely and they care for us well.

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

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

### **Team’s recommendation**

Does comply

Referrals are made to audiologist, occupational therapist, speech pathologist and optometrist as required and at residents’ request. The home has a dietitian and physiotherapist contracted who visit the home regularly. The home has access to a wound consultant and palliative care specialists. Review of residents’ files indicates documented visits by specialists. Residents confirmed the dietitian and podiatrist visit regularly and said they are provided with great care.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Residents are provided with a safe system for medication management and storage. The home uses a computerised medication administration signing system and medications are administered from sachet packages. Medication is administered by registered nurse division one and personal care workers. All aspects of medication management are managed by the hostel coordinator who is a registered nurse division one. Some residents at the home have been assessed as able to self medicate their own medications. Staff have annual medication competencies. Residents said their medications are usually given out on time but at times they have to wait.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents are assessed for their requirements with pain management. Reassessment occurs and reviews of files indicate residents’ pain is managed at the home. Ongoing assessments and reviews of care plans occur with therapeutic strategies as well as analgesic medication being provided. Heat packs, physiotherapy referrals, assistive pressure relieving mattresses and repositioning of residents are strategies to relieve residents’ pain. Staff said they monitor residents to ensure they are not in pain. Residents said they are happy with how their pain is managed.

## **2.9 Palliative care**

*This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.*

### **Team’s recommendation**

Does comply

Most residents are assessed for their preferences with terminal care wishes either before or after entry to the home. Residents and relatives are consulted in regards to special care requirements. Equipment to care for residents with palliative needs include specialised mattresses, emollient creams and hi-lo beds. The home has access to a palliation team for appropriate medication administering devices and support. Pastoral guidance and support is available to provide for individual resident’s religious needs and preferences. Documentation confirms therapeutic interventions, support/ reassurance and analgesic medication provided as appropriate and review by specialist as required.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

On entry to the home residents are consulted about their food preferences, dislikes, allergies and any special diets they may require. This is followed by an assessment by the home’s dietitian and a care plan is then provided. Residents care plans are reviewed as required or at the three month review date. Staff said and records show the kitchen is informed of any changes to the residents’ requirements with protein supplements or changes in dietary needs. Residents are weighed monthly or more frequently if weight loss is identified. The home’s dietitian visits weekly to review residents’ nutrition and hydration requirements and said the staff are responsive to suggestions that are made for residents’ weight management. Staff said and records show that residents with swallowing difficulties are referred to a speech pathologist if required.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

Residents’ skin care needs are assessed on entry to the home; care plans are reviewed appropriately. Strategies to promote optimal skin integrity include creams, sheepskins and the monitoring of residents’ skin. Review of files shows that the podiatrist visits the home to monitor all residents for care with their feet. The registered nurse division one-hostel coordinator said they are able to access wound consultants to assist with wound care management. Residents said staff are wonderful and will go the extra mile to help them.

## 2.12 Continence management

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

### **Team’s recommendation**

Does comply

Residents are assessed for their needs with continence management and bowel management. Care plan are devised and appropriate reassessments occur as required. Care plans show continence aids required and the times these are assessed as being needed. Staff said they assist residents to maintain their level of continence. Residents said staff treat them with respect.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Behaviour assessments occur when residents enter the home. Monitoring of challenging behaviours and reassessments occur when needed. Care plans are provided in consultation with representatives, staff and residents where appropriate.

The home has access to the resident’s general practitioner and aged persons assessment team for knowledge and support to ensure residents are provided with quality care and understanding. Staff have undergone training in therapeutic communication techniques to assist with care provided to residents.

### **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

Each resident has a physiotherapist review and a falls risk assessment completed. Care plans for mobility and dexterity are devised and review regularly or as residents care needs change. Residents were observed by the team to be using assistive mobility aids to walk through the home. Mobility aids include a scooter, wheelchairs, wheeled frames and walking frames. Bed mobility aids were observed in residents’ rooms including bed sticks and hi-lo beds. Exercise groups are provided at the home through the activities program. The home has implemented a walking group where residents carry pedometers to monitor the steps they have taken and this is also to promote mobility for the residents. Residents said they walk independently with their mobility aids through the garden areas at the home.

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

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

#### **Team’s recommendation**

Does comply

Residents are assessed for their oral and dental needs. Care plans are provided, reviewed and reassessment occurs as required. Dental referrals occur and review of resident’s files indicates a dental technician visits the home. Staff said they assist most residents to maintain their oral and dental care. Residents said staff assist them to clean their dentures or they attend to them themselves.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

On entry to the home residents are assessed for their hearing and vision needs and preferences. Residents’ care plans reflect requirements for vision and hearing deficits. Reassessments and referrals to specialists such as audiologist and ophthalmologist occur as required or at resident’s requests. Staff said they assist the residents when they can to clean their sensory aids. Residents confirm the staff speak to them in a caring manner.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

On entry to the home residents are assessed for their preference for desired sleep patterns and care plans are provided and reviewed. Care plans state residents’ requirements with preferences for sleep. Reassessment of residents sleep patterns occur as required. Alternative strategies other than medications are provided to assist residents with sleep including; aromatherapy and relaxation music. Staff said residents have choice in the times they would like to retire for bed. Residents said the home has a quiet atmosphere for sleeping.

## **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

Management stated that their system is resident focused; this is reflected in the home’s mission statement. Residents and relatives are encouraged to make use of the service improvement form to register any concerns or areas for improvement. Information is also gained through the resident and relatives meetings and resident surveys. Information from these sources is recorded, discussed at the resident meeting and may be placed on the continuous improvement plan. Recent quality activities include:

- Sharing the success and details of the bird watching program at Maryville Hostel with other homes through a better practice seminar sponsored by The Aged Care Standards and Accreditation Agency.
- Enlarging the size and nature of the home’s newsletter and increasing the distribution of same. The newsletter is published quarterly and provides information on residents, legislation, activities, world events and anything else that is of interest to residents and other stakeholders. The aim of the newsletter is to provide an avenue of communication to all stakeholders regarding current issues and celebrations within the organisation.
- Introduced a photography club; currently four members have been supplied with a digital camera.

### **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

Residents are provided with the information they need regarding their security of tenure, rights and responsibilities, services provided and the complaints system. Any changes to legislation or fee schedules are provided to residents through personal letters, the quarterly newsletter and at the resident and relatives meetings.

### 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

Training needs are identified through staff appraisals, audits and the continuous improvement system at the home. Compulsory training for standard three includes mandatory reporting of elder abuse. Attendance records were current and staff complete evaluations of the training sessions that they have attended. Management said staff must attend four hours of training per year. Staff said they are provided with adequate training.

Recent education has included;

- Mandatory reporting of elder abuse.
- Understanding Huntington's disease.

### 3.4 Emotional support

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

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

Does comply

Residents' emotional needs are monitored on entry to the home and in an ongoing manner. Pastoral care and lifestyle staff consult with each new resident and their representatives shortly after entering the home to assess emotional needs and past life experiences. Staff utilise memorabilia and discussions to assist residents in their transition to the new environment. Relatives and friends are welcome at all times to interact with residents. Residents' representatives said staff have assisted them and their relatives during the difficult time of transition to the home.

### 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

Staff encourage residents' independence in all aspects of their life in the home. Assessment of residents' ability to achieve independence is undertaken on a regular basis. Staff confirm that they support residents to undertake daily living tasks according to their capability. Volunteers and trips into the community provide residents with connections outside the home. A number of residents continue to visit the local shops and conduct their own financial affairs. The team observed staff and volunteers promoting and encouraging independence of residents.

### **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' right to privacy, dignity and confidentiality are explained to residents and their representatives during their initial entry to the home. Confidential documentation is stored and disposed of in a secure manner. Staff receive information regarding residents' right to privacy, dignity and confidentiality and were observed to treat residents with respect. Residents describe staff as caring and feel they are being treated in a dignified manner.

### **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 home's activities program is flexible and responsive to individual resident's needs, choices and abilities. The home collates a social profile and care plan for all residents in consultation with the resident and/or relatives. A calendar of activities is posted each month and daily activities are also communicated to the residents. Relatives volunteers and lifestyle staff join together to maintain individual residents' interests through a range of activities such as bird watching, photography, music and reading, exercises, group activities, entertainers, and simple companionship. Bus outings and walks are popular with the residents. Satisfaction with the activities program is discussed at the resident/relatives' meetings.

### **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' religious, customs and cultural needs are identified through the assessment process. Denominational and ecumenical visits and religious services occur throughout the month. Special events, local events and birthdays are attended and or celebrated at the home. Activities are implemented to support or host 'other culture' activities during the year.

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

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

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

Does comply

Residents and relatives' choice and decision-making is encouraged through the assessment processes, residents' meetings, and general conversation and through the quality system. Individual choices relating to social, cultural, religious and preferred activities are recorded in the personal care plans, the dietary and menu choices, and lifestyle activities. Residents are encouraged to personalise their rooms with some of their own furnishings and memorabilia. Staff access information about residents' preferences from residents' records, handover sheets and the activities calendar. Relatives and residents reported that the home supports residents and/or relatives' involvement in making choices and decisions.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

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

Does comply

Prospective residents and relatives are interviewed, given a tour of the home and provided with information to assist them in the process of entering an aged care home. They receive further detailed information upon their entry into the home, and they are requested to sign a resident's agreement. The information they receive includes an explanation of fees and charges, services provided, rights and responsibilities and privacy. Residents or relatives interviewed by the assessment team confirm they had received the required information, knew their rights and felt comfortable with how management dealt with this outcome.

## **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

Information is gathered through the improvement system, incident reports, resident surveys, focus groups and audits. Residents are surveyed on hospitality services to assess customer satisfaction and to highlight areas for improvement. Audits of infection control and catering are also used to create improvement opportunities. Staff and residents are encouraged to complete quality improvement forms. Recent improvements include:

- A building and refurbishing program is in place and will see the first stage complete in December 2008 with the opening of a dementia specific area
- Purchased a new labelling machine to reduce the incidence of lost or unidentified clothing
- Appointed a staff member to distribute residents’ laundry two times per week. Residents state this has been a good improvement for them.

### **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

Staff are notified of changes in legislation through meetings, memoranda and notices. Chemicals are securely stored in labelled areas and there are current material safety data sheets available. Staff has received training in safe chemical and food handling. Fire and emergency equipment is serviced as per mandated requirements and records maintained.

### **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

Education and training is identified through observing staff practise, requests of education by staff and through results of audits. Staff have completed mandatory training in; fire and emergency procedures, infection control and manual handling.

Staff said they are aware of the fire and emergency procedures at the home and confirmed education for infection control and hand washing has happened.

Recent education has included:

- Understanding material safety data sheets and chemical training.
- Infection control and hand washing.
- First aid training has been provided for all staff to attend.

#### **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 not comply

Management are not actively working to provide a safe and comfortable environment consistent with residents' care needs. There is no preventive maintenance or cleaning programs in place, housekeeping audits do not identify possible hazards or unsatisfactory living conditions and maintenance requests are not being raised to alert management to failing equipment. Passageways are open to cold winds and are not heated.

#### **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

Occupational health and safety information is available to all staff and displayed in the home. There is an occupational health and safety committee that conducts audits, reviews legislation, trend data and also recommends training needs. Risk assessments have been completed for work tasks and when residents have an incident such as a fall. Staff demonstrates an understanding of occupational health and safety responsibilities and the home's incident and hazard reporting mechanisms and processes.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

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

Does comply

The home engages the services of an external contractor for the inspection and reporting of fire detection and fire fighting equipment. The home is spread over a number of separate houses with designated emergency assembly points. Emergency exits are well lit and unobstructed, the team observed numerous emergency procedures and evacuation plans displayed throughout the buildings. There is an evacuation kit containing with a list of current residents including their mobility requirements. Staff are able to demonstrate a clear understanding of fire and emergency procedures and regular training and drills occur throughout the year.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program that is overseen by the quality manager and infection control committee. There are gastroenteritis policies and procedures, gastroenteritis outbreak kit and all staff demonstrate understanding about infection control procedures. A vaccination program is in place for residents and staff. Staff are provided with infection control education at orientation and annually thereafter. Residents' infections are managed appropriately. The team observed staff using personal protective equipment appropriately and antimicrobial hand wash is available through the home.

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

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

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

Does comply

Catering and cleaning services are provided by the home's staff and all laundry and linen is washed by an external company and delivered to the home fortnightly. Colour coded cloths and mops for cleaning are available and the team observed cleaning staff using personal protective equipment. The home's cleaner works four hours per day and care staff assist with the cleaning at the home. Processes are in place to ensure compliance with food handling requirements and storage. Food is prepared in the home's kitchen and there is a four monthly rotating seasonal menu that is reviewed by the home's dietitian. A range of special events and celebrations focusing around food is incorporated into the menu. Catering staff confirm that they are informed of resident nutrition preferences and requirements from the dietitian and nursing staff. Some residents at the home said they use the small laundry to wash their own clothes. Residents said they are satisfied with the catering and laundry services provided at the home. Residents said they are not always happy with the cleaning provided at the home.