



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

## **Decision to Accredit Margaret Hubery House**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Margaret Hubery House in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Margaret Hubery House is 3 years, until 4 October 2010.

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

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

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

Anthony Lombardi  
Acting Assessment Manager  
Western Australia

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

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

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

# Service and Approved Provider Details

## Service Details

Service Name: Margaret Hubery House  
RACS ID: 7243  
Number of beds: 65      Number of High Care Residents: 56  
Special Needs Group catered for: People with dementia or related disorders.  
Other (Specify):  
Catholic religious Orders (15)

Street: 36 Fifth Avenue  
City: SHELLEY      State: WA      Postcode: 6148  
Phone: 08 9457 9625      Facsimile: 08 9354 9079  
Email address: mderonchi@scrosswa.org.au

## Approved Provider

Approved Provider: Southern Cross Care (WA) Inc.

## Assessment Team

Team Leader: Ms Kim Sinclair  
Team Member: Ms Anne Rowe

Dates of audit: 10/07/2007 to 11/07/2007



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

**Accreditation Decision**

**Standard 3: Resident Lifestyle**

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

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

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

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

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

## **Assessment team's reasons for recommendations to the Agency**

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have made findings different from these recommendations.



The **Aged Care**  
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## SITE AUDIT REPORT

Name of Home	Margaret Hubery House
RACS ID	7243

### **Executive summary**

This is the report of a site audit of Margaret Hubery House 7243, 36 Fifth Avenue, SHELLEY WA 6148 from 10 July 2007 to 11 July 2007 submitted to The Aged Care Standards and Accreditation Agency Ltd on 25 July 2007.

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

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

- 44 expected outcomes

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

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Margaret Hubery House.

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

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

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

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

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

# Site Audit Report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 10 July 2007 to 11 July 2007.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the *Quality of Care Principles 1997*.

## Assessment team

Team Leader:	Ms Kim Sinclair
Team Member:	Ms Anne Rowe

## Approved provider details

Approved provider:	Southern Cross Care (WA) Inc.
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## Details of home

Name of home:	Margaret Hubery House
RACS ID:	7243

Total number of allocated places:	65
Number of residents during site audit:	63
Number of high care residents during site audit:	54
Special needs catered for:	Mental health high dependency unit Catholic religious orders

Street/PO Box:	36 Fifth Avenue	State:	WA
City/Town:	SHELLEY	Postcode:	6148

Phone number:	08 9457 9625	Facsimile:	08 9354 9079
E-mail address:	mderonchi@scrosswa.org.au		

### Assessment team's recommendation regarding accreditation

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

### Assessment team's recommendation regarding support contacts

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

### Assessment team's reasons for recommendations

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

### Audit trail

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

#### Interviews

	Number		Number
General manager operations	1	Multiskilled carers	8
Manager residential care services	1	Business support officer	1
Services manager	1	Occupational therapist	1
Training coordinator	1	Pastoral care coordinator	1
Manager human resources	1	Physiotherapist	1
Manager administration services	1	Occupational therapy assistant	1
Manager maintenance	1	Chef	1
Clinical nurse consultant, mental health	1	Kitchen assistant	1
Clinical nurse, mental health	1	Support workers	3
Clinical support nurse	1	Representatives	8
Registered nurses	2	Residents	4

#### Sampled documents

	Number		Number
Residents' files	10	Residents' medication charts	8
Residents' care plans	10	Personnel files	6
External service provider contract	4	Residents agreements	3

## Other documents reviewed

The team also reviewed:

- 1999 Certification Instrument, dated 06/01/2001
- Accident/Incident data, 2007
- Agency Staff orientation program
- Annual resident survey, July 2006
- Appliance temperature records, 2007
- Archive records
- "As required" medication evaluation label and progress report
- Assessment tools proforma
- Asset register
- Audit results, 2006/7 (internal and external)
- Audit schedule 2007 (internal)
- Blood sugar level file
- Cleaning schedules, 2007
- Comments, Complaints and My Great Idea file
- Communication books
- Complaint form proforma
- Current orders and delivery dockets file
- Delivery records, (catering) 2007
- Dietary comment cards, 2007
- Doctors communication file
- Electronic documentation system
- Electronic mail, 2006/7
- Food temperature records, 2007
- Food thermometer calibration records, 2007
- Grounds maintenance performance Inspection report
- Hazard forms and data, 2007
- Hubery Herald (staff newsletter)
- Individual programme list including weekend
- Infection rates, 2007
- Interpreter booking form
- Job descriptions and duty statements
- Labelling process
- Linen stock register proforma
- Managers' Monthly Checklist (reports) March to May 2007
- Margaret Hubery Training Calendar 2007
- Material safety data sheets
- Medication competency (one)
- Meeting minutes file
- Mission Statement (organisational)
- Monthly expiry date checklist for medication
- New Staff and Agency Information
- Night check list
- Nutritional supplement signing sheet
- Order form for new clothes proforma
- Organisational Structure- Executive management January 2007
- Pad control documentation
- Pad Invoice file
- Pain monitoring, intervention and evaluation chart
- Palliative care and observation chart
- Performance Appraisal Planner 2007

- Physiotherapy planner
- Plan for continuous improvement, updated 01/07/2007
- Planned maintenance schedule
- Policy and procedure manuals
- Property services manual
- Records of immunisation for staff and residents, 2007
- Referral to specialist service form
- Request for Pastoral care form - draft
- Resident admission tool
- Resident dietary information file, dated 09/07/2007
- Resident information handbook
- Restocking of linen cupboards proforma
- Restraint assessment and authorisation form
- Restraint release form
- RN/EN communication book
- Room transfer record
- Service provider contract details
- Site orientation program
- Southern Cross Star (newsletter)
- Staff code of conduct
- Staff diaries
- Staff Handbook
- Staff memorandums, 2006/7
- Statement of Understanding (resident)
- Statistics file/ Physiotherapy and occupational therapy
- The Ultimate Food Service Manual
- Thirty minute resident monitoring chart
- Trade status report (record of fire detection and fighting equipment maintenance 2006/7)
- Tradespersons file
- Training records and evaluations, 2006/7
- Visitor and external service contractors sign in and out records
- Visitors and volunteers record file
- Weekly menus
- Weights file
- Work commitment report

### **Observations**

The team observed the following:

- Archive area
- Bin for destruction of confidential information
- Cleaners' colour coded equipment and rooms
- Chapel
- Chemical storage areas
- Designated smoking areas
- Disaster pack
- Equipment and supply storage areas
- Evacuation route and assembly areas
- External complaints mechanism brochures displayed
- External service provider maintaining fire panel
- Fire and evacuation map
- Fire detection and fighting equipment
- Fire exits

- Hairdressing salon
- Hand washing facilities
- Interactions between staff and residents
- Kitchens
- Laundries
- Living environment; internally and externally
- Mail box
- Maintenance shed
- Notice boards
- Organisational mission statement displayed
- Personal protective equipment in use
- Public telephone
- Residents' activities in progress
- Staff office areas
- Storage of medications
- Suggestion box

## **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 home has a robust system of continuous improvement (CI) that is overseen by the manager of residential care services in conjunction with the services manager. Feedback from quality assurance activities, staff, residents, representatives and other stakeholders is used by management to identify opportunities for improvement at the home. Management use the various staff and resident/representative meetings to source ideas and plan improvement activities. Staff were able to describe the home’s system and provide examples of recent improvements. Residents/representatives were aware of the CI system and stated that management are responsive to their ideas and suggestions.

Examples of improvements currently being implemented or planned are listed below.

- The services manager has developed and implemented a staff newsletter in March 2007 called the “Hubery Herald”, that has been well received by staff and is a valuable source of information regarding the changes at the home.
- The manager for administration services advised, and the team observed, the organisation is currently overseeing the transfer of the organisation’s policies, procedures and documentation to a web based internal electronic system. Once implemented, staff will receive training. The system is expected to be operational before the end of 2007.

### **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

Systems are in place to ensure that the identification and implementation of changes to relevant legislation, regulatory requirements, professional standards, and guidelines does occur at the home. The manager of residential care services oversees the home’s status of compliance, with the support and direction of the organisation’s management, who are responsible for updating key policy manuals. The manager of residential care services notifies relevant staff of changes and discusses the implications of changes at staff meetings. Staff are also notified of changes via emails, memorandums and letters via their payslips. Staff are knowledgeable of regulatory compliance in relation to their roles across the Standards, and that the home’s policies guide their practice.

Recent examples of regulatory compliance listed below have been identified and the relevant changes implemented at the home.

- Staff confirmed, and documentation reviewed indicated, that they have provided management with police clearance status reports as required by recent changes to *Accountability Principles 1998*.
- Management confirmed, and review of documentation indicated, that the registrations for qualified staff are current, as required by the relevant State regulatory agencies.

### **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

Management and staff are provided with opportunities to maintain their skills and knowledge appropriate to their roles and responsibilities. The organisational recruitment policies ensure that the appropriately qualified staff are employed and the internal mandatory and optional training program, overseen by the organisational training coordinator and developed for the home specifically, allow staff to complete training across all four Standards. Management use feedback gathered from annual staff performance appraisals, staff evaluations of completed training and quality assurance activities to plan a responsive program that meets staff's educational requirements. Staff have completed mandatory training as required by the home's policies across all four Standards.

Education and training has occurred at the home in the previous 12 months on the following range of topics:

- accreditation
- regulatory compliance – human resource requirements and reporting
- staff corporate orientation
- staff site induction and buddy program
- electronic documentation management software
- strategic continuous improvement.

### **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

Processes are in place to ensure that residents/representatives have access to comment and complaints processes within the home, and externally. External complaints information is displayed in the front foyer, near the mailbox. Staff discuss the processes with residents/representatives on admission, at family conferences, and it is documented in the residents' information and their agreements. Internal comments and complaints forms and a locked suggestion box are also displayed at the home's front foyer. Management analysis of comment and complaints data indicated no significant issues or trends. Residents/representatives stated that they have access to the internal and external complaints mechanisms at the home.

### **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's mission statement and commitment to quality is documented in the information provided to staff and residents/representatives, is discussed at staff orientation and discussions with residents and representatives on admission, and displayed at the home.

### **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 human resource (HR) management responsibilities are shared between the organisational and home's management. Systems are in place to cover all aspects related to regulatory compliance in recruitment, ongoing performance management and termination of employees. The organisational mission and quality standards begin with the recruitment, continue with orientation, site induction and the buddy program, and are reflected in all aspects of the HR policy and processes. All staff sign a code of conduct. Management regularly review work schedules in response to feedback to ensure the right mix and quantity of skilled staff are available to meet residents' needs. Quality assurance activities allow management to monitor staff practice. Management and staff have an understanding of their scope of practice, responsibilities associated with their roles, and have completed annual performance appraisals. Resident/representatives stated that the management and staff are caring, skilled and responsive to their needs, and that there is a sufficient quantity to meet their needs.

### **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

There are sufficient amounts of appropriate goods and equipment at the home to allow staff to provide a service that meets the home's quality standards. Designated staff in each department are responsible for managing stock and equipment. The preventative and corrective maintenance program includes equipment across all departments. Access to a preferred providers' list is available to ensure quality control. Quality assurance activities allow management to review the quality and quantity of stock and equipment at the home. Feedback from staff and residents/representatives indicated that they are satisfied with the stock and equipment provided at the home.

## 1.8 Information systems

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

### **Team's recommendation**

Does comply

The home has systems in place to manage the collection, use, storage, and destruction of information in accordance with regulatory requirements. Policies and procedures direct staff. Authorised personnel access confidential information. Electronic information is secured, backed up regularly, and is accessed via passwords. Staff sign confidentiality agreements on commencement of employment. Quality assurance activities allow management to review the system and staff practice. All staff and resident/representatives interviewed are satisfied with the communication systems at the home.

## 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

Systems are in place to ensure external service providers meet the quality standards for the organisation, the home, and the needs of residents/representatives and staff. Policy and procedures ensure that all external contracts reflect the safety, indemnity, certification, and quality standards of the organisation. The director of nursing oversees some contracts at the home, such as allied health staff, others are organisationally based with the executive management. Staff have access to the preferred providers' list that guides staff regarding the purchasing of goods and services. Management monitor the services provided by external contractors by analysing feedback at the home. Residents/representatives and staff indicated that they are satisfied with the services provided by external contractors at the home.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Examples of improvements that have been implemented or planned are listed below.

- Clinical management identified a need to implement a tool that would assist staff to complete ongoing pain assessments, interventions, and evaluations for all residents in January 2007. A tool was developed in conjunction with staff, and successfully trialled by April 2007. It is now part of the pain management procedure.
- Residents were not being weighed regularly. Management implemented a rotating weigh week system in each house successfully in April 2007.
- To improve the identification of residents at risk nutritionally, the home has successfully trialled a validated tool to assist staff to ascertain residents' health status by June 2007.

### **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

For further information refer to Expected Outcome 1.2 Regulatory compliance.

Recent examples of regulatory compliance listed below have been identified and the relevant changes implemented at the home.

- Medication incident analysis demonstrated that staff comply with the home's administration policy and adhere to the regulations for the administration of scheduled medications, as required by State legislation.
- Management advised, and review of documentation indicated, that residents' specialised nursing care needs are assessed, evaluated, care planned, and reviewed by qualified nursing staff as required by the *Quality of Care Principles 1997*.

### **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

For further information refer to Expected Outcome 1.3 Education and staff development.

Education and training has occurred at the home in the previous 12 months on the following range of topics:

- oral health
- managing aggression
- falls and restraint
- swallowing/dysphagia
- skin care in the elderly
- diabetes
- dementia Care Essentials
- pain
- appropriate use of PRN medication
- wound management
- palliative care.

#### **2.4 Clinical care**

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

##### **Team’s recommendation**

Does comply

There is a process in place for the assessment of residents on admission, routinely thereafter, and as required to ensure each resident has a comprehensive assessment of their clinical care needs. A multidisciplinary team contribute to the individual care plans which are used to guide staff. Qualified staff review care plans monthly and residents have access to an organisational clinical consultant. Documentation reviewed by the team, and interviews with residents/representatives confirmed, that they are consulted about residents’ clinical care, have input into care strategies, and are encouraged to retain their preferred medical practitioner. Staff interviewed were able to describe how they are guided by the plan to provide resident care and residents/representatives reported high satisfaction with the care they receive.

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

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

##### **Team’s recommendation**

Does comply

Appropriately qualified staff identify specialised nursing care needs required on initial assessment and as required. An individual care plan is then developed in consultation with the resident/representative, medical practitioner, and other specialist services. Qualified staff provide this care and are available twenty-four hours a day. Staff interviewed were able to demonstrate skills and knowledge in the provision of specialised nursing care and residents/representatives reported satisfaction with the care provided at the home.

## **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

All residents have an assessment on admission which includes a physiotherapy, occupational therapy, and when required, a mental health assessment. A podiatrist attends all residents and a mental health and clinical consultant are available to provide services within the organisation. A process is in place for referral to other health specialists such as optometrists, dermatologists, and dentists in accordance with residents’ needs. Processes are in place to ensure the referrals are documented and the outcomes are actioned as required. Residents/representatives confirmed they are satisfied with the access provided to appropriate health specialists. Staff interviewed reported the process used for referral.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Established systems are in place to guide staff in the safe and correct ordering, storage, administration, documentation, and disposal of medications. Resident medications are ordered by the medical practitioner and administered by registered nurses or medication competent enrolled nurses. Documentation reviewed by the team indicated that routine internal and external medication auditing and mechanisms for recording and acting upon incidents of medication errors are in place. Residents/representatives reported they are satisfied with the way in which their medications are managed. Staff demonstrated knowledge in safe and competent medication management.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

The home has pain assessment tools in place for the identification of pain in residents who are able to report pain and for those residents with cognitive and communication deficits that are unable to report. Detailed, individual care plans are then developed that describe strategies to reduce and eliminate residents’ pain followed by an evaluation of the results when analgesia is used. The plan includes identified alternative therapies which are regularly reviewed and revised to ensure residents’ pain needs are being met. Residents/representatives reported that pain is managed effectively. Care staff explained the cues and body language they use to report resident pain to qualified staff.

## **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/representatives are provided with the opportunity to record preferences regarding end of life wishes on admission. Information about residents’ cultural, spiritual, emotional, and palliative care wishes, including funeral arrangements, is discussed on admission and when the resident is approaching the terminal phase of life. Residents’ spiritual needs are supported by the home’s pastoral care worker who arranges contact for residents from other belief systems as required. Staff reported interventions used to provide comfort and dignity for terminally ill residents. Correspondence from families reviewed indicated families were pleased with the support they received when a family member was receiving palliative care.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

There are processes in place to identify residents’ nutrition and hydration requirements on admission. Residents’ likes, dislikes, allergies, and cultural requirements are recorded and communicated to relevant staff. Residents’ weight is regularly monitored with processes in place to ensure residents at risk have adequate supplements provided to maintain nutritional status. Residents have access to a speech pathologist and dietician as required and assistive crockery and cutlery is supplied when clinically indicated. Residents/representatives stated they are very happy with the meals and drinks provided. Staff were observed to be assisting residents with meals and drinks appropriately.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Registered staff assess residents’ skin integrity and pressure area risk following admission to the home, and routinely thereafter. Individual care plans detailing interventions to maintain residents’ skin integrity are written which include preventative strategies such as emollient cream and pressure relieving mattresses/cushions. Appropriately qualified nursing staff carry out wound management and an organisational clinical consultant is available to provide increased expertise, when required. Skin integrity incidents are reported, actioned promptly, and analysed by management. Staff demonstrated knowledge in wound management and residents/representatives expressed satisfaction in the care of residents’ skin.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

There is a system to identify, assess, monitor, and evaluate residents’ continence care needs on admission, annually, and as required. Care plans detail individual toileting programs and use of appropriate continence aids with bowel management programmes in place to monitor residents’ bowel function. A continence advisor is available, and the reporting and tracking of urinary tract infections is completed monthly. Staff interviewed were able to demonstrate knowledge of the continence management process. Residents/relatives reported an odour free environment and satisfaction with the assistance residents receive in their continence needs.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Following an initial settling in period, standardised behaviour assessment tools are used to document any challenging behaviours, along with strategies for management. The home has a secure area for residents admitted within the mental health system and further assessment tools are used to identify depression, behaviours exhibited, and quality of life. A behavioural care plan is developed which guides staff on interventions to minimise identified behaviours. The home uses multidisciplinary staff, which includes a qualified mental health nurse and mental health consultant for guidance in effective behavioural management planning. Individual plans are reviewed regularly and as required, and restraint is authorised in accordance with the home’s policy. Residents/representatives reported they are satisfied with the way in which staff respond to challenging behaviours and staff reported knowledge of the process of behavioural management.

## **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

Systems and processes are established to ensure that residents’ mobility and dexterity needs are identified, assessed, documented, and regularly evaluated by the physiotherapist and occupational therapist. Care plans are reflective of assessment information and provide clear guidelines to assist staff to effectively maintain residents’ levels of mobility and dexterity. Equipment is available for safe transfer and mobility, and staff demonstrate safe manual handling practices. Falls are reported and investigated with corrective measures implemented as required. Feedback from residents/representatives indicated that they are satisfied with the care received to maintain residents’ mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

There is a system to identify residents’ oral and dental needs on admission and thereafter as required. A care plan is established to guide staff on daily dental and oral hygiene needs. An annual dental examination is offered to all residents and private dental consultations are arranged as required. Staff reported the process to ensure all residents’ oral care needs are met. Residents/representatives reported satisfaction with the oral and dental care provided by staff.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents’ care needs relating to vision, hearing, taste, and communication are assessed on admission and needs documented on their individual care plans. Referral to the appropriate service is completed and results documented for follow up as required. The activities programme has sensory enrichment strategies incorporated into the programme to meet identified needs. The staff reported strategies used for safe storage and maintenance of sensory aides. Residents were observed to be wearing appropriate aides and representatives reported they are satisfied with the assistance given by the staff in the management of sensory loss.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Processes are established to assist residents to achieve a natural sleep including an assessment of sleep patterns on admission if required. Strategies to assist residents to achieve improved sleep are documented on the care plan, reviewed regularly or when required. Staff monitor residents with sleep disturbances. Pharmaceutical and complementary therapies are used to assist residents to sleep. Staff report strategies used for the effective promotion of natural sleep. Residents/representatives indicated that they are satisfied with the assistance residents receive 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

Refer to Expected Outcome 1.1 Continuous improvement for further information.

Examples of improvements that have been implemented or planned are listed below.

- Management introduced a process in March 2007 where staff send sympathy cards to the family of recently deceased residents. Feedback from staff and families has been positive.
- Management and administration staff have revised and updated the resident/relative handbook and the home’s brochure in February 2007, to ensure the information reflects the current policies and practices at the home.

#### **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

For further information refer to Expected Outcome 1.2 Regulatory compliance.

Examples of regulatory compliance listed below have been identified and the relevant changes implemented at the home.

- The organisation has a privacy policy reflecting legislative requirements.
- The information in the resident agreement reflects the requirements set out in the *Aged Care Principles 1997*.

#### **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

For further information refer to Expected Outcome 1.3 Education and staff development.

Education and training has occurred at the home in the previous 12 months on the following range of topics:

- The Spirit of Christmas
- facilitating spiritual reminiscences for older people with dementia
- Getting It Right (diversional therapy)
- Person Centred Care.

### **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

There is a system in place for providing support to residents in adjusting to life at the home that includes opportunities to visit prior to entry, and provision of an information pack. Qualified staff assess residents' emotional needs on admission and develop an individual therapy programme to guide staff practice. Residents/representatives are encouraged to personalise residents' rooms and visiting hours are open. Staff reported that residents are welcomed into the home, introduced to other residents, families and volunteers, and invited to attend activities within the home's community at their own pace. Residents/representatives confirmed that they are supported on entry to the home and that the support is ongoing.

### **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' previous social, cultural, and spiritual requirements are identified and recorded during the assessment process. The occupational therapist and physiotherapist complete assessments, which include identification of aids and equipment required to maintain independence. Volunteers and community visitors are an integral part of the home with opportunities for residents to interact with the outside community. Staff demonstrated knowledge of ways they could encourage residents' maintenance of friendships and residents/representatives reported that residents are assisted to maintain independence at their optimum level.

### **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

Established systems are in place to ensure residents' privacy is maintained, including the secure storage of confidential records. Residents' right to privacy is reflected in their agreement, the home's privacy policy and in the resident handbook, which is distributed to the resident on admission. Resident accommodation is comprised of single rooms with en-suite facility or a double room with shared bathroom. Privacy curtains are hung in shared rooms. Care staff were observed to maintain residents' privacy and dignity whilst providing care, and interacted with residents in a respectful and courteous manner. Residents/representatives described how staff respect their personal space and assist them to access private areas inside and outside to meet with family and friends.

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

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

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

Does comply

Residents' individual leisure interests and preferred activities are assessed by the occupational therapist on entry to the home and a care plan is developed to guide therapy staff in provision of therapies and social activities. A seven day week activity programme is developed from resident care plan information each month, for therapy staff to implement. This includes cognitive, sensory, fine and gross motor skills type therapies, and a wide range of social and leisure activities. Resident attendance is recorded for review and evaluation of participation in the programme. Residents/representatives feedback indicated a high level of satisfaction with the activity programme.

### **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 documents each resident's interests, customs, and spiritual beliefs on admission in individual care plans and this information is used when programming activities. Specific spiritual needs are supported with an organisational pastoral care co-ordinator and a pastoral care worker at the home. A Catholic mass is held six days per week and residents of other faiths have interventions in place to support and assist them in spiritual practice. Multicultural community visitors are organised to give residents the opportunity of speaking in their native language and interpreter services are used. Residents/representatives indicated satisfaction with the efforts made to assist residents to meet their spiritual and cultural needs and preferences.

### **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

Systems are established to ensure residents and their representatives are consulted regarding residents' clinical care and lifestyle preferences, and that residents can access health professionals of their choice, where possible. Residents/representatives have access to internal and external complaints systems, residents/representative meetings, and the continuous improvement feedback system. Residents/representatives are informed when clinical changes occur. Staff demonstrated knowledge of resident choices and personal preferences. Residents/representatives indicated that they are satisfied with the opportunities residents have to make choices and lifestyle decisions.

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

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

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

Does comply

Residents/representatives are offered a residential care service agreement and a residents' handbook on admission. Residents and their representatives are invited and encouraged to seek clarification or explanation from senior management regarding any aspect of the agreement. Residents with special needs have access to appropriate specialist services, external advocacy, and guardianship/administration if required. Consultation with residents/representatives occurs prior to any room changes. Residents/representatives indicated that they understand residents' rights and responsibilities of tenure.

## **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

For further information refer to Expected Outcome 1.1 Continuous improvement.

Examples of improvements that have been implemented or planned are listed below.

- A disaster pack was created in June 2007 to assist management and staff in the event of an evacuation. Processes are in place to ensure the pack is checked regularly and kept up to date with changes at the home.
- The outcome (72 per cent) of an internal cleaning audit in June 2007 has resulted in a review of the cleaning program at the home. Duty statements have been reviewed in conjunction with support workers responsible for cleaning, and new schedules were implemented in early July 2007. The changes have yet to be evaluated.
- Changes to State legislation related to the use of single use items has resulted in management currently reviewing the impact of the changes in relation to the home’s policy and procedures. Staff are currently trialling a new overnight urine bag and sourcing specialised equipment for enteral feeding.
- A review of residents’ beds in June 2007 identified that there were no evacuation sheets in place. As a result of the review, there are now five evacuation sheets insitu for those residents that require them to be safely evacuated in the event of an emergency.

### **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

For further information refer to Expected Outcome 1.2 Regulatory compliance.

Recent examples of regulatory compliance listed below have been identified and the relevant changes implemented at the home.

- The manager for occupational health and safety (OHS) and injury management has provided information related to workers’ compensation that has been communicated to staff via memorandums posted on the dedicated OHS notice board in the staff room, and dangerous hazard legislation has been sent via electronic mail to the home’s OHS representative.
- The home has met the building requirements in accordance with the *1999 Certification Instrument*.
- For further information refer to Expected Outcome 4.1 Continuous improvement.

#### **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

For further information refer to Expected Outcome 1.3 Education and staff development.

Education and training has occurred at the home in the previous 12 months on the following range of topics:

- safe food handling
- infection control
- manual handling
- chemical
- fire and safety
- external graduate certificate in IC (ongoing).

#### **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

Management maintain the home via a preventative and corrective maintenance program, and monitor residents' safety and comfort through analysis of quality assurance activities – results are positive. There is a mix of single and five double rooms, with ensuite bathrooms. Residents can control light, noise, temperature, and privacy within their rooms, and decorate them with personal furniture and memorabilia. The internal communal areas are ambient, external areas are landscaped, and both provide private areas for retreat. After hours security procedures are in place, including staff duress alarms and overnight external security surveillance. Restraints are used with representatives' consent, medical authority, regular staff supervision and review, and one area of the home is secure. Residents/representatives indicated that residents are comfortable and feel safe at the home.

#### **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's elected OHS representative attends the OHS committee regularly, overseen by the organisational manager for OHS and injury management, and reports back to staff and management. OHS is a standing agenda item at staff meetings. Staff have completed OHS training and it is part of the organisational orientation. Hazards are reported and analysed to identify possible risks, hazards, and unsafe practices. Environmental reviews occur regularly to assist staff and management to monitor standards at the home. Staff demonstrated an understanding of the reporting mechanisms and their regulatory responsibilities in the workplace, as outlined in the home's policy and staff job descriptions.

#### **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**

There are systems and processes in place to ensure that the home is prepared in the event of a fire, security or other emergency. Fire detection and fighting equipment are present and maintained. Staff have completed fire and safety training. Emergency procedure manuals, maps and a disaster pack are available to guide staff, residents, and visitors. The results of external approved professional site inspections are positive.

#### **4.7 Infection control**

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

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

Does comply

The residential care services manager is the focal point for the infection control (IC) program at the home, and an external IC consultant is available for support and training. Registered nursing staff report and collate resident infection incidents, which are reviewed at clinical staff meetings as a standing agenda item. Environmental and hand washing auditing occurs to monitor staff practice. Infection outbreak policies and procedures are in place. Staff have completed mandatory IC and safe food handling training. Staff wear appropriate protective equipment and have an understanding of infection control principles and strategies to minimise the risk of infections and cross infection.

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

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

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

Does comply

The home is clean and odour free. Staff are trained and knowledgeable of their roles and responsibilities. Processes are in place to allow management to monitor staff practice. Dietician approved menus are rotated four weekly. The chef prepares meals on site, and is notified of residents' dietary changes. All laundry is serviced on site. The standard of catering, cleaning and laundry services at the home is monitored and opportunities for improvement identified are actioned in a timely manner. Resident/representative feedback is positive on the standard of catering, cleaning and laundry services at the home.