



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT MAJOR FINDINGS – ASSESSMENT INFORMATION**

Name of home	The Armitage Assisted Aged Care (formerly Armitage Manor)
RACS ID	3596

### **Scope of this document**

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted an audit from 5 May 2009 to 6 May 2009 in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998.

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

This is the report, submitted to the Aged Care Standards and Accreditation Agency Ltd on 8 May 2009, of the matters that the assessment team believes are the major findings of the site audit. This is additional to the *Statement of major findings* issued at the end of the site audit. The combined document gives the team's recommendations and the reasons for those recommendations. It outlines the information on which any recommendation of non-compliance has been based. It may also include suggestions for improvement or details of deficiencies identified that may also need to be addressed.

### **Next steps**

You are advised to consider carefully the content of the *Statement of major findings* and this *Site audit major findings – assessment information*. If you wish to make a written response, this must be received by the Agency within 14 days. The Agency will consider any written response when making the decision regarding accreditation for the home.

Responses will be accepted by email, fax or post to your local office marked as 'Response to *Statement of major findings* and *Site audit major findings – assessment information*'. Please send your written responses to:

Response to the *Statement of major findings* and *Site audit major findings – assessment information*

Aged Care Standards and Accreditation Agency Ltd

Email: vic\_tas@accreditation.org.au

Facsimile: 03 9898 7577

Mail: Melbourne Office

PO Box 398

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Total number of allocated places:	58
Number of residents during site audit:	54
Number of high care residents during site audit:	33
Special needs catered for:	Nil
Email address for submission of Site audit major findings – assessment information:	quality@mckenzieacg.com

### Audit trail

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

### Interviews

	Number		Number
Acting director of nursing	1	Residents/representatives	15
Registered nurses	3	Lifestyle staff	2
Care staff	4	Laundry staff	1
Physiotherapist	1	Cleaning staff	2
Catering staff	1	Maintenance staff	1
Education and human resources coordinator	1	Group operations manager	1
Group quality systems manager	1	Resident/staff support officer	1
Director, marketing and admissions	1		

### Sampled documents

	Number		Number
Residents' clinical files and associated documents	6	Medication charts	10
Lifestyle assessments and care plans	6	Personnel files	7
Residents' administration files	6		

### Other documents reviewed

The team also reviewed:

- Activities attendance folder
- Activities calendar
- Activity evaluations folder
- Activity guest list folder
- Aged care certification assessment instrument
- Agency staff orientation folder
- Approved suppliers list
- Audit calendar

- Audits
- Care plan for a resident's pet cat
- Choice and decision making training paper
- Code of conduct
- Competency based education records
- Compulsory reporting register
- Consumer focus register
- Definitions of performance categories
- Education calendar and associated records
- Elder abuse self directed learning package
- Emergency lighting maintenance logbook
- Essential fire safety systems test record – valves/pumps
- Evacuation lists
- Evacuation systems report
- Evidence folder
- Facility feedback folder
- Fire evacuation drill audit
- Fire safety orientation
- Flyers folder
- Hazard register
- High care to higher care at another facility letter template
- Holocaust memorial day service notes
- How to guides – security of tenure, collection and classification of infection control data, reporting suspected elder abuse, completing an incident/accident report, supplier agreements, hazard reporting, risk management
- Improvements register
- Incident report data and analysis
- Incident/accident report
- Infection control data and analysis
- Infection control in pandemics pamphlet
- Interview questions – personal care assistant, kitchen hand
- Lifestyle manual for activity staff
- Lifestyle systems audit
- Low care to high care letter template
- Meeting agenda – carers
- Meeting minutes
- Meetings folder
- Memoranda - legislative changes on missing residents', police checks
- Menu
- Missing laundry item form
- Monitoring of infections sheet
- New starter checklist
- Nutrition and hydration audit (external)
- One : one weekly activities register
- Orientation checklist
- Performance appraisal folder
- Performance appraisals master list
- Police check register
- Position descriptions
- Pre-admission permanent pack
- Preventative and reactive maintenance program
- Prudential compliance statement
- Quality report folder

- Recruitment policies and procedures
- Registered nurses certificate record
- Resident dietary requirements form
- Resident lifestyle working folder
- Resident movement form
- Resident newsletter
- Resident weighs' list
- Resident/relative checklist for admission
- Residents' handbook
- Residents' initial enquiry package
- Risk assessment
- Rosters
- Site resident evacuation list
- Skin tear trial instructions
- Social, religious, spiritual, cultural and preferred lifestyle assessment
- Staff handbook
- Staff specimen signature sheet
- Stock ordering system
- Supplier agreement
- Supplier annual evaluation form

### **Observations**

The team observed the following:

- Activities announcement
- Activities in progress
- Advocacy brochures
- Blank card (to be sent from the home to the family of a deceased resident)
- Equipment and supply storage areas
- Hot box service
- Individualised pigeon holes for doctors'
- Interactions between staff and residents
- Living environment
- Lunch service
- Meal service
- Preventative maintenance
- Resident reading newspaper in the sun
- Residents' gathering for walking group
- Residents' referring to blackboard with daily activities advertised
- Staff notice boards
- Storage of medications

## Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

### 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 mature and robust continuous improvement system with staff, residents’ and relatives supported and encouraged to participate in meetings, audits, surveys, and by submitting comments, compliments, complaints, suggestions and hazard and incident reporting. Improvements are registered on an online improvement program which monitors and ensures continuous improvement issues are actioned and that initial risks are assessed and evaluated prior to closing. All input and output from continuous improvement tools are evaluated by the organisation’s quality team and feedback is provided individually or through minutes, memoranda and newsletters. Continuous improvement is a standard agenda item for all meetings and a monthly quality report is produced to report on continuous improvement activities. The continuous improvement system is monitored through internal and external audit and self-assessment processes and trends are identified and actioned as appropriate. Staff and residents confirm their participation in the continuous improvement process and are satisfied ongoing improvements occur.

Examples of continuous improvements in Standard one include:

- Evaluation of staff satisfaction surveys across all the organisation’s facilities identified that improvements were required in the wording and intent of the philosophy, values, mission and vision statement. The statement was reviewed and redeveloped to reflect current goals and there is ongoing education provided to staff on the organisation’s vision, mission and philosophy.
- Staff identification badges were improved to add photos and to incorporate emergency procedure colour coding as a result of feedback from resident representatives.
- The orientation program for staff was reviewed and run for all staff, current and new, resulting in a greater staff awareness of the home’s processes and in improved completion of feedback forms and incident reporting.
- A review of document storage and filing procedures in the carers’ office has resulted in improved access to documents and time saving benefits.
- Feedback from residents following a resident satisfaction survey indicated that residents’ were having difficulty understanding the intent of questions in the survey. A review of the survey resulted in a larger print format for easier reading, an additional section allowing for appreciative comments, simplified questions and additional space for comments.

## **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

Regulatory and legislative updates and information are made available to the home through a legal update system, relevant authorities and industry specific agencies. At an organisational level regulatory and legislative changes are monitored and changes are assessed for their potential impact on policy. If changes are required, 'how to guides' that guide staff practices are updated and these are communicated to staff and residents through memoranda, staff and resident meetings, on noticeboards and in education. Compliance is monitored through observation of staff practice and the home's audit program. A police checks register is maintained for all staff, volunteers and regular contractors. The home has supplier agreements that ensure police checks of their staff are maintained by the supplier. Contractors who are used on an as needed basis and do not have police checks, are supervised while at the home.

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

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

### **Team's recommendation**

Does comply

The home demonstrates that staff have the knowledge and skills required for effective performance. New staff receive an information package and attend an orientation program which includes organisational policies and procedures, mandatory reporting, occupational health and safety training and fire safety and emergency procedures. An ongoing education program is developed from staff training needs analysis, surveys, staff appraisals and compulsory training. Staff are encouraged to participate in both internal and external professional development opportunities and records of attendance at sessions and qualifications achieved are maintained. A management support program is place, networking and conferences also occur. Staff confirm they have been supported in areas of management and leadership.

## **1.4 Comments and complaints**

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

### **Team's recommendation**

Does comply

The home displays internal and external complaint mechanisms throughout the home and documents the complaint process in the resident and staff handbook and in the resident agreement. During orientation the residents and relatives are shown the location of the suggestion box and the facility feedback forms and comment and complaint processes are reinforced at family conferences, at resident and staff meetings and during informal conversations. All comments, compliments and complaints are registered, acknowledged, discussed at meetings and followed up as required. The staff orientation program includes information on the internal and external complaints process and managing feedback from residents, relatives and visitors. Residents and staff know about making comments or expressing concerns through appropriate means and said that management is responsive to concerns or suggestions.

## **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's vision, mission, philosophy and values incorporating the home's commitment to quality is displayed throughout the home and included in resident agreements, staff and resident handbooks and orientation information for residents, staff, volunteers and contractors. The home's ethos of 'our family caring for your family' is embodied in the vision, mission, philosophy and values and is reflected in the work practices and the commitment to the residents' shown by all staff of 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

Appropriately skilled and qualified staff are employed at the home to meet resident care needs. The director of nursing oversees the recruitment process and new staff are educated in the home's philosophy of care and agree to a code of conduct. Position descriptions and duty lists inform and guide staff in areas of resident care, organisational relationships and professional development. Staff are provided with a thorough orientation of the work practices, complete competencies relating to their areas and work buddy shifts to ensure awareness of responsibilities. Performance appraisals are conducted annually and all staff are provided with a staff handbook. An education program is in place which reflects staff preferences and ensures staff participation in mandatory training programs. The director of nursing analyses and monitors staffing levels and resident care needs. Residents' express confidence in the abilities of regular staff and are extremely satisfied with the services staff provide to them. Staff state they enjoy their work and express a commitment to the residents and to the home.

## **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 well established systems in place to ensure there are stocks of appropriate goods and equipment for quality service delivery. Key staff members, in conjunction with the acting director of nursing have the responsibility of monitoring stock levels of clinical and non-clinical items. There is a system in place for the routine servicing of and maintenance of equipment and arrangements for when repairs are required. The team observed appropriate stocks of goods and equipment located throughout the home. Staff indicated they have sufficient supplies of stocks and equipment to facilitate quality care and service delivery.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Information required for the provision of quality care and services is gathered through the clinical assessment and care planning process, confidential financial and contractual information, staff employment, continuous improvement activities, organisational updates and correspondence. Residents', relatives and staff receive handbooks that provide information regarding privacy, dignity and confidentiality. Resident and staff information is well organised, reviewed regularly and stored securely in key pad access offices. Electronic information is password protected and backed up regularly, resident and personnel files are archived securely and confidential information is stored in secure document bins for destruction by a contractor. Regular resident and staff meetings are held and minuted and policies and 'how to guides' are regularly reviewed. Staff report they receive information in newsletters and memoranda, at handover and at staff meetings. Residents and relatives confirm they are made aware of information relevant to them through newsletters, noticeboards, resident and relative meetings and by mail.

## **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 systems in place to ensure that externally sourced services are provided in a way that meets the needs and quality expectations of the organisation. Management have processes in place to select, monitor and evaluate contractors' level of service, and ensure the contractors' meet all necessary regulatory requirements. Supplier agreements are signed by external suppliers and management and an approved suppliers list documents the approved external services. Supplier agreements are evaluated annually and this review considers feedback from residents'. Residents' and staff said that they are satisfied with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

The home has a continuous improvement system that demonstrates improvements in residents' health and personal care. Scheduled audits, surveys, incident reporting, facility feedback forms and infection data are used by staff, residents' and relatives' in relation to Standard two. Outcomes are discussed and actioned locally and forwarded to the organisation's quality team for internal benchmarking and review. Staff confirm improvements have occurred in resident health and personal care and residents are satisfied their clinical care needs are met.

Examples of continuous improvements in Standard two include:

- An analysis in falls identified there had been an increase in falls in January 2009. New strategies were introduced including an information session for residents' on falls prevention, longer calls were provided for call bells and notices were displayed to increase awareness of falls prevention. Additional equipment was purchased including sensor mats and bed sticks. Introduction of these strategies have resulted in a continuing decrease in falls.
- Incident monitoring identified a substantial increase in skin tears. Strategies introduced to reduce the incidence of skin tears included the development of a skin tear prevention brochure for residents and the commencement of a trial of suitable preventative products aimed at the reduction of skin tears.
- Alert stickers have been purchased for residents' with similar names following an issue with this being identified in a medication audit.

### **2.2 Regulatory compliance**

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

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

Does comply

The home has systems in place to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. Annual nursing registrations are sighted and a copy maintained in staff personnel files. Policy and 'how to guides' guide staff practices and changes in regulatory requirements trigger policy review as necessary. Registered nurses division one manage the assessment, planning, implementation and evaluation of resident medication and specialised care needs. Medications are stored and administered according to legislated processes. Compliance is monitored through observation of staff practice and audits. Staff confirm they are informed about legislative and regulatory requirements regarding health and personal care.

### **2.3 Education and staff development**

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

#### **Team’s recommendation**

Does comply

The home demonstrates that staff have appropriate knowledge and skills to perform their roles effectively. New staff participate in an orientation program and are supported by a buddy system and clinically by the registered nurses. An ongoing education program is developed from staff training needs analysis, staff appraisals, compulsory training and changes to residents care needs. Annual compulsory training compliments staff knowledge and clinical care. Competency based self directed learning packages include medication administration, pain management, dental hygiene, diabetic management and texture modified diets. Staff state they have access to policy manuals and ‘how to guides’, clinical resources and are supported in their roles.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Effective systems are in place to ensure that resident care needs are identified and met on entry and on an ongoing basis. The care plan development is managed by registered nurses division one in partnership with the resident, relatives and the health care team. Care is directed through the multi page care plan; acute episodes are managed through the handover process and progress notes. Personal care staff are supported in the implementation of the care plan by registered nurses. A comprehensive education program supports this process. Residents said and surveys confirmed that they are very satisfied with the manner in which staff manage their clinical care needs.

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

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

#### **Team’s recommendation**

Does comply

Registered nurses division one are responsible for the assessment, care planning and review of residents’ specialised nursing care needs. Residents’ specialised nursing care needs are identified through the entry assessment process, input from resident, relatives and specialist health care providers. External services are utilised as a need is identified. A comprehensive education program compliments these services. Some of the care provided includes pain management, diabetic management and wound management. Residents stated and audit results confirmed that residents are consulted about their specialised nursing care needs and that they are happy with the level of care they receive.

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

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

### **Team’s recommendation**

Does comply

Residents’ are assisted to access specialists and other health professionals in accordance with their needs and wishes. Residents’ have access to and are informed of a range of services available to them within and outside the home. Records show that any recommended or new treatments are communicated to the registered nurse division one and implemented by care staff. Residents’ stated and audit results confirmed that they are satisfied with the support provided in accessing appropriate health services and of the benefits it provided them.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Systems are in place to ensure that medication is managed safely and correctly and in accordance with regulatory requirements and professional standards and guidelines. The administration of medication is managed by registered nurses division one, and residents are assisted to take their medication by registered nurses division two and personal care staff. Annual medication competencies and a medication advisory committee compliment this process. Residents stated and audit results confirmed that residents’ medication is managed safely and correctly and that there have been minimal medication errors.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Systems are in place to ensure that residents’ with pain are identified and managed through the assessment, care planning and review processes. Some of the strategies used to minimise resident pain include regular analgesia, gentle exercise, hot and cold packs, massage and bed rest. Education is provided to staff on effective pain management and external resources are accessed as needed. The home monitors its performance in this area through the quality system. Residents’ stated that care staff are responsive to their needs and that their pain is managed effectively.

## **2.9 Palliative care**

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

### **Team’s recommendation**

Does comply

Initial and ongoing discussion of residents terminal care preferences are discussed on entry and as the need arises. Residents’ and relatives determine how they will be supported during their final stages of life. In the event that residents’ choose to spend the end stages of life at the home, palliative care resources are available. Extensive counselling and chaplaincy services are available to support residents’, relatives and staff during this significant stage of

a resident's life. Memorial services form part of this process. Staff stated and quality data confirmed the appreciation of the support provided to residents' and relatives during this important stage of a resident's life.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Residents' nutritional and hydration needs are identified through the entry process and from this information a comprehensive nursing care plan is developed and implemented. Residents' identified at nutritional risk are referred to the dietitian or a speech pathologist. Staff are aware of each resident's individual requirements, dietary supplements and aids. Quality data indicated and residents' and their relatives state that they are very satisfied with the quality and diversity of the meals provided.

## **2.11 Skin care**

*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

### **Team's recommendation**

Does comply

Risk management and skin assessments are conducted on entry and from this information a care plan is developed. Pressure relieving devices, emollient creams and strategies implemented when skin irritation occurs forms part of the care plan. Staff have access to external expertise should the need arise. Resident and relatives confirmed they are consulted and have input into the development of their care needs. The home monitors its ongoing performance in this area and opportunities for further improvement are identified. As a result the home is currently conducting a trial of the use of specialised emollient lotions and creams.

## **2.12 Contenance management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's recommendation**

Does comply

The continence management system includes individual toileting plans and the use of continence aids. Management strategies include the use of natural dietary products, fluids and exercise. Continence management forms an integral part of the education program. Specialist services are available should the need arise. Residents' and relatives stated and audit results confirmed that resident continence needs are appropriately met.

## **2.13 Behavioural management**

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

### **Team's recommendation**

Does comply

The home uses assessment, care planning and review processes to identify triggers and trial interventions to manage residents' behavioural problems. The home recognises possible underlying factors such as pain, monitors the effectiveness of interventions and liaises with

aged psychiatric services as needed. Staff have received specific education on understanding dementia. The team observed positive staff resident interaction and noted a quiet calm environment. Singing around the piano and reminiscing supported this program.

#### **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

The physiotherapist assesses each resident for their mobility and dexterity needs. Each resident is provided with an individual exercise program and care staff support the resident in the implementation of the program. Falls risk assessments identify strategies to reduce falls and minimise injuries to residents’ and include suitable bedding, sensor mats, hip protectors and other aids. Group exercises and twice daily walks are included in the activities program. Residents’ confirmed that they are supported in maintaining optimum levels of mobility and dexterity and quality data confirms that there has been a decrease in the incidence of falls.

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

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

##### **Team’s recommendation**

Does comply

On entry to the home, assessments are completed to identify resident needs and preferences to maintain their oral and dental health. Residents’ have access to dental services of their choice or alternatively, a domiciliary dental service visits the home. Residents’ and relatives stated and audit results confirmed that their oral and dental hygiene needs are met.

#### **2.16 Sensory loss**

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

##### **Team’s recommendation**

Does comply

The home has effective systems in place to ensure that residents’ sensory loss needs are identified and managed effectively. Alternative strategies to promote communication such as speaking clearly, large print information and lighting are utilised. Residents’ have access to optometry and audiometric services as needs are identified. Residents’ and relatives stated and audit results confirmed that residents’ sensory needs are met. Residents’ commented on the anticipation and enjoyment provided in the aroma generated by the preparation of food and of the subtlety of the perfumes through the aroma therapy program.

#### **2.17 Sleep**

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

##### **Team’s recommendation**

Does comply

The home has systems in place to ensure that residents’ are enabled to attain natural sleep patterns. Care plans include rising and settling times, rituals and strategies. Some of the

strategies used to promote sleep include the maintaining of a quiet environment, adjustment of room temperature and lighting and the provision of a warm milk drink. Residents' report that the home is quiet at night and that they generally 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

The home actively pursues improvements in resident lifestyle, including the maintenance of residents’ control of their own lives and their rights to privacy, dignity and choice within the home. Lifestyle issues and improvements are discussed and implemented through meetings including preferred activities and timeframes for activities. Audits address privacy, dignity and the provision of a safe and secure environment. Residents’ actively participate in the decision making process through resident meetings, surveys, facility feedback forms and informally. Residents’ conduct their own fundraising for charities they select. Residents confirm their satisfaction with improvements in the area of resident lifestyle.

Examples of continuous improvements in Standard three include:

- Changes have been made to the exercise program following a review by the physiotherapist. New exercises have been added to the program and pool noodles have been introduced providing the added benefit of being bright and stimulating for the residents.
- As a result of a feedback form from a staff member and after consultation with residents, the home’s record player was replaced with a compact disc player to improve safety for the residents’ and staff and to allow for the provision of a greater variety of music.
- Following feedback from residents regarding other residents moving in front of the television, a new television stand has been introduced that enables residents to view the screen more easily with decreased interruption from residents’ on the move.
- A microphone has been purchased for use in resident and relative meetings and in activities to enable residents’ greater participation by being able to hear the speaker clearly.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has systems in place to identify and ensure compliance with all legislative and regulatory requirements relating to resident lifestyle. Residents and relatives are provided with a resident agreement and resident handbook which detail information relating to their security of tenure, internal and external complaints mechanisms and rights and responsibilities. Residents’ are provided with information regarding specified services and information relevant to privacy. Lifestyle documentation supports legislation and regulations relating to residents’ current and ongoing needs and preferences. Staff receive information and education on elder abuse and mandatory reporting and staff and residents’ report they are satisfied with information given by the home, are informed of their rights and responsibilities and of any relevant changes regarding regulatory compliance.

### **3.3 Education and staff development**

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

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

Does comply

The home demonstrates that staff have appropriate knowledge and skills to perform their roles effectively. New staff participate in an orientation program and are supported by a buddy system. An ongoing education program is developed from staff training needs analysis, staff appraisals, compulsory training and changes to residents care needs. Lifestyle staff have attended education in food handling, emotional support and philosophy and values. Staff also participate in conferences specific to their area of work. Staff state they have access to policy manuals and 'how to guides', and are supported in their roles in lifestyle and activities and with ongoing resources.

### **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' and relatives receive orientation to the home and ongoing support to adjust to the new environment. Additional support is given to residents in adjusting to the home, including one-on-one time from lifestyle staff and introducing new residents to staff and co-residents and introducing them to the activities program and the services the home provides. Care staff provide emotional support during the settling in period and through significant lifestyle events. A resident support officer is available to residents' to provide grief counseling, emotional support and reassurance. Residents' are encouraged to bring in personal items including small pieces of furniture and photos to help create a homelike atmosphere and are assisted to maintain and build friendships of their choosing both within and outside the home. Residents' confirm that they feel well supported and cared for in the home and said staff are nurturing and provide ongoing support.

### **3.5 Independence**

*This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

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

Does comply

Residents are assisted to achieve maximum independence, to enjoy the life of the home, and encouraged to maintain ongoing contacts and involvement with family and friends in the wider community. Care staff attend to residents' and provide support as required whilst being mindful to encourage residents' independence. Individual recreational activity programs for residents are provided with input from the individual with a focus on independence and maintaining choices. Residents' are able to choose the activities they wish to attend, enjoy quiet time in their rooms or outside in the courtyard garden areas. Families and friends are encouraged to participate in the activities of the home and outings are arranged for residents' to participate in community activities if so desired, including shopping expeditions and outings to other residential communities. Residents' confirm they are encouraged to maintain independence in their daily life.

### **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' rights to privacy, dignity and confidentiality are supported by staff practices, and the policies and 'how to guides' of the home. Residents' information was observed to be stored securely and handover was conducted in a confidential manner. Staff address residents' according to their wishes and provide personal care with respect to privacy and dignity. Indoor and outdoor areas of the home provide private areas for residents to enjoy by themselves or with family and friends and residents' have keys to their own rooms. Staff were observed interacting with residents and their families in a respectful manner. Residents' and relatives confirm that members of staff treat them with dignity and respect.

### **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' leisure and lifestyle preferences are assessed following entry to the home in consultation with residents and relatives. The lifestyle assessment incorporates social, religious, cultural and preferred lifestyle needs and captures past and present interests; the activities choices assessment includes preferred social activities and emotional support requirements. Lifestyle care plans are developed detailing individual needs and are reviewed and evaluated regularly. A wide range of activities is offered at the home with some of the most popular being the 'girls talk', sing-a-longs around the piano, happy hour, exercises and outings. Special events are held regularly including 'grandchildren's day', a high tea dance and 'Australia's biggest morning tea'. The activity calendar is clearly displayed on notice boards and black boards for residents' to view and all residents receive the calendar in their rooms. Residents and relatives are able to have input into the program through monthly meetings, surveys and by feedback directly to the activities staff. Residents' express great satisfaction with the leisure activities offered at the home.

### **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' cultural and spiritual needs are identified on entry for individual cultural and spiritual needs and preferences and these are incorporated into their plan of care. Cultural care and multicultural awareness resources are available and a multicultural day is held to celebrate cultural difference and increase staff and residents' awareness of each others cultural heritage. Residents' spiritual needs are met with visits from local clergy and religious services are offered at the home with ecumenical services well attended at Easter and Christmas. Celebrations of cultural events and days of significance are incorporated into the activity programme and residents' celebrate birthdays and other significant occasions as desired. Residents' expressed satisfaction with the support the home offers them to attend to their cultural and spiritual needs.

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

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

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

Does comply

The home's philosophy and staff practices support and uphold the residents' right to participate in decisions about the services they receive. Resident meetings are used as a forum for residents and relatives to communicate any concerns or changes and residents are encouraged to discuss and communicate their views. Resident surveys and comments and complaints mechanisms are utilised by residents and relatives to provide feedback to the home. Residents' are encouraged to exercise choice and control regarding all aspects of their care including choice of doctor, refusal of treatment, personal care choices, spiritual and cultural requests, and terminal care wishes. Residents' were observed participating in independent activities of choice and residents' reported their satisfaction with the choices available to them.

### **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

Prior to entry to the home, residents and relatives are provided with an initial enquiry package including an application for residency, resident handbook, activities calendar and a schedule of fees and charges. Upon entry to the home a resident agreement is signed that documents security of tenure, resident rights and responsibilities, complaints mechanisms, privacy and care and services provided. The charter of rights and responsibilities is displayed in the home. When changing from low to high care services, the resident and relatives receive a letter detailing the change of services provided and discussions are held with the resident and relatives to explain why they are moving to high care. Residents' and relatives confirm they are informed of any changes to their security of tenure or rights and responsibilities in newsletters, resident meetings or by mail. Residents confirm they feel safe and secure in the home and know what is expected of them in a shared living environment.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has a system that supports ongoing improvements in the physical environment and safe systems. The system includes updated policies and ‘how to guides’, audits, staff education and satisfaction surveys. Incidents, infection data and hazards are recorded and information gathered is collated, reviewed and analysed for trends. Documentation indicates follow up actions occur in response to issues identified. Food surveys and food safety audits are conducted and a food safety program is implemented at the home. Staff confirm ongoing improvements in the physical environment and safe systems occur and residents’ are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvements in Standard four include:

- Following complaints received and comments made regarding the cleanliness of rooms a new audit tool has been developed, regular meetings are held with the cleaning management, education has been given to the cleaners and new cleaning work schedules have been implemented. This has resulted in improvements in the cleanliness of the home.
- A new missing laundry item form has been introduced after comments from residents’ regarding a number of items of clothing missing. The home has also introduced an offer of laundry labelling to residents’ and relatives to alleviate the problem of clothing being mislaid in the laundry. This has been extremely well received by the residents’ and their families.
- New formatting of the incident form and accompanying education when the form was introduced has resulted in improvement in the reporting of incidents.
- A new gastroenteritis kit was implemented to minimise the impact of an outbreak on residents’ resulting in increased stock and guidelines available for a quick response in the event of an outbreak.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

Systems and processes are in place to identify and ensure that the home is compliant in relation to the physical environment and safe systems. Internal communication systems ensure changes to regulatory information are appropriately communicated to staff, residents, relatives, volunteers and contractors. Essential services are maintained by external contractors and risk assessments have been completed for manual handling tasks and chemical usage. The kitchen is registered with the local council and meets all food safety requirements. Regulatory requirements are reflected in work practices and in the home’s systems and processes related to occupational health and safety, fire safety and infection control and staff confirm adherence to required work practices and procedures.

#### **4.3 Education and staff development**

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

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

Does comply

The home demonstrates that staff have appropriate knowledge and skills to perform their roles effectively. New staff participate in an orientation program, which includes an overview organisational policies and 'how to guides', mandatory reporting and occupational health and safety. Annual compulsory training education includes fire and safety, hand washing, mandatory reporting, chemical knowledge, infection control and manual handling. Catering staff have completed the food handlers' course and the occupational health and safety representative has completed the five day occupational health and safety course. Staff knowledge and practices are enhanced by ongoing training provided by the home. Staff state they have access to policy manuals and 'how to guides' and are supported in their work through an extensive education and training program.

#### **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

The home provides single rooms with en suites. Residents' have access to private and communal spaces including a variety of community sitting areas, dining rooms and paved patio and balcony areas. Residents' are encouraged to personalise their rooms. Regular environmental audits are conducted to ensure that potential hazards are identified and addressed promptly. A corrective and preventative maintenance program is in place. Small garden and patio areas and surrounds are well maintained. Residents' were observed to be enjoying both the internal and external environment either communally or privately.

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

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

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

Does comply

The home has an occupational health and safety system to provide a safe working environment that meets regulatory requirements. A qualified work place health and safety representative is on site encouraging and supporting safe work practices, occupational health and safety meetings are held and the orientation program includes fire and emergency orientation, manual handling, information on bullying and harassment, elder abuse, chemical safety and hazard identification. Staff report incidents and hazards and these are monitored and reviewed for trends. A preventative maintenance programme for plant and equipment is supported by reactive maintenance as necessary. Regular monitoring of safety in the workplace is supported by ongoing manual handling training, maintenance programs, workplace inspections and environmental audits. Staff practices demonstrate an understanding of occupational health and safety issues and staff are satisfied management is actively working towards providing a safe working environment.

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

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

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

Does comply

The home has effective systems in place for preventing, detecting and acting upon fire, security and emergency risk. Fire orders and evacuation procedures are located strategically throughout the home, emergency exits are clearly marked and free from obstruction and residents' have emergency evacuation procedure checklists behind each door. Resident lists are updated daily and identify resident transfer and mobility requirements in the event of an evacuation. Fire detection and fire fighting equipment is regularly tested and maintained by specialist contractors and all electrical appliances have been tagged and tested. Orientation education on fire and emergencies for staff is supported by annual education on emergency procedures and fire and emergency audits. All doors to the home have key pad access and an intercom and bell is available for after-hours visitors. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff are aware of their responsibilities in the case of fire or other emergencies.

#### **4.7 Infection control**

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

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

Does comply

An Infection control program is in place to identify, monitor and manage infections. Staff are educated in infection control measures and requirements at orientation and annually thereafter. Immunisation for both residents' and staff is encouraged. Hand washing sites are available throughout the home, protective equipment is available and there is a system in place for the disposal of sharps and infectious waste. Infection control resource information is available. Catering, care and lifestyle staff have participated in food handling courses. Infection control measures are part of the portfolio and monthly reporting system. The home monitors its performance in this area and opportunities to improve are identified and acted upon. Data collection and analysis indicate that infections are kept to a minimum.

#### **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 has systems to encourage resident feedback about the standard of hospitality services provided and actions are taken to address any concerns identified. The menu offers choices, and is changed in response to feedback from residents and a consultant dietitian. Staff are aware of residents' meal preferences. The home monitors the standard of cleanliness in bedroom and communal areas. Laundry services are delivered in a way that ensures careful processing of linen and resident clothing, and prompt return. Residents' and relatives stated that they are very happy with the standard of meals, the pleasant and clean environment, and the responsiveness of management in addressing any issues related to the laundering of personal clothes.