



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of Home	Greenway Gardens Aged Care
RACS ID	3686

### **Executive summary**

This is the report of a site audit of Greenway Gardens Aged Care RACS ID 3686 from 9 December 2008 to 10 December 2008 submitted to the Aged Care Standards and Accreditation Agency Ltd on 24 December 2008.

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

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

- 44 expected outcomes

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Greenway Gardens Aged Care

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

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

The assessment team recommends there should be 2 support contacts during the period of accreditation.

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

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 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 9 December 2008 to 10 December 2008.

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of 3 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:	Christine Brodrick
Team Members:	Allison Manning
	Heather Pearce

## Approved provider details

Approved provider:	Gold Age Pty Ltd
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## Details of home

Name of home:	Greenway Gardens Aged Care
RACS ID:	3686

Total number of allocated places:	47
Number of residents during site audit:	43
Number of high care residents during site audit:	33
Special needs catered for:	Dementia

Street	27-29 The Greenway	State:	Victoria
City	HEATHMONT	Postcode:	3135

Phone number:	03 9738 0500	Facsimile:	03 9738 1224
E-mail address:	r.jenkins@goldage.com.au		

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

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Greenway Gardens Aged Care.

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

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

The assessment team recommends there should be 2 support contacts during the period of accreditation and the first should be within 6 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 2 days on-site and gathered information from the following:

#### **Interviews**

List types of people eg. (add or delete as appropriate)	Number		Number
Facility manager	1	Residents	6
Systems manager	1	Relatives	4
Quality Assistant	1	Laundry staff	1
Administrator manger	1	Cleaning staff	2
Registered nurses division one	1	Activity coordinator	1
Registered nurses division two	3	Physiotherapist	1
Care staff	3	Chef and catering staff	2
Maintenance	1		

#### **Sampled documents**

List documents eg. (add or delete as appropriate)	Number		Number
Residents' files	5	Medication charts	7
Summary/quick reference care plans	5	Personnel files	5
Deceased resident files	2	Resident agreements	6

## Other documents reviewed

The team also reviewed:

- Activities calendar
- Activities summary report
- Agency staff orientation checklists
- Audit summary/action sheet
- Board quality reports
- Computer care documentation
- Calibration logs
- Completed compliments, suggestions and complaints forms and analysis
- Consent and privacy form
- Contractors handbook
- Corporate meeting schedule 2008
- Corporate monitoring checklist
- Corrective action folders
- Credential reports lists
- Criminal record check register (electronic)
- Cultural needs report
- Diabetic management documentation
- Draft risk/hazard alert list
- Draft volunteer handbook
- Draft volunteer policy
- Duty guides
- Education documentation
- Electronic action list
- Electronic asset register
- Electronic maintenance data
- Electronic preventative maintenance schedule
- Emergency packs and air viva
- Emergency equipment checklists
- Employee survey summary
- Essential services providers list
- Fire panel documentation
- Food safety program folder
- Hand washing audit
- Handover sheets
- Hazard register
- Improvement plan
- Incident data
- Individual daily participation sheets
- Infection control orientation package
- Infection control self directed learning package
- Infection rates analysis
- Infectious outbreak protocol
- Job descriptions
- Junk mail folder
- Kitchen hygiene report
- Laundry audit
- Local paper folder
- Medical equipment
- Medication documentation
- Meeting minutes
- Meeting schedules 2008 and 2009
- Monthly communication diary reports

- Monthly QA reports
- Pest control folder
- Policies and procedures
- Preadmission and admission checklist
- Preventative maintenance schedule
- Quality assurance folder: standard one
- Quality assurance program checklist
- Quality assurance program: standard one, schedule and audit folder
- Quality assurance program: standard two, schedule and audit folder
- Quick reference guide folder
- Quick reference guide folder
- Record of hearing aid battery change
- Recruitment policies and procedures
- Resident consent and privacy exceptions
- Resident emergency list
- Resident Security check list
- Residents allocation book
- Residents representative survey
- Residents' information handbook
- Residents' information package and surveys
- Resident food preferences register
- Restraint documentation
- Risk assessments
- Site specific checklist and balances
- Social leisure profiles
- Spiritual needs report
- Staff Handbook
- Staff orientation handbook and documentation
- Staff signature register
- Temperature records of food and equipment
- Visitor sign in book
- Volunteer orientation checklist
- Whiteboards in the kitchen with resident information
- Wound management documentation

## **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Cleaners' room
- Emergency communication systems
- Emergency equipment
- Equipment and supply storage areas
- External Security systems
- External complaints information
- Feedback forms displayed
- Fire panel
- Interactions between staff and residents
- Kitchen area
- Lifting equipment
- Living environment
- Meal service
- Medication round
- Medications arriving from pharmacy
- Medication Trolley
- Menu displayed
- Notice to residents and relatives regarding accreditation site audit
- Oxygen storage
- Pest control devices
- Photo album of food service
- Storage of medications
- Storage of food
- Training room
- Utility room
- Video surveillance

## **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 robust management systems at a corporate and site specific level that support continuous improvement activities. The systems include effective reporting and analysis processes to allow management to identify issues that require follow up. Residents, representatives and staff have access to systems and forums in which they can raise issues of concern with management. Documentation confirms that issues are referred to appropriate managers or committees for action. Residents, representatives and staff confirmed their knowledge of and satisfaction with the systems in place and the feedback provided to them regarding issues they have raised.

Recent continuous improvement activities include:

- Following the staff survey and staff appraisals an education calendar has been developed and displayed for 2009;
- A calendar of regular staff meetings has been developed and displayed in the staff room to remind staff of when meetings are scheduled;
- A contractors handbook and letter of agreement has been developed and provided to appropriate external contractors;
- A survey has been introduced as part of the family conference process to formally capture feedback on any area of care or services provided;
- Establishment of a contractors’ review meeting to confirm the provision of an agreement and handbook, orientation and a criminal record check;
- The provision of an individual log in for nursing agency registered nurses division one to enable identification, tracking and follow up of tasks undertaken on the computer system;
- Two portable wireless computers were purchased for staff to use at the bedside when undertaking assessments or reviews of residents.

### **1.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home subscribes to a legislative update service and receives newsletters and information from aged care industry associations and relevant government departments. Changes to legislation are communicated to staff via memos, electronic communication noticeboards and at staff meetings. When relevant, education sessions are arranged. Policies and procedures are reviewed and

updated on a rolling basis in consultation with staff and final versions are then advised and distributed. Systems are in place to record staff, volunteer and contractor criminal record checks have been carried out.

### **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's education calendar is developed with feedback from staff during performance appraisals, staff surveys and in response to resident needs. The calendars are a work in progress and reflect resident and staff needs. Information on external training courses is available to staff in the staff room. Staff training attendance records and evaluations of courses attended are kept and analysed for effectiveness and staff satisfaction. Recent education has included continuous improvement and complaints management. Staff advised the team that access to education is good and that they are encouraged to pursue and attend education opportunities.

### **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

Residents, representatives, staff and visitors use the home's mechanisms to provide compliments, suggestions and complaints about the care and services provided. The systems available are communicated in the various information booklets, on noticeboards and brochures for the home's complaints system and external complaints mechanisms are available throughout the home. Relevant meetings and surveys are also held to provide and receive information on the home's care and services. The new family conference survey requests feedback on legislation, service issues, communication, resident care and compliments, suggestions and complaints. Feedback from the resident and representative survey conducted between June and August 2008 showed a high level of satisfaction with all areas of care and services, and this was confirmed in resident and representative interviews.

### **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 mission statement, philosophy, strategic plan and organisation chart are displayed in the home's reception area and are reviewed annually. The mission statement and philosophy are also included in resident, staff, volunteer and contractor information booklets. The corporate board and the

home's manager demonstrate their commitment to quality through their pursuit of best practice at every level of care and service. The commitment to quality is also evident in its policy statements. The corporate management maintains a separate corporate continuous improvement plan to improve services at all its homes and is currently developing plans for the future direction of the organisation.

#### **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 home has well established systems in place to ensure that there are sufficient and appropriate levels and skills of staff to cater for the changing needs of residents. Appropriate levels of staff are maintained in the home and there are protocols in place to replace staff absences as necessary. There is a comprehensive orientation and education program offered to all staff, and staff report that they are supported during their orientation period. Annual appraisals for staff are performed, and systems are in place to monitor credentials and police checks. Job descriptions and duty lists are available, and staff report that they are well supported in their roles. Residents confirmed that they are comfortable with the knowledge and responsiveness of staff that care for them.

#### **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 systems in place to facilitate the effective ordering of supplies of stock for each area of the home. Staff confirmed that they have adequate supplies of goods and equipment and an overflow supply of some items is held. An electronic asset register is maintained by the facility manager and the administration manager. Electronic records showed that preventative maintenance is being undertaken according to the schedule. Corrective maintenance is prioritised and attended to in appropriate timeframes. New equipment is trialled prior to purchase and electrical equipment is tested and tagged annually. Staff and residents confirmed their satisfaction with the type and condition of equipment provided by the home.

#### **1.8 Information systems**

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

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

Does comply

There are robust systems and processes in place to ensure the secure storage of residents' care and financial information, staff and management information. A system of password protected delegated access ensures staff have access only to information that is relevant to their position in the home's computer

based systems. Staff use a mixture of corporate and site specific documents and all are managed and monitored to ensure that only authorised and current documents are in use. Policy and procedure documents are reviewed through formal processes and when revised old versions are removed and archived. Staff are informed of meetings, education sessions and other relevant information through electronic and physical noticeboards and memos. Minutes are distributed to relevant stakeholders and are available in the staff room. Residents and their representatives confirmed that they are advised of resident/relative meeting times and that minutes from these meetings are available for them to read. A public address system is used to announce activities and lunch.

## **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 maintains detailed information about the external contractors it uses and enters into formal agreements with them. The agreements examined were all current. The agreement and contractor's handbook sets out the terms and conditions under which contractors are engaged. There is evidence of reference checks and professional registrations on external contractors' files and police checks are obtained for all personnel who attend the home. Management and staff monitor the standard of goods and services provided by its external contractors and recently changed the home's chemical supplier. Management, staff and residents are satisfied with the standard of goods and services they use or receive.

## **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's quality systems assist care staff to pursue continuous improvement in relation to residents' health and personal care. Results of audits, surveys and residents' incident data are analysed to identify areas for improvement. Clinical staff education is targeted to ensure resident care needs are undertaken by staff with the skills to do so. Respondents to the 2008 resident/representative survey indicated high levels of satisfaction regarding their personal care and the staff who care for them.

Recent continuous improvement activities have included:

- The home's diabetes management and blood glucose level monitoring forms have been updated to include the reportable range identified by the medical practitioner and whether the medical practitioner was contacted if the reading was outside this range
- The home designed and purchased rubber stamps for its registered nurses division one to increase the efficiency and clarity of signature blocks in resident records. The stamps allocate space for a signature and date and state that the signature is that of a registered nurse division one;
- The allocation of staff portfolios has occurred and include infection control, wound management, pain, palliative care, sleep and diabetes;
- Resident incident reporting procedures have been updated and now include additional information;
- The pain assessment form has been updated to include exercise as a possible intervention to consider.

### **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

Clinical staff have access to relevant regulatory information, guidelines and acts electronically and in hard copy. Updates to legislation are communicated to care staff via electronic communication noticeboards, memos and at staff meetings. A register of the professional registrations of nursing staff and health professionals is updated annually and recorded in the electronic credentials system. Medications are stored and administered according to legislation.

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

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

#### **Team’s recommendation**

Does comply

The home’s education program is designed to ensure that care staff have the required knowledge and skills to perform their roles effectively in relation to residents’ health and care needs. Care staff education needs are identified through annual appraisals, the annual employee satisfaction and training survey, or residents’ changing care needs. Audits are conducted to assess staff compliance with policies and procedures. Staff confirmed that they are supported to attend education sessions in-house and externally as a need is identified. The orientation program and buddy shifts educate new staff to individual resident care needs. Clinical training sessions have included how to assess clinical needs in relation to the new aged care funding instrument and in topics such as pain assessment and management, nutrition and dysphagia, medication errors and the impact, nutrition and diabetes, incident reporting, creating and management of care portfolios and the compulsory reporting of elder abuse.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents at the home receive appropriate care which meets their needs and preferences. A registered nurse division one assesses and evaluates care plans on a regular basis. Documentation reviewed and interviews with representatives confirm that they participate in the care planning process and are informed of any care changes. Clinical processes ensure that clinical needs are identified and medical doctors are contacted when required. Interviews with residents and representatives and the review of documentation demonstrate that processes are in place for ensuring that care needs are monitored. Staff confirmed that that they are well supported by senior staff and residents commented on the high level of care they receive. The resident survey for 2008 indicates that residents and representatives are very happy with the provision of care.

### **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

Processes in place enable specialised care needs to be identified and managed by qualified staff. Registered nurses division one oversees the provisions of current needs such as wound care and diabetic management. Staff interviews and the review of documentation and training records indicate that they have a sound knowledge of care requirements and actions to be taken according to the resident’s management plan. Consultants are accessed

when required to further enhance management plans. Staff confirmed that medical emergency training has been provided and the team observed that emergency equipment is regularly checked and readily accessible.

## **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

To ensure that the health and well being of residents is met allied health care professionals are consulted when required. The processes of assessment, staff observation and regular care review enable residents to be referred to appropriate health professionals in accordance with their needs and preferences. The review of documentation and discussions with staff and residents demonstrate that other health professionals’ are included in the provision of resident care. Documentation showed that referrals to specialists such as optometrists, physiotherapists, podiatrist, dietician and mental health teams are accessed.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has systems in place to ensure that medications are managed securely and in accordance with legislation. The review of documentation and interviews with staff confirm that a competency based medication training program is used to monitor staff practices together with regular auditing. The team observed that staff adhere to the homes procedures when administering medications. Medications are securely stored and in accordance to there relevant schedule rating. Systems are in place for those residents who self medicate and their compliance is monitored regularly. Residents and representatives stated that they receive their medications on time.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

A comprehensive verbal and non verbal assessment process enables residents’ pain to be identified and managed on admission and then on an on going basis. Residents’ pain management plans that include non-pharmacological strategies are reviewed for their effectiveness. Residents confirmed that exercise programs, massage and aromatherapy is used to assist with pain management. In addition for residents with chronic pain the physiotherapist uses ultra sound and TENS machines which has resulted in better outcomes for residents. Pain management is used as an indicator for

determining residents' mobility and behavioural care plans. Residents stated that their request for pain relief is responded to in a timely manner.

## **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 who may require palliative care are assessed to identify their individual preferences as well as cultural and physical needs. A palliative care staff portfolio is in place and five staff members have been trained to assist residents and their representatives in discussing and preparing advanced care plans. External palliative care specialists are consulted as required to provide expertise and support. The palliative care team has introduced sensitive memorial processes to acknowledge and pay respect to residents who have died. The team reviewed a deceased resident's file which indicates that appropriate and sensitive care was provided.

## **2.10 Nutrition and hydration**

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

### **Team's recommendation**

Does comply

Systems are in place for identifying, assessing and reviewing residents' nutrition and hydration needs. Review of documentation confirmed that resident information on dietary preferences, medical requirements and need for assistive devices is transferred to the kitchen. Residents' weights are monitored and interviews with residents confirmed that supplements and varied food consistency is provided when weight loss or swallowing difficulties are identified. A speech pathologist and dietitian are accessed when required. The team observed that the meals were well portioned and plenty of fluids are available for residents. The home has small kitchenettes areas where residents and representatives can make drinks for themselves.

## **2.11 Skin care**

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

### **Team's recommendation**

Does comply

Systems are in place for identifying residents who require additional interventions to optimise their skin integrity. Residents' skin integrity is assessed using a rating scale on admission and monitored through staff observation and care plan reviews. A registered nurse division one oversees wound management systems and regular auditing ensures that appropriate supplies are available. The review of documentation and interviews with staff confirms that relevant training has been provided and that additional resources are available for staff to care for simple to complex wounds. Residents and representatives confirm that measures are taken to improve skin integrity such as the use of cream emollients and skin protection devices. Manual handling

equipment is available to minimise skin damage.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Care staff demonstrated that continence management practices are effective in meeting residents’ needs. Residents’ faecal and urinary continence is assessed on admission. Continence plans are developed where required and then reviewed on a regular basis. A continence portfolio has been established to advise staff on best practice and preventative measures to improve residents’ continence. The review of documentation and interviews with residents and representatives confirm that continence management is reviewed and interventions monitored. Urinary tract infection data is collected and outcomes discussed at relevant meetings. The team observed large stocks of continence aids at the home.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

The needs of residents with challenging behaviours are managed effectively and safely in a secured unit. Systems are in place for identifying, assessing and monitoring residents with challenging behaviour. Effective strategies are recorded on the resident’s care plan and where appropriate additional expertise is sought and recommendations acted upon to improve resident outcomes. Staff education has been provided on dementia and the staff were observed to be effective and caring when managing residents with challenging behaviour. The home has physical and chemical restraint policies and procedures in place and documentation is reviewed regularly. Representatives are very happy with the care residents receive in the secure unit.

## **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

Residents’ mobility and dexterity is identified and risk assessments completed on admission and then reviewed regularly. Falls prevention systems operate and falls data is discussed at relevant meetings. Residents exercise plans have been developed by the physiotherapist and the implementation is monitored by care staff. The physiotherapist’s hours have been increased to assist with improving pain management which enables residents to maintain their mobility. Residents were observed to be enjoying the external walking areas and an internal walking areas are labeled in metres inside the home. Residents confirm that measures are taken to optimise their mobility and that mobility and dexterity aids used are in good working condition.

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

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

#### **Team’s recommendation**

Does comply

Resident’s oral and dental health is identified, assessed and reviewed. Documentation reviewed indicates that oral needs are maintained by staff regularly reviewing residents and recording changes on care plans. Dental services are arranged when required and residents are provided with an application form for accessing the domiciliary dental unit on admission. Residents and representatives confirm that their dental needs are being met.

### **2.16 Sensory loss**

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

#### **Team’s recommendation**

Does comply

Residents’ sensory losses are identified and managed effectively. Documentation confirms that residents’ sensory needs are reviewed and evaluated. Systems in place include the regular checking and recording of when hearing aid batteries are reviewed as well as regular observation of residents ears. Health professionals such as optometrists and audiologists are consulted when required and where able residents visit these consultants at their clinic. Residents and representatives stated that processes are in place for improving residents’ sensory losses and preferred communication strategies implemented and these strategies are incorporated into the activity program.

### **2.17 Sleep**

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

#### **Team’s recommendation**

Does comply

Residents sleep patterns including preferences and naps are identified, assessed and reviewed regularly. Triggers that may disturb residents sleep patterns such as pain, behaviour and continence is incorporated into the care planning process. Non-pharmacological strategies such as warm milk is provided to assist residents achieve natural sleep. Residents and representatives stated that staff are able to assist them in achieving natural sleep.

## **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’s quality systems assist lifestyle staff to pursue continuous improvement in relation to residents’ lifestyle. Results of audits, resident and representative satisfaction surveys and feedback from resident/relative meetings are analysed to identify areas for improvement. Lifestyle staff pursue education that assists them to improve the programs and support they provide to residents to directly address their needs. Respondents to the 2008 resident/representative survey indicated their satisfaction regarding how they passed their time and high levels of satisfaction regarding the staff.

Recent continuous improvement activities have included:

- Resident participation in activities forms have been updated to include more information about the level of participation of each resident. New folders have been implemented for the filing of these forms;
- The home purchased a video recorder to record activities and a camera to record resident activities and for photos on resident files;
- The home engaged a volunteer to assist residents to complete the resident satisfaction survey independently and without influence from staff or family members;
- The introduction of DVD evenings three times a week following requests from residents. The anecdotal feedback has been very positive;
- Lifestyle staff have negotiated for a local church to provide communion for residents on Sundays and are awaiting the return of the criminal record check before this service can commence.

### **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 offers authorised residency agreements to all residents and the team observed signed agreements on residents’ administration files. Residents sign a comprehensive consent and privacy form during the admission processes. The charter of residents’ rights and responsibilities is displayed in the home and information about this is included in the resident information booklet. All staff sign a confidentiality statement. Residents are provided with a lockable drawer in their rooms. Residents receive the specified care and services items to which they are entitled.

### **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 lifestyle coordinator is a registered nurse division two and has recently received an additional qualification as an exercise instructor. Other education undertaken by the lifestyle coordinator has included respecting patient choices and attendance at the national recreation and dementia conference. All staff are able to access education on subjects relating to residents' lifestyle through the aged care channel. The calendar of training opportunities through Alzheimer's Australia is displayed on the education noticeboard in the staff room. Staff confirmed their satisfaction with education opportunities under this standard.

**3.4 Emotional support**

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

**Team's recommendation**

Does comply

The home is able to provide emotional support to the residents and their families in the initial phases after entry to the home and then throughout the residents stay. Initially staff use various strategies to get to know the resident and assist them in their transition to life within the home. Care plans for the residents are formulated with their emotional needs taken into consideration. The home monitors the support provided through use of various surveys and discussions, where the resident is encouraged to express their satisfaction with the support that they receive. Staff report that they have time to provide emotional support to residents, and residents confirm that the staff are supportive of their individual needs.

**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 within the home are encouraged to maintain their independence according to their individual preference and ability. Initial assessments when the resident enters the home include interests and activities that the resident has participated in previously and would like to continue. The home facilitates residents' participation in the community and liaises with various community groups as required. Care plans for residents include strategies to encourage independence to the level of the residents' ability. Residents confirm that staff facilitate them to be as independent as possible, and staff were observed to be providing care that encourages independence.

### **3.6 Privacy and dignity**

*This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".*

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

Does comply

The home has processes in place to ensure that the dignity and privacy needs of the residents are met. Confidential information gathered about a resident is kept secure and access is confined to authorised personnel only. On entry to the home residents' complete a consent form to specify their preferences on how their personal information is used, and this information is readily accessible for staff to reference. Residents report that their privacy and dignity needs are met and staff were observed to be interacting with their residents in a respectful manner.

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

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

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

Does comply

The home provides a wide range of activities for the residents to participate in according to their individual needs and preferences. Residents are assessed on their lifestyle preferences on their entry to the home and are then encouraged to participate as desired. Activities staff facilitate programs for both group activities as well as having the opportunity to provide personalised attention to residents on an individual basis. Activities for residents are modified according to their individual abilities, and residents and representatives are able to provide feedback on the program at regular residents meetings. Activity staff report that management support their lifestyle program and residents confirm that they are happy with the leisure opportunities offered to them.

### **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 cultural and spiritual needs of residents are assessed on entry to the home through consultation with the resident and their representatives. The home is able to support residents to meet their spiritual and cultural needs through partnerships with various church and community groups. The home is also able to cater for residents of different linguistic backgrounds with staff who speak other languages and access to an interpreting service as required. Days of religious and cultural significance are celebrated in the home and residents are encouraged to participate according to their preference. Residents confirm that their cultural and spiritual needs are attended to.

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

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

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

Does comply

Residents within the home are encouraged to participate in making decisions and exercising choice and control over their lives whilst living in the home. Care plans are formulated with regular consultation with the residents and their representatives, and choices that the resident makes are respected and their wishes facilitated as far as possible. Residents are able to provide feedback about their choices and are encouraged to participate in residents meetings. Staff provide care with the individual preferences of the resident considered, and residents state that they are able to exercise control over their lives.

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

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

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

Does comply

Prospective residents are provided with information and a tour of the home to assist them to ascertain the suitability of the home to their needs. On admission a package of information is provided that includes details of the homes; compliments, suggestions and complaints system and that of external complaints and advocacy services and the resident information booklet. A resident advocate information folder is located in the home's reception area and contains information about policies and services in the home, residents' rights and responsibilities and a full copy of the specified care and services schedule. A family conference is held when a resident changes from low care to high care to explain changes in fees and charges and care. Residents and representatives advised the team that they are kept informed of all changes and feel secure regarding their tenure in the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home undertakes continuous improvement activities relating to the physical environment and safe systems and monitors the outcomes of audits, independent inspections and feedback from stakeholders to ensure its standards of safety are maintained. Risk assessments are undertaken in relation to potential risks or hazards and appropriate action is taken to address any issues raised. Systems are in place to assist staff to report hazards and to maintain their own personal safety through the correct use of equipment.

Recent continuous improvement activities have included:

- The undertaking of an independent fire and safety inspection to confirm that all equipment and procedures are correct;
- Curtain fittings in resident rooms have been replaced so curtains hang correctly;
- Additional personal protective equipment has been supplied for staff use
- In consultation with fire authorities, plastic covers have been installed over the emergency break glass equipment used to prevent residents from activating.
- The installation of environmentally sensitive washing machines that use less water and less chemicals.

### **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

The home has systems in place to identify relevant legislation, regulations and guidelines relating to the physical environment and safe systems. Staff are orientated to the home’s environmental and safety systems and undergo compulsory annual training thereafter. The home’s kitchen is registered by the local council and an approved food safety plan is in place. The laundry design and operations meet Australian standards and up to date material safety data sheets are located appropriately.

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

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

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

Does comply

Education records show that staff attend mandatory education on manual handling, fire awareness, infection control and chemical handling. Formal processes are in place and used to deal with non attendance at annual mandatory training sessions. Staff from all departments are knowledgeable about procedures they would follow in the event of a gastroenteritis outbreak and a pandemic plan has been prepared for use in the event of an outbreak. Recent education provided under this Standard includes manual handling, fire awareness, infection control and chemical handling, provided by the new chemical provider.

#### **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 ensure that a safe and comfortable environment is provided for residents and all other stakeholders. The internal and external areas of the home are well maintained and the mature reporting system enables opportunities to be identified to improve resident comfort. The home has a very comprehensive reactive and scheduled preventative maintenance system in place to maintain equipment in optimal working order. The review of documentation and discussions with staff clearly demonstrates the organisation's commitment for providing and acting upon identified issues. Residents, representatives and staff stated that they feel safe and that potential hazards are rectified in a timely manner. The team observed that the home is comfortable with appropriate temperature control equipment available, furnishings are well presented and pest control measures are in place.

#### **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 environmental monitoring systems in place to identify actual and potential hazards that meet relevant legislation and standards. Incident reporting and hazard identification systems are well developed. Data collected is discussed at relevant meetings and results are used to improve the workplace. An occupational health and safety hazard analysis record has been developed to clearly outline controls in place to minimise workplace risk. A trained health and safety representative assists in monitoring workplace safety and a return to work coordinator is available for staff. Staff confirm that they are provided with training to minimise risk in their relevant work areas, an immunization program operates and that adequate lifting equipment is

available. Staff demonstrated an understanding of safe use and storage of chemicals. Protective personal equipment is available in all risk areas.

#### **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

Emergency preparedness processes and systems are well established. The actions to take in the event of a range of emergencies is documented in manuals and displayed on wall charts. Staff and management demonstrated a clear understanding of action to take in the event of a fire or if the fire alarm is activated. Records confirm a high level of compliancy for staff attending emergency training sessions. Security measures include a programmable area access device, video monitoring in public areas of the home as well as the exterior, security lighting, mobile phones and computer backup systems for outages. Activity staff have systems in place in the event of an emergency when taking residents on outings. Residents at risk of leaving the home are monitored and identified on the care handover sheet. The team observed that emergency equipment is checked regularly, a visitor register book is used and that consultants carry out independent fire inspection reports.

#### **4.7 Infection control**

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

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

Does comply

The home has a well established infection control program that is implemented by all designations of staff. Systems are in place to manage infectious outbreaks and routine care of residents is performed with infection control measures practiced. Infections that occur in the home are monitored by management staff, and this data is collated and discussed at monthly quality meetings. Education on infection control protocols is included in the orientation program for all staff, and further education is made available to staff. Cleaning procedures incorporate infection control procedures and staff confirm that there is sufficient equipment available for them to maintain infection control.

#### **4.8 Cleaning**

*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 team noted through a review of documentation, observation of staff work practices and interviews with staff members that the home has systems in place for the catering, laundry and cleaning services. Catering processes are governed by the home's food safety plan and the chef oversees the rigorous monitoring of this framework. Residents' clothes are laundered at the home using environmentally sensitive equipment and all other linen is laundered by

an external contractor. Hospitality staff clearly understood work practices to minimise the risk of contamination. The home outsources its cleaning services to an external contractor and cleaning duties are attended to according to a schedule. Monthly audits are conducted by the contractors' supervisors. All areas had ample supplies of personal protective equipment and appropriate material safety data sheets. The home was observed to be clean, odour free and tidy. Residents, representatives and staff confirmed that this standard is maintained at all times.

Respondents to the 2008 resident and representative survey expressed their satisfaction with the home's catering, cleaning and laundry services.