



**Aged Care**

Standards and Accreditation Agency Ltd

## **Decision to accredit Bellevue Care Centre**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Bellevue Care Centre in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Bellevue Care Centre is three years until 11 September 2012.

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

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

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

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

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and approved provider details

### Details of the home

Home's name:	Bellevue Care Centre				
RACS ID:	5369				
Number of beds:	99	Number of high care residents:	Nil		
Special needs group catered for:	Nil				
Street/PO Box:	53 Linkwood Drive				
City:	FERNY HILLS	State:	QLD	Postcode:	4055
Phone:	07 3851 3777		Facsimile:	07 3851 3888	
Email address:	bellcare@bigpond.com				

### Approved provider

Approved provider: Bellevue Enterprises Pty Ltd & Laberge Pty Ltd

### Assessment team

Team leader: Kimberley Reed

Team member/s: Paula Gallagher  
Gwen Brown

Date/s of audit: 2 June 2009 to 4 June 2009

## Executive summary of assessment team's report

### Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

### Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

## Accreditation decision

### Agency findings

Does comply

Does comply

Does comply

Does comply

Does comply

Does comply

Does comply

Does comply

Does comply

### Agency findings

Does comply

Does comply

Does comply

Does comply

Does comply

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Does comply

Does comply

<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

## Accreditation decision

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

<b>Agency findings</b>
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

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

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



**Aged Care**

Standards and Accreditation Agency Ltd

## **SITE AUDIT REPORT**

Name of home	Bellevue Care Centre
RACS ID	5369

### **Executive summary**

This is the report of a site audit of Bellevue Care Centre 5369 53 Linkwood Drive Ferny Hills QLD from 2 June 2009 to 4 June 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

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

The assessment team considers the information obtained through audit of the home indicates that 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 Bellevue Care Centre.

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

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

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 2 June 2009 to 4 June 2009.

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

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

## Assessment team

Team leader:	Kimberley Reed
Team member/s:	Paula Gallagher
	Gwen Brown

## Approved provider details

Approved provider:	Bellevue Enterprises Pty Ltd
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## Details of home

Name of home:	Bellevue Care Centre
RACS ID:	5369

Total number of allocated places:	99
Number of residents during site audit:	98
Number of high care residents during site audit:	43
Special need catered for:	Dementia and related disorders

Street/PO Box:	53 Linkwood Drive	State:	QLD
City/Town:	Ferny Hills	Postcode:	4055
Phone number:	07 3550 5999	Facsimile:	07 3851 3888
E-mail address:	bellcare@bigpond.com		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bellevue Care Centre.

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

### Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year 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 the reasons for its recommendations are outlined below.

### Audit trail

The assessment team spent 3 days on-site and gathered information from the following:

#### Interviews

	Number		Number
Manager	1	Residents/representatives	15
Director of Nursing	1	Diversional Therapist	3
Assistant Director of Nursing	1	Hotel Services Manager	1
Registered Nurse	3	Laundry Staff	1
Endorsed Enrolled Nurse	2	Cleaning Staff	3
Care Staff	8	Maintenance Staff	1
Facility Co-ordinator	1	Office Manager	1
Administration Officer	1	Catering Staff	2

#### Sampled documents

	Number		Number
Residents' clinical charts	8	Medication charts	13
Residents' lifestyle care plans	8	Personnel files	10

#### Other documents reviewed

The team also reviewed:

- 1999 Fire certificate instrument
- Activity calendar
- Admission package
- Audit data and survey results
- Audit results
- Audit schedule
- Audit tools
- Certificate II - food safety supervisor
- Certificate of classification of building
- Checklist for registered nurses-case review

- Cleaning schedules
- Communication diaries
- Complaints register
- Completed continuous improvement plans
- Compliment cards
- Comprehensive medical assessment
- Day book/diary/communications form
- Documentation for the home's dog, bird and fish
- Employee orientation manual
- Employment contracts
- Evacuation plans
- Family conference checklist
- Fire and emergency protocols
- Fire maintenance records
- Flow charts
- Good received records
- Handover sheets
- Improvement logs
- In/out visitors book
- Infection control data
- Infection control management plan
- Information booklet for new residents
- Information to suppliers re continuous improvement
- Interim care plan
- Letter of notification to contract suppliers
- Maintenance records
- Maintenance schedule
- Material safety data sheets
- Meeting minutes
- Memorandums
- Menus
- Mission statement
- Nursing history and assessment form
- Orientation competency based package
- Pay slip advices to staff
- Policies, protocols and procedures
- Position descriptions
- Priority action plans
- Recruitment policies and procedures
- Resident admission checklist
- Resident admission form
- Resident newsletter
- Resident representative feedback form
- Resident surveys
- Residential care services agreement
- Residents' handbook
- Residents' information package and surveys
- Restraint order form
- Security protocol and audits
- Staff competency records



- Staff handbook
- Staff handover documents
- Staff newsletter
- Staff orientation package
- Staff performance appraisals
- Staff roster
- Staff training attendance records
- Temperature charts
- Training calendar 2009
- Training evaluation records
- Visitors sign in/out book

### **Observations**

The team observed the following:

- Activities in progress
- Activity calendar on display
- Administration of medication
- Advocacy and external complaints posters and brochures
- Chemical storage
- Coffee shop
- Designated smoking area
- Emergency exits with signage
- Equipment and supply storage areas
- Evacuation signage
- Family interacting with residents
- Fire detection alarm system and safety equipment
- Fire evacuation plans
- Food storage areas
- Hand washing facilities
- Infection control kit
- Interactions between staff and residents
- Internal and external environment
- Maintenance shed
- Manual handling equipment and aids
- Meal service
- Menu on display
- Mission statement
- Notice boards - posters/brochures
- Nurses' stations
- Outbreak kits
- Oxygen cylinders
- Palliative care kits
- Personal protective equipment
- Preparation of meals
- Resident laundry
- Residents assisted with medication
- Sharps containers
- Sign in/out book
- Signage for infection control
- Staff accessing and wearing personal protective equipment
- Staff practises

- Staff working environment
- Storage of medication
- Suggestion box
- Television and electrical cords hanging from ceiling
- White boards
- Wound management kit
- Wound treatment trolleys

## **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 actively pursues continuous quality improvement through a program which includes resident satisfaction surveys, meeting forums, an audit schedule, comments and complaints system, quality improvement and suggestion forms, incident and accident monitoring and observations of care and the environment. Audit results and reports on incidents, hazards, complaints and suggestions are tabled at the home’s monthly meetings. Priority plans are generated as result of the outcomes and/or identified deficiencies and are discussed at these meetings. Feedback about the home’s continuous quality improvement is provided verbally and through the staff and resident newsletters and by displaying the minutes of meetings and the quality data. Evaluation of the initiatives implemented generally occurs on an informal basis. Quality improvement and suggestion forms are available throughout the facility for resident, relatives and staff to provide suggestions or raise issues in addition to raising issues at the meeting forums. Staff are aware and satisfied with the processes utilised to raise suggestions and confirm that these are addressed promptly. Residents and /or their representatives who have raised suggestions or issues confirmed they have been addressed by management and expressed satisfaction with the processes utilised to do this.

Recent improvements undertaken by the home relating to Standard One include but are not limited to:

- In an effort to create efficiencies with response times, management implemented a module of the new database software to improve the information management and communication for incidents, accidents, complaints and hazards. The system incorporates an alert system to the relevant responsible person to allow that person to be notified as soon as the incident, accident, complaint or hazard has been entered into the system. Staff report that this has improved the communication through out the home, especially with regards to incident and hazard management.
- As an issue was identified by staff, the manager installed an auto dial telephone system and ensured staff in all departments had the telephone numbers of the relevant preferred supplier available to them within the auto dial telephone system. Staff report this has improved communication and reduced the level of frustration when trying to find the telephone numbers of suppliers.
- In an effort to show their appreciation for the hard work staff contribute to the home, management decided to provide a barbeque for staff every six months. The staff report they enjoy the socialisation of these events and it provides another avenue where management staff are available to discuss issues with floor staff.
- As a measure to improve communications between the staff of the home and residents and residents’ representatives, use of the email system is encouraged, whereby residents and/or their representatives are able to email directly to a particular staff member, for example, the maintenance officer; maintenance staff report this enables any maintenance request from the residents and/or their representatives to go directly to the maintenance officer and be acted on immediately; management report this

creates efficiencies as it reduces the chance of it being forgotten by the care staff and it saves time for the care staff as they do not have to be involved. Residents and/or their representatives report they feel as if they have more control over what happens and know the issue/s will be dealt with as soon as possible.

## **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".*

### **Teams Recommendation**

Does Comply

Relevant legislation changes, regulatory requirements, standards and guidelines are identified through notification from peak bodies, and these are incorporated into the home's policies, procedures and practices and notified to the staff through various mediums including intranet, internal memorandums and newsletters. The home has implemented systems and processes to ensure compliance, such as, conducting audits and using monitoring tools. Staff demonstrated appropriate knowledge of the home's policies and demonstrated compliance with relevant legislation and regulatory requirements such as the advice to residents and their representatives about accreditation audits, the provision and monitoring of police certificates and nursing registration.

## **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 Human Resource Officer in conjunction with the Quality Coordinator and the Assistant Director of Nursing (ADON) coordinate the education program which is planned to meet staff training needs identified through mandatory training requirements, the appraisal process, staff requests and changes in resident needs. This information is used to develop a training calendar to address the identified needs of staff through the provision of internal and external training while ensuring mandatory training requirements are maintained. Education sessions are communicated to staff via, memorandum, education calendar on display, staff meetings and on a one to one basis. Systems are in place to monitor attendance at education, and to evaluate education provided. Ongoing knowledge and skill needs of staff are monitored through competencies, performance appraisals, analysis of data, and observation of practice. Staff report satisfaction with the training and development opportunities available to them at the home and demonstrate knowledge and skills appropriate for their roles.

## **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

Internal and external complaints mechanisms are outlined in the resident handbook and the residential care agreement which are provided to all residents and/or their representatives during the entry process. Information in relation to complaints processes are publicly

displayed throughout the home along with a secured suggestion box. Written and verbal suggestions and complaints are recorded within the homes computer system, acted on and followed up in a timely manner by the homes' Manager and referred to relevant department heads for investigation. Ongoing investigations of complaints are managed by appropriate management personnel until resolution; feedback is provided to the complainant regularly and when the issues are resolved. Residents and/or their representatives confirmed they have access to complaints mechanisms in the home, feel able to discuss any concerns with staff and are satisfied with the response of management and staff when they raise a concern or make a suggestion.

### **1.5 Planning and leadership**

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

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

Does comply

The home has a documented organisational mission that reflects their commitment to continuous quality improvement. This information is provided to staff and residents as part of their orientation process, is included in their respective handbooks and is displayed at key areas 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

The home follows standard procedures to ensure there are sufficient and appropriately skilled and qualified staff. Rosters are planned in advance with qualified staff on duty 24 hours a day with planned and unplanned leave filled by permanent staff and a pool of casual staff. A registered nurse is available at all times and nursing and general managers are available on call in the case of emergencies. A recruitment process, including key selection criteria, standard interview processes and pre employment referee and criminal checks, is managed by the human resources department or department managers as appropriate. New staff receive an orientation including all mandatory requirements and on the job training on commencement at the home. Duty lists, position descriptions and policies and procedures are available to direct staff in their role. Staff performance is monitored through audits, competency based training, observation of practice, and the performance appraisals system. The home has processes to ensure all relevant staff have current registration if appropriate. Residents and/or their representatives are satisfied with the ability of staff to meet their needs across a range of service areas.

### **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 utilises internal systems and processes to assess and monitor the goods and equipment required for service delivery. Inventory and ordering processes are maintained by clinical and hospitality services personnel with staff indicating that stock levels are adequate at all times. All stock is appropriately and securely stored in designated areas throughout the home with all staff having access. Equipment is maintained according to a preventative maintenance schedule or in response to a maintenance request from staff or residents. Staff indicated satisfaction with the response to maintenance request and the availability of equipment and supplies.

### **1.8 Information systems**

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

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

Does comply

The home has processes in place to ensure appropriate information management. An electronic and hard copy clinical management system is used for resident care provision and computer systems are used to manage the collection, communication, reporting and trending of maintenance requirements, incidents, training information, organisational communication and quality systems. Staff have computer access appropriate for their role and all staff have access to an electronic shared drive to access policies and general staff information. Computer access is password protected and resident and staff confidential information is stored in locked areas and is archived regularly. Staff receive information through written communication, handover, one to one direction, communication folders, meetings, memorandums and meeting minutes. A document control system ensures information manuals and handbooks are reviewed and updated regularly with input from key personnel and are available to staff electronically and in work areas. Residents and/or their representatives have meetings, newsletters, noticeboards and other written correspondence to keep them informed. Staff, residents and /or their representatives expressed satisfaction with the level of communication and information they receive.

### **1.9 External services**

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

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

Does comply

Systems and processes are in place to ensure that all externally contracted services are provided to meet residents' needs. Service agreements detailing the home's expectations are developed when external services are engaged. Service from the external providers is monitored by staff and management to ensure compliance with agreed standards. A service provider listing is available for the home; services sourced externally include chemical supplies, plumbing, electrician and fire and emergency services. Staff and residents are satisfied with the quality of services provided by external suppliers in meeting residents' needs.

## **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".*

#### **Teams Recommendation**

Does Comply

The home actively pursues continuous quality improvement through a program which includes resident satisfaction surveys, meeting forums, an audit schedule, comments and complaints system, quality improvement and suggestion forms and observations of care and the environment. Audit results and reports on incidents, hazards, complaints and suggestions are tabled at the home's monthly meetings. Priority plans are generated as result of the outcomes and/or identified deficiencies and discussed at these meetings. Feedback about the home's continuous quality improvement is provided verbally and through the staff and resident meetings and newsletters and by displaying the minutes of meetings and the quality data. Quality improvement and suggestion forms are available throughout the facility for resident, relatives and staff to provide suggestions or raise issues in addition to raising issues at the meeting forums. Staff are aware and satisfied with the processes utilised to raise suggestions and confirm that these are addressed promptly. Residents and/or their representatives who have raised suggestions or issues confirm they have been addressed by management and expressed satisfaction with the processes utilised.

Recent improvements undertaken by the home relating to Standard Two include but are not limited to:

- As a result of an increase in the number of residents with pressure areas, personal carers were supported to attend education at a major metropolitan hospital; personal carers participated in competency testing on attending to skin tears and simple dressings. Personal carers now have the responsibility to attend to simple dressings for all skin tears. Management report the benefit is the continuity of care with wound management for residents.
- As a result of the increase in the number of residents with pressure areas, additional pressure relieving mattresses were purchased and are being utilised for residents who have pressure areas, those at risk of developing pressure areas and for palliative care residents. Staff report a reduction in the number of pressure areas since receiving the additional pressure relieving mattresses.
- In response to the non compliance of medication management, a clinical support person from a major metropolitan hospital provided education on medication management to the registered and endorsed enrolled nurses; charts were audited weekly and staff were requested to conduct self audits to identify their own missed signatures. Management report that there has been a substantial reduction in the number of missed signatures during medication administration.
- In response to a request from staff, a new handover sheet was developed, trialled for one month and then introduced to enable the changes in resident care needs to be more easily identified. Staff report this system is working well.
- As a result of non compliance at the last support contact, a clinical team was formed and the team meets every two weeks to closely monitor the medication management practice against the standards. Staff report this has increased the skills base of the

registered staff and is bridging the gap of identifying and monitoring clinical processes to meet the standards.

## **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

Relevant legislation changes, regulatory requirements, standards and guidelines are identified through notification from peak bodies, and these are incorporated into the home’s policies, procedures and practices and notified to the staff through various mediums including intranet, internal memorandums and newsletters. The home has implemented systems and processes to ensure compliance such conducting audits and using monitoring tools. Staff demonstrated appropriate knowledge of the home’s policies and demonstrated compliance with relevant legislation and regulatory requirements. Management demonstrated that their systems ensure compliance with relevant regulatory requirements, such as meeting the requirements of the *Quality of Care Principles 1997* and managing residents’ medications according to relevant protocols.

## **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 Human Resource Officer in conjunction with the Quality Coordinator and the Assistant Director of Nursing (ADON) coordinate the education program which is planned to meet staff training needs identified through mandatory training requirements, the appraisal process, staff requests and changes in resident needs. This information is used to develop a training calendar to address the identified needs of staff through the provision of internal and external training while ensuring mandatory training requirements are maintained. Education sessions are communicated to staff via, memoranda, education calendar on display, staff meetings and on a one to one basis. Systems are in place to monitor attendance at education, and to evaluate education provided. Ongoing knowledge and skill needs of staff are monitored through competencies, performance appraisals, analysis of data, and observation of practice. Staff report satisfaction with the training and development opportunities available to them at the home and demonstrate knowledge and skills appropriate for their roles.

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

Residents’ clinical needs are assessed on entry to the home through interviews with residents and/or their representatives, and discharge summaries as provided. Interim care plans guide staff practice until individualised care plans are established following information collated from appropriate clinical assessments and nursing histories. Care



plans are reviewed monthly by registered nurses with input from care staff across all shifts and as residents' care needs change. Care staff demonstrate knowledge of individualised resident's requirements, consistent with care plans. Information relating to residents' health status is discussed at shift handover and recorded in progress notes and communication books. Reassessment occurs if indicated, changes are actioned and care plans are amended as required. Residents and/or their representatives stated they are satisfied with the clinical care that is provided by staff.

## **2.5 Specialised nursing care needs**

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

### **Team's recommendation**

Does comply

The home has systems in place to support the specialised care needs of residents. The home is currently providing care such as diabetes management, oxygen therapy, anti-coagulant therapy, complex wound management, stomal therapy, catheter management, pain management and palliative care. Registered nurses assess the initial and ongoing specialised nursing care needs, and establish residents' preferences. Care plans are developed to guide staff practice, care guidelines and treatment schedules are in place to support specific care needs and interventions are evaluated regularly or as required. Registered nurses are contactable 24 hours a day and oversee and assess specific care requirements. Where care needs exceed the knowledge and skill of staff, external education is sourced from specialised health care services to support care delivery and provide training to staff. Residents and/or their representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

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

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

### **Team's recommendation**

Does comply

The home has processes in place to support referral to other health and related services where residents' health needs dictate. Residents' needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including optometry, podiatry, dietetics, physiotherapy, pathology, dental care, wound care, palliative care and speech pathology. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists' reports are received, information is documented in progress notes and changes made to care plans as required. Residents and/or their representatives expressed satisfaction with the range of and access to allied health specialists.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's recommendation**

Does comply

Residents' medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Medications are administered by registered and endorsed enrolled nurses and residents are assisted with their medication by personal care assistants. Policies and procedures guide staff in ensuring residents' medication is generally managed safely and correctly. Staff complete medication competencies prior to assisting residents with their medication. Residents who prefer to self administer their medication have been deemed competent through regular assessment. Medications are stored securely and records of controlled medication are maintained in accordance with State regulatory requirements; those medications required to be stored at specific temperatures are stored within refrigerated confines. Residents' medication charts are reviewed by their doctor regularly. Medication incidents are captured through incident reports and actioned accordingly. Residents and/or their representatives stated they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, repositioning, pressure relieving devices, physiotherapy, aromatherapy, reflexology and massage. Pharmacological measures include regular prescribed oral analgesia and topical slow-release narcotic patches. The use of analgesia is monitored for effectiveness and "as required" analgesia is recorded and monitored for frequency of use. Pain management strategies are reviewed monthly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Residents reported being as free from pain as possible and are satisfied with the care they receive to minimise pain.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Palliative care strategies and wishes are discussed with residents and/or their representatives on entry to the home, during family group conferences and when palliative needs are required. Information such as enduring power of attorney and advanced health directives are located in the resident records. The home is supported by local hospital advisory and palliative services and specific care instructions are communicated to staff using care plans, one to one instruction, handover processes and progress notes. Staff have access to palliative care resources such as pressure relieving mattresses, aromatherapy, reflexology, heat pads and narcotic analgesia to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents and are alerted by decorative symbols on the doors of residents currently receiving palliative care.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

Does comply

Residents’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans to guide staff practice. Residents’ dietary requirements are reviewed monthly and as required. Catering staff are alerted electronically to changes in resident diets and fluid requirements. Residents are weighed in accordance to their individual requirements and changes in weight are monitored to support changes in diet and/or referral to the Dietitian and Speech Pathologist if required. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, modified eating and drinking utensils, provision of textured modified diet and fluids and dietary supplements. Residents and/or their representatives stated they are satisfied with the quantity and quality of food and fluid received.

## **2.11 Skin care**

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

### **Team’s recommendation**

Does comply

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the residents’ care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including pressure relieving devices, moisturisers, pressure area care protocols, and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed monthly and changes communicated in daily handover reports, care plans and progress notes. Wound care is managed by personal care assistants guided by treatment schedules co-ordinated by registered nurses. The home receives support and education from external wound specialist services if required. Staff demonstrate an understanding of factors associated with risks to residents’ skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents and/or their representatives are satisfied with the management of their skin.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

Residents’ continence needs are assessed on entry to the home and on an ongoing basis. Residents’ individual continence programs are assessed and developed by registered nurses in consultation with care staff trained in continence management. Care plans and care guidelines direct staff practice and ensure individual residents’ preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are

reviewed monthly and as required. Individualised bowel management programs are developed and include pharmacological and non-pharmacological interventions with bowel patterns monitored on a daily basis by care staff. Residents are satisfied with the assistance by staff to maintain their continence.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents are assessed on admission to the home and actual or potential indicators for challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by a registered nurse and the development of care plans that identify risks, triggers and the effectiveness of interventions. A range of individualised strategies are documented and utilised; staff demonstrate knowledge of individual resident needs and risks. The diversional therapy team and care staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. Staff receive ongoing training in the management of challenging behaviours and the effectiveness of strategies used by various staff members is discussed during handover processes. Residents and/or their representatives are satisfied with the way challenging behaviours are managed and report that staff are discreet and supportive in their interventions.

### **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, transfer and dexterity needs and falls risks are identified on entry to the home in consultation with staff and the Physiotherapist. Residents are also referred to the Physiotherapist following a fall or change in mobility or dexterity. Care plans are developed and reviewed three monthly and as required. Strategies implemented by the Physiotherapist are evaluated to reflect the residents’ current care needs. Care staff provide assistance to residents with exercises and range of movement activities. Mobility aids such as hoists, wheelchairs and walk belts are provided. Dexterity aids such as splints are used at the home following consultation with occupational therapists, and treatment schedules guide staff practice. Incident forms are utilised to record the incidence of falls and actions are taken including the use of height adjustable beds to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques. Residents and/or their representatives are satisfied with the assistance provided to maintain mobility and maximise independence.

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

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

#### **Team’s recommendation**

Does comply

Residents’ oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of

assistance required maintaining oral and dental hygiene is determined and this information is included in the residents' care plan to guide staff practice. The effectiveness of care plans are reviewed monthly and as care needs change. External dental services visit the home, and assistance is provided to access residents' preferred dental provider when required. Resources such as mouth care products are utilised to meet residents' oral hygiene needs. Residents and/or their representatives reported satisfaction with the assistance given by staff to maintain oral and dental health.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Team's recommendation**

Does comply

Residents' care needs in relation to senses such as hearing, vision, speech, smell, touch and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies are in place to address identified needs and personal preferences including reference to the use of assistive devices. The diversional therapy program includes activities to stimulate residents' senses such as cooking and musical activities. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of wide hallways with minimal clutter. Staff assist residents to clean and fit sensory aids, and treatment schedules guide staff practice where required. Residents and/or their representatives expressed satisfaction with the care and support offered to minimise the impact of any sensory loss.

## **2.17 Sleep**

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

### **Team's recommendation**

Does comply

Residents' preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans including a range of interventions to assist residents to sleep or to resettle after waking such as position changes, warm drinks, aromatherapy, massage, pain relief and sedatives. Staff at the home maintain a quiet, serene environment to assist residents to settle and remain asleep. Residents' doctors are consulted if interventions are considered to be ineffective. Residents and/or their representatives indicated satisfaction with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

## 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”.*

#### Teams Recommendation

Does Comply

The home actively pursues continuous quality improvement through a program which includes resident satisfaction surveys, meeting forums, an audit schedule, comments and complaints system, quality improvement and suggestion forms and observations of care and the environment. Audit results and reports on incidents, hazards, complaints and suggestions are tabled at the home’s monthly meetings. Priority plans are generated as result of the outcomes and/or identified deficiencies and discussed at these meetings. Feedback about the home’s continuous quality improvement is provided verbally and through the staff and resident newsletters by displaying the minutes of meetings and the quality data. Quality improvement and suggestion forms are available throughout the facility for resident, relatives and staff to provide suggestions or raise issues in addition to raising issues at the meeting forums. Staff are aware and satisfied with the processes utilised to raise suggestions and confirm that these are addressed promptly. Residents and /or their representatives who have raised suggestions or issues confirm they have been addressed by management and expressed satisfaction with the processes utilised to do this.

Recent improvements undertaken by the home relating to Standard Three include but are not limited to:

- As a result of complaints received from residents on a bus trip about the disruptive behaviour of a few residents suffering from dementia, an additional bus trip was organized for residents who wanted to go out without those residents. Residents reported that while they recognize and empathize with the residents who suffer from dementia, they found that it was very pleasant to go out without them.
- Following a request from a resident who was a professional dancer, the care staff organised for professional rock and roll and ballroom dancers to come to the home and give a display for the residents. This activity proved to be very popular with residents participating; residents have requested another night to be organised.
- Management identified a room that was being under utilised and it was suggested that a coffee shop would be useful. This room was refurbished with the appropriate equipment for a coffee shop; dedicated movie and coffee nights have been commenced; these have proved very successful and popular with the residents.
- To increase the residents’ opportunity to interact with children, a dedicated children’s play area was developed, furniture and equipment was purchased; this is an area where the diversional therapists are able to allow the residents and children to interact. Staff report that residents receive a great sense of enjoyment and achievement through being able to interact with the children in a safe environment.
- In response to a request from a resident’s representative, raised garden beds were developed and residents were assisted to grow vegetables and herbs. Residents report they enjoyed the ability to plant the vegetables and herbs and watch them grow.

### **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

Relevant legislation changes, regulatory requirements, standards and guidelines are identified through subscription to peak bodies at an organisational level, incorporated into the organisation's policies, procedures and practices and notified to the home through various mediums including intranet, internal memorandums and newsletters. The home has implemented effective systems and processes to ensure compliance such as incorporating relevant requirements into policies and practices, providing staff education, conducting audits and using monitoring tools. Staff generally demonstrated appropriate knowledge of the home's policies and compliance with regulatory requirements. Management of the home generally demonstrated compliance with relevant legislation and regulatory requirements such as mandatory reporting, security of tenure and privacy.

### **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 Human Resource Officer in conjunction with the Quality Coordinator and the Assistant Director of Nursing (ADON) coordinates the education program which is planned to meet staff training needs identified through mandatory training requirements, the appraisal process, staff requests and changes in resident needs. This information is used to develop a training calendar to address the identified needs of staff through the provision of internal and external training while ensuring mandatory training requirements are maintained. Education sessions are communicated to staff via, memoranda, education calendar on display, staff meetings and on a one to one basis. Systems are in place to monitor attendance at education, and to evaluate education provided. Ongoing knowledge and skill needs of staff are monitored through competencies, performance appraisals, analysis of data, and observation of practice. Staff report satisfaction with the training and development opportunities available to them at the home and demonstrate knowledge and skills appropriate for their roles.

### **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 Diversional Therapy team is involved in the pre-entry tour and entry process and continue this support following entry to the home. The entry process includes gathering information from the resident and/or their representative to identify residents' lifestyle background, personality traits, likes, dislikes, current abilities and assessment of emotional needs for the development of care plans. This knowledge enables staff to provide support in a manner that minimises the adjustments necessary for residents settling into communal

living accommodation. Pastoral care is available to support residents' emotional needs and residents are given the choice of continued visitation. Clinical staff use assessment tools to assist in the early detection of residents with depression and referrals and support systems are implemented as necessary. Feedback from residents and/or representatives is gained during individual family group conferences, written correspondence, thank you cards, resident meetings and one to one conversations. Residents and/or their representative reported satisfaction with the emotional support provided by the staff.

### **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

The home has systems in place to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents are assisted to maximise their independence through health care interventions and are encouraged to be independent by participating in outings within the local community. Residents' independence is also fostered by providing individualised mobility aids, eating utensils, assistance to vote if desired, a resident laundry and the opportunity to have telephones, televisions and radios in their room. Social functions and interaction with friends and family is promoted within the home environment. The Diversional Therapy team encourages residents to participate in community events and offers them assistance to attend to personal needs such as appointments if required. Staff practices promote and support residents' independence within their capacity in relation to personal care and activities of daily living. Residents are satisfied with the level of independence afforded to them.

### **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 and/or their representative indicate that their right to privacy, confidentiality, dignity and respect is recognised and maintained by management and staff. Information about the right to privacy and dignity is contained in the admission information package and explained to all residents and/or their representatives on entry to the home. Residents' administrative and care files are stored and accessed in a way that provides security and confidentiality of resident information. Information about each resident's personal preferences and needs regarding privacy and dignity are collected and specific needs are incorporated into care plans and communicated to relevant staff. Staff's interactions with residents indicated that their privacy and dignity is maintained for example knocking on doors, addressing residents by their preferred name and closing doors and curtains when personal care was provided.

### **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

Information about residents' interests, past and present, capabilities and significant relationships is collected on admission and reviewed as needs change. The Diversional Therapy team develops a program of activities in consultation with the residents and information about activities and outings are displayed on notice boards throughout the home. The Diversional Therapy team informs residents daily about the activities taking place. Volunteers who visit the home work under the direction of the Diversional Therapy team and assist with planned one to one and group activities. Community outings to places of interest are organised regularly and residents provided positive feedback regarding access to the community. Theme days are organised and special days of significance are celebrated. The activity program is evaluated and amended based on residents' feedback from one-to-one discussion, resident meetings, surveys, residents' attendance rates and on the changing needs of the resident population. Residents indicated they were satisfied with the range of activities available to them and that they were encouraged and supported to attend those activities of interest 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

Resident's spiritual beliefs, customs and cultural and ethnic backgrounds are assessed through consultation with the resident and/or their representative and friends. Residents' specific cultural and spiritual needs and preferences are incorporated into care plans and relevant information is available for care staff members. Church services are provided whilst residents unable to attend can be visited in their rooms and residents preferring a visit from a spiritual adviser of another denomination are accommodated. Staff facilitate resident attendance as requested and assist residents to attend cultural groups in the community. Significant days are celebrated related to an event or culture and residents are encouraged to have cultural and/or spiritual items in their rooms. Community resources are available and can be accessed for information, advice and translation services when required. Residents indicated they are satisfied with the support and assistance they receive to maintain their cultural and spiritual preferences.

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

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

### **Team's recommendation**

Does comply

Residents and/or their representatives are able to exercise choice and make decisions regarding the care and services they or their relative receive through ongoing one-to-one consultation with staff and management, surveys, resident meetings and the comments and complaints process. Residents' hygiene and grooming preferences, sleep patterns and other routines are assessed on entry to the home and on an ongoing basis. The home assesses when residents are unable to make decisions for themselves and alternative

decision-makers (such as an adult guardian, enduring power of attorney, or significant other) are identified to make decisions on their behalf. Information is communicated to residents with the ability to make informed choices in written and verbal forms. Staff interactions with residents support the right of residents to make choices and provide them with the opportunity to make their own decisions, within their capacity, in relation to activities of daily living. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

### **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

Each resident and/or their representative are provided with an admission information package which includes a residential care agreement and a resident handbook, prior to moving in to the home. The information provided includes residents' rights and responsibilities, security of tenure (including the circumstances in which a resident may need to be transferred or discharged and the consultative process to be followed), fees and charges, internal and external complaint mechanisms, and the care, services and routines provided at the home. The homes' Manager ensures that there is current information about specified care and service obligations, accommodation fees and charges. Residents and/or their representatives are notified about changes relating to security of tenure, rights and responsibilities or fees via personal letters and one-to-one contact when required. If there is a need to relocate a resident to another room or service the home has policies and procedures in place and consultation with the resident and/or their representative occurs. Residents and/or their representatives are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

## **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”.*

#### **Teams Recommendation**

Does Comply

The home actively pursues continuous quality improvement through a program which includes resident satisfaction surveys, meeting forums, an audit schedule, comments and complaints system, quality improvement and suggestion forms and observations of care and the environment. Audit results and reports on incidents, hazards, complaints and suggestions are tabled at the home’s monthly meetings. Priority plans are generated as result of the outcomes and/or identified deficiencies and discussed at these meetings. Feedback about the home’s continuous quality improvement is provided verbally and through the staff and resident newsletters by displaying the minutes of meetings and the quality data. Quality improvement and suggestion forms are available throughout the facility for resident, relatives and staff to provide suggestions or raise issues in addition to raising issues at the meeting forums. Staff are aware and satisfied with the processes utilised to raise suggestions and confirm these are addressed promptly. Residents and /or their representatives who have raised suggestions or issues confirm they have been addressed by management and expressed satisfaction with the processes utilised to do this.

Recent improvements undertaken by the home relating to Standard Four include but are not limited to:

- A potential risk to residents was identified where there was a step down from the concrete pathway to the lawn area; as a result, additional landscaping has been completed on the area adjacent to the concrete pathway to ensure the lawn area was the same level as the pathway. This allows the residents to walk straight out on to the lawn from the pathway. Residents and/or their relatives have expressed an appreciation for this work.
- As a result of an incident and a risk assessment, vinyl in the corridors, the lounge and the bathrooms was replaced. No further incidents have occurred and risks have been mitigated.
- In an effort to retain care staff and prevent staff injury, electrically operated hospital beds were purchased for residents. Management report no staff injuries since the implementation of these beds; residents report they appreciate the ease at which they are able to manoeuvre the position of the beds.
- As an initiative to keep staff and residents’ relatives safe, a secure car park underneath the building was built for use by staff and residents’ representatives. Staff and residents’ representatives expressed appreciation regarding the availability of this secure car park.
- As a result of a staff complaint regarding the difficulty of manoeuvring trolleys on the relatively narrow ramp, the concrete ramp was extended to the full length of the building mitigating any risk of the trolley falling off the side of the narrow ramp and causing injury to staff. Staff report this as an excellent initiative which also created efficiencies in being able to deliver the trolleys.
- Following a request from staff, air conditioning was installed in the staff room to enable staff to have some reprieve from the heat during summer. Staff report that this is an excellent initiative and that it shows appreciation for their work.

## 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

Relevant legislation changes, regulatory requirements, standards and guidelines are identified through notification from peak bodies, and these are incorporated into the home's policies, procedures and practices and notified to the staff through various mediums including intranet, internal memorandums and newsletters. The home has implemented systems and processes to ensure compliance such as conducting audits and using monitoring tools. Staff demonstrated appropriate knowledge of the home's policies and demonstrated compliance with relevant legislation and regulatory requirements. Management demonstrated that their systems ensure compliance with relevant regulatory requirements, such as food safety, workplace health and safety and fire safety.

## 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 Human Resource Officer in conjunction with the Quality Coordinator and the Assistant Director of Nursing (ADON) coordinate the education program which is planned to meet staff training needs identified through mandatory training requirements, the appraisal process, staff requests and changes in resident needs. This information is used to develop a training calendar to address the identified needs of staff through the provision of internal and external training while ensuring mandatory training requirements are maintained. Education sessions are communicated to staff via, memoranda, education calendar on display, staff meetings and on a one to one basis. Systems are in place to monitor attendance at education, and to evaluate education provided. Ongoing knowledge and skill needs of staff are monitored through competencies, performance appraisals, analysis of data, and observation of practice. Staff report satisfaction with the training and development opportunities available to them at the home and demonstrate knowledge and skills appropriate for their roles.

## 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 living environment is designed to meet the needs of residents and the home has processes in place to ensure that residents feel safe and comfortable. A secure unit is available for residents with specific care needs. The home's environment has comfortable levels of temperature and noise; there is sufficient furniture and equipment suitable to the needs of residents. The home is maintained using a preventative maintenance schedule or in response to a maintenance request from staff or residents. The home has established

effective auditing processes to monitor the safety and comfort of the living environment; when issues are identified action is taken in response. Processes have been established for the identification, reporting and mitigation of hazards and incidents; action is taken to address hazards and the environmental causes of incidents. Residents requiring environmental restraint have signed authorisations which are reviewed annually by their medical officer and the registered nurses. Residents and/or their representatives are satisfied with the standards of safety and comfort provided at the home.

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

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

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

Does comply

The home has established safety systems that are supported by the organisational structure and meet regulatory requirements. The home has three onsite qualified Workplace Health and Safety Officers responsible for the management of the safety systems. Processes are utilised to assess risks, to identify and control/mitigate hazards, for the management of staff incidents and the review of safety issues through the home's workplace health and safety committee that meets monthly. Regular assessments of the work environment are conducted. Staff receive training in workplace health and safety at orientation and then annually with staff demonstrating an accurate knowledge of safety protocols and incident reporting mechanisms.

#### **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 systems and processes in place for detection and action in the event of a fire, security or other emergency incident within the home. Records of inspection indicate that the fire and emergency equipment are monitored and maintained in accordance with the relevant standards and are monitored by external contractors. Fire exits and egress routes are free from obstacles, evacuation plans are on display throughout the home, evacuation lists and emergency procedures are available for staff and staff have knowledge of their responsibilities in the event of a fire or emergency situation. Staff are provided with education and training at orientation and annually at mandatory training with attendance monitored by management.

#### **4.7 Infection control**

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

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

Does comply

Infection control protocols are in place in clinical, cleaning, catering, and laundry services. The ADON in conjunction with the Director of Nursing (DON) oversees the homes' infection control program and ensures infection control policies and procedures (including outbreak management procedures) guide staff practice. Infection control education, including hand washing and use of personal protective equipment is provided to staff at orientation and

through the mandatory staff education program. Preventative measures include cleaning schedules, review of laundry processes, food hygiene, temperature monitoring, waste management, pest control programs, annual education/mandatory competencies and vaccination programs for residents. Resident infections are monitored and managed by key clinical personnel; an audit system is in place to monitor individual resident infections and trends and this data is tabled at fortnightly clinical team meetings. Staff demonstrate effective infection control practices within their areas of responsibility and have access to guidelines, policy and procedures. Residents and/or their representatives report satisfaction with the homes approach to infection control.

#### **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

Hospitality services are provided in a way that enhances residents' quality of life. Catering services are provided onsite with residents having a choice of meals if the menu item is not to their liking. Effective processes have been established to identify and communicate residents' catering needs, preferences and changes to catering staff to ensure resident's specific dietary needs are met; a dietician is consulted in relation to the residents' special dietary needs, when necessary. The kitchen is managed in accordance with safe food handling practices, including the use of personal protective equipment by staff; kitchen stock is rotated and temperature monitoring of delivered, stored and cooked food occurs. Feedback is gained about hospitality services through satisfaction surveys, resident meeting forums, comments and complaints mechanisms and informal discussion with staff and management. Cleaning duties are monitored by management with audits conducted to ensure rooms and common areas are cleaned and maintained on a regular basis. Laundry services are provided within infection control guidelines and returned to residents' rooms in a timely and appropriate manner. Resident and/or their representative feedback indicated that they are satisfied with the choice available regarding catering, cleaning and laundry services provided by the home.