



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

## SITE AUDIT MAJOR FINDINGS – ASSESSMENT INFORMATION

Name of Home	Glenview Community Services Inc.
RACS ID	8060

### Scope of this document

An assessment team appointed by The Aged Care Standards and Accreditation Agency Ltd ('the Agency') conducted an audit from 11/08/2008 to 14/08/2008.

This document, submitted to The Aged Care Standards and Accreditation Agency Ltd on 18 August 2008, outlines information about the site audit of your home's performance against the Accreditation Standards. This is additional to the *Statement of major findings* issued at the end of the site audit. The *Site audit major findings -assessment Information* gives the team's recommendations and reasons for recommendations together with supporting information where applicable. It may also include suggestions for improvement or details of deficiencies identified that may need to be addressed.

### Next steps

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

Responses will be accepted by e-mail, fax or post. Contact details are: -

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

The Aged Care Standards and Accreditation Agency Ltd

Response to the *Statement of major findings* and *Assessment information*

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Total number of allocated places:	99
Number of residents during site audit:	95
Number of high care residents during site audit:	58
Special needs catered for:	N/A
Email address for submission of Site audit major findings - Assessment Information:	ceo@glenview.org.au

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents	12
Chairman of the board	1	Relatives	2
Quality systems manager	1	Director community service	1
Director of nursing	1	Hotel services manager	1
Nurse project manager	1	Physiotherapist	1
Director of corporate services	1	Asset and maintenance officer	1
Office manager	1	Volunteer	1
Registered nurses	4	Cleaning staff	2
Enrolled nurses	2	Catering staff	1
Lifestyle workers (care staff)	4		

### Sampled documents

	Number		Number
Residents' files	22	Medication charts	25
Weight charts	25	Blood glucose monitoring charts	6
Personnel files	10	Resident agreement files	10
Restraint forms	8	Files of deceased residents	4

### Other documents reviewed

The team also reviewed:

- 'Alert sheets'
- 'Glenview Promise'
- 'My thoughts' forms and folder
- Action plans and lists
- Activity and outing surveys
- Agency staff information folders
- Asset register
- Audit action folder
- Audits
- Catering food safety program

- Catheter management charts
- Changes to dietary information form
- Charter of residents rights and responsibilities
- Cleaners checklists
- Clinical audit schedule
- Closed circuit television code of practice
- Communication diaries
- Community visitors information
- Complaints and commendations action sheet
- Compliments folder
- Compulsory reporting folder
- Compulsory reporting guidelines for aged care providers
- continuous improvement evidence folder
- Continuous improvement folder
- Contractor checklist
- Contractors contracts folder
- Contractors safety regulations
- Contracts for the provision of goods and services
- Corrective maintenance electronic information
- Critical update training evaluation forms
- Cultural leaflets
- Daily care forms
- Daily lifestyle allocation book
- Daily lifestyle worker allocation sheets
- Daily personal care form
- Danger identification list
- Dangerous goods licence
- Diabetes management resource folder
- Director of nursing report
- Disposal of records policies
- Doctor's folders
- Drugs of addiction administration books
- Education and staff development folder
- Education records
- Emergency and evacuation lists
- Emergency and evacuation procedures
- Emergency equipment checklist
- Emergency response manual
- Emergency response procedures
- Employee suitability testing package
- Equipment evaluation form
- Evacuation summary
- Fire maintenance program book and reports
- Food business registration
- Food charts
- Food hygiene policies
- Food safety information
- Form 56 – Essential services
- Glenview 2008 Strategic planning document
- Hand hygiene audits
- Health specialist referrals
- Hotel services environmental audits
- Incident reports and data

- Independent food safety audit
- Infection control committee meeting folder
- Infection control records and data
- Infectious outbreak management manual
- Information for contractors
- Instructions for diabetes management
- Inventory and equipment folder
- Kitchen cleaning schedules and checklists
- Kitchenette audits
- Leisure lifestyle transport booking form
- Lifestyle activity sheets
- Lifestyle calendars
- Lifestyle department restructure 2008 document
- Lifestyle statistics
- Lifestyle volunteer support forms
- Maintenance program for contractors
- Material safety data sheets
- Memoranda
- Menu design and review folder
- Migrant resource centre information
- Minutes and agendas of meetings
- New staff information package
- Newsletters
- No smoking policy
- Non-verbal pain assessments
- Nursing diaries
- Nutrition and weight management documents
- Occupational health and safety training topics
- Occupational health and safety workplace inspection audits
- Organisation website including recruitment webpage
- Orientation records
- Outings forms
- Palliative care resource folder
- Physiotherapist communication folder
- Podiatry referrals
- Policy and procedure manuals
- Resident admission information and assessment pack
- Resident food preference form
- Residents' handbook
- Residents' smoking plan
- Resource/education folders
- Restraint checklists
- Roster summaries
- Rosters
- Specialised nursing care folders
- Speech pathologist's reports
- Staff training and development folder 2007-2008
- Standard documents folder
- Standard two evidence folder – audits and reviews
- Vaccination register
- Weekly pharmacy audits
- Work allocation lists
- Wound assessment and management charts

- Wound folders
- Wound report register
- Preferred activities assessment forms
- Preventative maintenance program
- Privacy agreement
- Quality manager reports
- Quality monitoring and audit guide
- Registered nurse checklist for compulsory reporting
- Religious needs assessment forms
- Resident brochure information sheets
- Resident handbook
- Resident meal information forms
- Security audit and review
- Service temperature record forms
- Staff newsletters
- Staff orientation information
- Strategic plan
- Strategic priorities
- Therapy reminder lists
- Therapy volunteer support attendance sheets
- Volunteers folders
- Volunteers lists
- Workplace health and safety folder

### **Observations**

The team observed the following:

- Activities in progress
- Body fluid spills kits
- Cleaners rooms
- Cleaning equipment and storage
- Cleaning in progress
- Cleaning trolleys
- Contaminated waste disposal containers
- Courtyards and gardens
- Electrical safety test tagging
- Equipment and supply storage areas
- Evacuation plans
- Fire and emergency equipment
- Fire plans and emergency exits
- First aid kits
- Funeral service taking place in the chapel
- Gastroenteritis outbreak management kit
- Group activities in progress
- Hand washing stations and anti-bacterial gel
- Individual activities in progress
- Interactions between residents
- Interactions between staff
- Interactions between staff and residents
- Internal and external living environment
- Keypad access control to private/hazardous areas
- Kitchen
- Kitchenettes
- Laundry
- Lifestyle information displayed

- Linen storage areas
- Living environment
- Lunch, morning and afternoon tea service
- Material safety data sheets
- Medication administration and storage
- Notice boards
- Occupational health and safety information display
- Oxygen storage
- Personal protective equipment
- Refrigerator temperature checking records
- Resident rights' and responsibility posters
- Residents' computer area
- Security cameras and monitoring stations
- Sharps disposal containers
- Staff information technology laboratory
- Storage of clinical and non clinical supplies
- Storage of medications
- Suggestion box
- Transcutaneous nerve stimulation machine
- Utility rooms
- Weekly test of fire panel

### **Assessment Information**

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

### **Standard 1 – Management systems, staffing and organisational development**

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

#### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home has systems in place that are effective in identifying and actioning improvements. Information is collected from a wide variety of activities and sources that ensure issues related to management systems and organisational development are identified. The home’s systems ensure that stakeholders have input into continuous improvement processes. Collected information that monitors performance and identifies new opportunities for improvements that benefit stakeholders and the operation of the home are actioned. Staff confirm they are involved in contributing to the pursuit of continuous improvement; residents confirm the home is responsive to their changing needs.

Improvements that have been achieved relating to Standard one include:

- The introduction of a quality monitoring and audit guide including schedules, tools and indicators.
- An upgrade of the homes website including a staff intranet. Staff can access policies and procedures on line.
- The introduction of a ‘computer lab’ for the use of residents and staff and for information technology training.

- The introduction of a computerised human resource system to simplify and provide more efficient use of human resource data in the organisation.
- The review and adoption of the continuous improvement policy including databases used by department managers of the home.
- An increase of 'buddy' shifts for new staff from three shifts to five.
- The implementation of a software package to aid in the management of assets, preventative and corrective maintenance.
- Recabling of the computer system to reduce the risk to the computer system.

## 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 manages changes and compliance to relevant legislation, guidelines and regulations which underpin its policies and procedures. Information and advice is received from for example, government departments, industry organisations, legal advice and reported to stakeholders through meetings, newsletters, the homes' website and education programs. Changes to regulatory requirements trigger the review of related policies and procedures to ensure that they continue to reflect current requirements. Compliance is monitored through performance management systems, audits, surveys complaint and incident reporting systems. Staff confirm they are well informed about legislative and regulatory compliance.

## 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 management provides a supportive environment in which a variety of education opportunities are offered to all staff to enhance their clinical and non-clinical practices and knowledge. The annual education program is developed from staff appraisals and feedback, results of continuous improvement activities, regulatory and legislative changes and mandatory topics. Staff attendances and the evaluation of training programs are recorded and monitored. Some recent training has included: performance appraisal, maximising team performance, accreditation, computer systems and programs, the new funding tool, and incident investigation and loss control.

## 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 and staff have access to internal comments and complaints processes and independent external complaints resolution and advocacy services. Residents and representatives are informed of the comment and complaints processes available to them on entry to the home. Information about comment and complaint processes is displayed around the home. Residents and representatives have access

to other avenues of raising issues of importance to them including resident meetings, surveys and access to management and staff. Residents, representatives and staff reported that they are aware of the formal comments and complaints process and that issues raised either formally or informally are addressed appropriately and in a timely manner.

### **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 Glenview promise is documented and displayed around the home; the commitment to quality care is documented in the resident handbook and conveyed to staff at orientation and to residents and representatives on entry to the home. A commitment to planning and leadership is demonstrated at an organisational level and by the home through planning and the provision of resources that provide ongoing improved outcomes for stakeholders.

### **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 organisation recruits staff with appropriate skills to enable suitable care of residents and rosters demonstrate adequate numbers of qualified staff are available on each shift to attend to the residents' care needs. Interviews, police and reference checks are conducted along; all new staff are provided with an orientation to the home and their roles. Appraisals are conducted annually and performance counselling is provided when required. Employees interviewed indicate there are sufficient staff to meet residents' needs and that vacancies are generally replaced. Residents and representatives state that there are not enough staff however they provide excellent care and they do not usually need to wait for extended periods for attention.

#### **Additional Information**

- Most residents and representatives interviewed state there are not enough staff, however, they do not feel that the care provided suffers as a result. They state care is delivered promptly, appropriately and respectfully but they are worried about the 'care' staff because they are "always so busy".

### **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 stocks of goods and equipment that support quality service delivery. Stock control is the responsibility of department managers. Stock is stored safely in clean and secure areas. Prior to purchase an equipment evaluation form is completed including a maintenance assessment and equipment is . An asset management

software program has recently been introduced; corrective maintenance requests are managed through this system. All equipment is placed on a preventative maintenance schedule. Staff, residents and representatives confirm their satisfaction with the amount of supplies and quality of equipment available to meet their needs.

## 1.8 Information systems

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

### Team's recommendation

Does comply

Management and staff have access to information to assist them to perform their roles however, clinical care plans inconsistently document information relating to residents' care needs; this information is generally available in resident histories, progress notes and verbal handovers. Residents and representatives are provided with information that assists them to make decisions about their care and lifestyle. Confidentiality and security of staff and resident information is maintained at all times. Electronic systems are password protected including levels of access; there is back up of computerised documentation; archived material is stored in secure areas pending destruction according to legislative procedures. Formal processes such as staff education, memoranda, the intranet, newsletters, e-mail, orientation, staff education, notices and handover and informal communication support a formalised meeting structure. Residents, representatives and staff stated that they are provided with information that is appropriate to their needs.

### Additional information

The team observed and discussed with management the following:

- Data fields in resident care assessments are inconsistently completed for example, the date, name and designation of the staff member conducting the assessment. Staff state they interpret these gaps as meaning the field or question is not applicable to the individual resident, however, they present as incomplete assessments. Management said they will reinforce appropriate documentation practice with staff.
- During the transfer of information from the paper-based to the electronic record system, management identified gaps and inconsistencies in residents' care plans. These issues were to be addressed as part of the regular four monthly care plan review as well as the newly introduced three monthly 'resident of the day' reviews. As this process would take a number of months to complete a comprehensive audit of all resident care plans has been commenced to ensure discrepancies are identified, reassessments are prioritised and deficiencies are remedied as quickly as possible.
- Staff state and the team noted the electronic care plans are not always the first point of reference for new or agency staff seeking detailed information regarding resident care. The team discussed with management the benefits of summary care plans for each resident.
- Daily personal care forms are inconsistently completed, for example, signed if the resident has showered, is in bed, is out of bed or if daily exercises have been completed.
- Resident allergies on care plans are inconsistently documented. This was rectified during the visit.
- Understanding and undertaking living activities care plans inconsistently document preferences for clothing and grooming.
- Residents special diets are inconsistently documented on the front sheet of the care plan under the diet section, for example, diabetic and low fat.

- Residents sleep care plans inconsistently document preferred sleep times or interventions to assist in sleep and settling.
- A resident's care plan documents marital status as unknown however, the residents' husband resides in the home.
- A resident's technical and complex care plan does not document diabetic in the goals however, it is documented in the interventions.
- A resident's progress notes 1 August 2008 documents 'swelling in scrotum'; 'resistive to care' and 'to be handed over to the registered nurse'. There are no further entries in the progress notes until 8 August 2008 and no documentation if the swelling has decreased or interventions that may have been used.
- A resident's progress notes 6 June 2008, 9 June 2008 and 10 June 2008 document the resident was given pain medication however, the outcome is not documented.
- Staff interviews revealed an in-depth knowledge of residents' individual care needs and progress notes demonstrate clinical care needs are met appropriately and within acceptable timeframes.

### 1.9 External services

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

#### Team's recommendation

Does comply

The home has systems in place to ensure the quality and suitability of externally sourced services. External contractors have agreements that specify standards of service delivery; contractors are provided with information relating to contractor requirements and expectations and are provided with an orientation to the home. There are probity processes in place for regular contractors; all contracts are approved, negotiated, monitored and reviewed. A list of approved providers is maintained. Residents and representatives confirm they are satisfied with the services provided by external contractors.

## Standard 2 – Health and personal care

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

#### Team's recommendation

Does comply

The home has systems in place that are effective in identifying and actioning improvements. Information is collected from a wide variety of activities and sources that ensure issues related to residents' health and personal care are identified. The home's systems ensure that stakeholders have input into continuous improvement processes. Collected information that monitors performance and identifies new opportunities for improvements that benefit stakeholders and the operation of the home are actioned. Staff confirm they are involved in contributing to the pursuit of continuous improvement; residents confirm the home is responsive to their changing clinical care needs.

Improvements that have been achieved relating to Standard two include:

- The introduction and training of staff in a computerised care planning and assessment process.
- The introduction of a three monthly 'resident of the day' process.
- The introduction of a program of nutritional supplements to assist in the management of residents identified at low, medium and high risk of malnutrition has

resulted in weight gain and stabilisation of weight in some residents on the program.

- The introduction of a skin integrity risk assessment and guidelines for prevention and treatment of pressure sores has resulted in improvements or resolution of wounds.
- The introduction of a seven day medication dose administering system to ensure safer medication management.
- The introduction of lifestyle staff pagers on vibrate function when in the dementia specific area was as a result of current research indicating this as a preventative intervention in the management of residents with behavioural issues.
- The purchase of a new standing aid to decrease manual handling risks for staff and increase mobility in residents.
- The purchase of six battery operated toothbrushes to assist in oral care of residents.
- The introduction of a blood sugar levels monitoring process has increased the safety of blood sugar levels management.

## **2.2 Regulatory compliance**

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

### **Team’s recommendation**

Does comply

The home has systems in place to support resident health and personal care to ensure that information related to legislation, regulatory compliance and other standards and guidelines is available to all stakeholders. Regulatory compliance related to clinical care is monitored through audits, observation and ongoing supervision. Medications are management and stored according to legislated requirements. Registered nurses and enrolled nurses (endorsed) hold current registration and qualifications; credentials are checked prior to employment. Staff confirm they are well informed about legislative and regulatory requirements.

## **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

An education program is developed incorporating the organisation’s core topics, training needs identified through staff appraisals and current care issues within the home. Staff confirm the availability of varied educational opportunities and that they are encouraged to expand their clinical skills. All staff employed by the home must hold or be in the process of attaining at least a certificate three level qualification appropriate to their work area. Recent clinical topics presented include wound management, reducing depression in residential aged care, texture modified foods, hearing aid management and pain management.

## **2.4 Clinical care**

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

### **Team’s recommendation**

Does comply

Residents' care needs and preferences are determined through pre-entry documentation, discussion with the resident and their representatives; an initial database/questionnaire is used to formulate an interim care plan. Detailed assessments take place over four weeks during which resident's specific care is documented and care plans are devised. Care plans are reviewed at least four monthly while a separate 'resident of the day' process occurs every three months in which all stakeholders are invited to contribute observations about the resident's holistic well-being. The home has recently implemented a computerised resident care documentation package; hard copy documentation such as observation charts and daily care records are available in folders for staff unable to access the computerised system. Information in resident files supports that there is ongoing consultation with residents and their families and residents and representatives confirm they are very happy with the care provided.

## **2.5 Specialised nursing care needs**

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

### **Team's recommendation**

Does comply

Residents' specialised nursing care needs are assessed, monitored and reviewed by registered nurses. Medical practitioners provide guidelines for special needs such as diabetic management; staff adhere to these and inform the appropriate health professionals of any variances. Guidelines for other specific clinical care needs such as catheter care are easily accessible to staff and information in resident files confirms that these guidelines are followed. Wound charts demonstrate consistent monitoring and evaluation by appropriately trained staff and referral to the regional wound clinic as necessary. Residents expressed satisfaction with the care provided.

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

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

### **Team's recommendation**

Does comply

Residents are referred to a range of health specialists according to their needs and in response to residents' requests; a list of health specialists is available to guide staff in the referral process. Staff assist residents with appointments and if required arrange transport to external services such as the wound clinic and dental care. Arrangements are made for consultations on site including a physiotherapist, podiatrist, external psycho-geriatric specialists, palliative care consultants, optometry and audiology services. Residents confirm that staff support them with appointments and provide the care recommended by health specialists.

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

Residents' medications are stored appropriately, and administered and recorded correctly. Residents who self-medicate have access to secure storage areas in their rooms and undergo an assessment and review of their ability to safely administer their medications. Medication is administered by registered nurses and enrolled nurses

using a dose administration system. The contracted pharmacy audits medication charts weekly; the home undertakes internal medication audits and an independent pharmacist conducts comprehensive medication reviews for all residents annually. The clinical advisory committee incorporates a medication advisory committee that reviews audit results and medication incidents. Staff can describe appropriate medication management and residents confirm their medications are administered correctly and on time.

#### **Additional information**

- Reviews of files showed medication allergies are not always identified consistently on all relevant forms. This was discussed with senior staff and it was rectified during the team's visit.

### **2.8 Pain management**

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

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

Does comply

Residents' pain is assessed initially and on a regular basis using appropriate verbal and non-verbal assessment tools; progress notes indicate residents' pain is managed effectively by the home however; effectiveness of medications is inconsistently documented. Reports of pain and changes in mood and/or behaviour trigger pain assessments and residents with chronic pain are regularly monitored for the effectiveness of interventions. Heat packs, physiotherapy referrals, assistive pressure relieving devices, massages, repositioning of residents and electronic nerve stimulation are documented as strategies to relieve residents' pain in conjunction with a range of analgesics. Staff have access to guidelines and pain flow charts to assist them in identifying and managing residents' pain and consultation with the community palliative care team occurs as necessary. Residents are satisfied with the way in which their pain is managed and state staff respond appropriately to their reports of pain.

#### **Additional information**

- Three of 15 files reviewed contained entries stating an 'as necessary' simple analgesic had been administered with no follow-up report as to the effectiveness of the treatment.

### **2.9 Palliative care**

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

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

Does comply

Files confirm residents' end of life wishes and preferences are assessed and discussed with residents and their representatives soon after they move into the home. When a resident enters the final stage of care a palliative care plan is implemented and reviewed at least daily identifying the resident's wishes and care needs. Progress notes confirm ongoing consultation with residents and families along with medical reviews and access to the community palliative care team as appropriate for symptom control. Documentation confirms therapeutic interventions, support and reassurance from staff and analgesic medication is provided as appropriate.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

Residents’ dietary preferences and needs are assessed when they move into the home. Residents’ weights are recorded every two months or more frequently if unplanned fluctuations are detected. Although a visiting dietitian is not available, the home uses a proprietary weight monitoring and management program including a range of supplements administered by the registered nurses in charge of each area; the home’s speech pathologist reviews residents exhibiting weight loss. Changes to residents’ dietary needs are communicated by the registered nurse to both the kitchen and care staff using a change of dietary information form. Residents’ requirements for specialised cutlery, cups and plates are identified on care plans and provided as required. Residents’ files confirm referrals to the speech pathologist as required and effective management of unplanned weight loss. Residents and relatives confirm they are very satisfied with the quality and variety of meals and snacks provided by the home.

### **Additional information**

- The home has recently reviewed its nutrition policy. The new draft includes as a trigger for review, unplanned weight change both positive and negative of two kilograms or more as well as consecutive smaller weight fluctuations indicating a trend of gradual loss or gain.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

Residents’ skin care needs including toenails and fingernails and preferences are assessed on entry to the home; care plans are developed and reviewed four monthly or if residents’ care needs change however pressure ulcer risk assessments are not conducted as part of the review. Strategies identified on care plans reflect residents’ individual requirements for the promotion of optimal skin integrity. Creams, air mattresses, pressure relieving devices, sheepskins and inspection of residents’ skin during hygiene care minimise the risk of skin problems. Wound statistics are monitored and reported at relevant meetings; individual wounds are managed by registered nurses; wound records demonstrate appropriate management strategies and consistent improvement in the wounds reviewed. Staff are aware of factors associated with maintaining skin integrity and residents are happy with the care staff provide for their skin.

### **Additional information**

- A skin assessment is conducted when a new resident moves into the home but not regularly thereafter. The team discussed the benefits of conducting a regular pressure ulcer risk assessment as part of the care plan review to highlight any possible increase in risk factors that may require greater monitoring and/or preventative measures to maintain skin integrity.

## 2.12 Continence management

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

### **Team’s recommendation**

Does comply

Residents’ continence management needs are assessed on moving into the home and care plans developed to promote continence or maintain social continence. Continence programs are trialled and regularly reviewed to identify the most suitable strategies or aids for each individual. Changes in residents’ continence status prompt investigation of underlying factors and informal reassessment. Care staff demonstrate knowledge of residents’ individual continence management programs and the team observed these being implemented however, inconsistently documented. Residents confirm that their continence needs are addressed appropriately and in a respectful and dignified manner.

### **Additional information**

- The team noted significant gaps in the hourly checking component of continence assessments. Staff stated the lack of an entry signified the resident was checked and dry however, the assessment form stipulates a code for this observation that is not used.
- Staff state reassessment, prompted by a change in a resident’s continence status, usually involves discussion among staff and the trial of alternative strategies such as changed toileting times or different continence aids. The team did not view formal trial documentation validating the effectiveness of continence programs but progress note entries and staff interviews indicate that resident’s continence is managed effectively.

## 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 with identified behavioural issues are assessed with reference to possible underlying factors such as pain and environmental triggers. Behavioural care plans are formulated and regularly reviewed with any exceptions recorded in residents’ progress notes and reported to the registered nurse in charge. Referrals are made to specialist services such as the Aged Person’s Mental Health Service when appropriate. Physical restraint documentation reviewed includes assessments, restraint reviews by a general practitioner and ongoing consultation with family members. Staff are aware of specific triggers and interventions related to individual residents’ challenging behaviours. Residents are satisfied with the management of behavioural issues reporting minimal disturbance by residents with challenging behaviours.

## 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 needs and falls risk are assessed when they move into the home by the physiotherapist who visits twice weekly; physical therapy plans are developed, implemented by care staff and regularly reviewed. Interventions include

mobility and exercise programs, range of motion exercises and provision of appropriate aids and appliances as assessed by the physiotherapist or an occupational therapist. Staff receive training in manual handling techniques and the implementation of falls minimisation strategies including high/low beds, exercise programs, hip protectors and regular monitoring of residents. Residents confirm encouragement and assistance is given to maintain mobility and dexterity at optimum levels.

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

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

#### **Team’s recommendation**

Does comply

Oral and dental assessments are completed when residents move into the home to identify individual residents’ needs and preferences for their oral and dental hygiene. Residents’ oral and dental health is regularly evaluated and staff support residents with oral and dental care; specialised equipment is provided as necessary. Residents are referred to their general practitioner, dental technician or dentist as necessary and supported to attend external appointments. Residents confirm staff assist them to maintain oral hygiene as required and to attend dental appointments.

### **2.16 Sensory loss**

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

#### **Team’s recommendation**

Does comply

Following their move into the home resident assessments are completed to identify any sensory losses and the impact these may have on their daily lives. Residents’ levels of comprehension are determined and information on care plans includes interventions to assist with communication. Residents are referred for optometry or audiometry assessment as required and recommendations are incorporated into care plans. Staff are aware of appropriate communication techniques and maintenance and application of aids for residents with sensory loss. Residents with sensory deficits confirm they receive appropriate support and assistance.

### **2.17 Sleep**

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

#### **Team’s recommendation**

Does comply

Residents’ usual sleeping patterns are assessed on moving into the home including preferred rising, settling and rest times, routines and sleeping aids. During the assessment period sleep charts are kept and sleep assessments completed to identify residents’ individual patterns. Sleep care plans are developed and reviewed, however medical and non medical strategies to assist in achieving natural sleep patterns are inconsistently documented. Factors that disturb sleep are noted including pain, continence and behavioural issues. Residents state the home is generally quiet at night with minimal disruption and care including non medical strategies is provided in a timely manner.

### **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 has systems in place that are effective in identifying and actioning improvements. Information is collected from a wide variety of activities and sources that ensure issues related to residents’ lifestyle are identified. The home’s systems ensure that stakeholders have input into continuous improvement processes. Collected information that monitors performance and identifies new opportunities for improvements that benefit stakeholders and the operation of the home are actioned. Staff confirm they are involved in contributing to the pursuit of continuous improvement; residents confirm the home is responsive to their changing lifestyle needs.

Improvements that have been achieved relating to Standard three include:

- The restructure of the lifestyle department which represents the amalgamation of the care and lifestyle rosters to create a new department delivering personal care, lifestyle and therapy services to residents in a seamless model.
- The introduction of a courtyard sail in an outdoor area has resulted in residents, families and staff enjoying the external areas of the home in warmer months.
- The expansion of the volunteer program including the introduction of a volunteers’ manual.
- A review of the resident information booklet.
- The introduction of a policy and procedure and log book for compulsory reporting.
- The introduction of a registered nurse checklist for compulsory reporting.

#### **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 ensures regulatory compliance related to residents’ lifestyle is monitored by policy and procedure review and as a result of legislation changes. Residents’ privacy and confidentiality is respected; staff, residents and representatives receive written information regarding privacy legislation. Residents have an occupancy agreement; a prudential statement is provided on entry to the home and yearly. Residents and representatives are informed of any changes regarding regulatory compliance.

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

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

##### **Team’s recommendation**

Does comply

An education program is developed incorporating the organisation’s ‘critical update training’ topics, training needs identified through staff appraisals and current care

issues within the home. Staff confirm the availability of varied educational opportunities and that they are encouraged to expand their skills. All staff employed by the home must hold or be in the process of attaining at least a certificate three level qualification appropriate to their work area. Recent education topics related to resident lifestyle include cross cultural awareness, 'the power of touch' customer service and aboriginal cultural awareness training.

### **3.4 Emotional support**

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

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

Does comply

Residents and families are offered tours and information detailing the care and lifestyle choices available to them prior to entry to the home. On the day of entry to the home residents and families receive an orientation and meet other residents and staff. New residents are generally 'buddied' with another resident to assist in the transition process; residents and families are emotionally supported by volunteers, lifestyle workers and a community visitor scheme. Preferred activities and religious needs assessments are completed after entry to the home. Residents are consulted through meetings and individual discussions about their emotional and lifestyle needs and are surveyed to determine their satisfaction with the services provided. Residents and representatives confirm they receive initial and ongoing emotional support.

### **3.5 Independence**

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

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

Does comply

Residents are assessed on entry to the home to identify individual preferences related to maintaining community, cultural and family ties. Residents at the home are assisted to remain as independent as possible through the provision of appropriate aids and equipment. Residents are assisted to maintain links with the wider community and are assisted by lifestyle staff to participate in external activities and have access to an internet café. Taxis are provided if required. The home has a number of private sitting rooms where residents are encouraged to meet with family and friends. Residents are easily able to access the surrounding gardens and grounds of the home. Residents confirm they are encouraged to be as independent as possible.

### **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 policies and procedures in place to guide staff in maintaining residents' privacy, dignity and confidentiality. Residents or representatives sign a photograph authority form. Staff practices were observed during the visit confirming care is provided in a respectful manner. Confidential documents are stored securely with access restricted to appropriate staff. There are adequate private recreational areas available and used by residents and their families. Residents and their representatives confirmed they are always treated with respect and dignity.

### 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

Preferred activities and religious needs assessments are used to gather information on each resident's lifestyle preferences, cultural and spiritual needs and a care plan is developed from the information obtained, however individual strategies and interventions are inconsistently documented from the information obtained from initial assessments. Care plans are reviewed at least every four months. Residents are supported and encouraged to participate in a variety of individual and group activities and interests that meet their individual needs, preferences and abilities. Volunteers and community workers support the leisure program. Residents and representatives confirmed their satisfaction with the lifestyle and leisure activities provided.

#### **Additional information**

The team noted and discussed with management the following:

- An intervention documented in a residents social and human needs care plan notes 'lifestyle staff to read the activities calendar to the resident daily' however the interventions do not document to assist the resident to attend activities daily.
- Residents with leisure and lifestyle interventions such as cultural boards are inconsistently documented in the social and human needs care plans.

### 3.8 Cultural and spiritual life

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

Does comply

The home assists residents to maintain their customs, beliefs and cultural preferences. Care plans are developed from cultural and spiritual needs assessments however, care plans inconsistently document individual cultural and spiritual needs. Church services from different denominations are held in the chapel; funeral and memorial services are held when requested by family. Residents' cultural and spiritual needs are met through the celebration of events and practices that are of importance to residents as a group and individually both within and outside the home. The home has access to interpreters if required and resources from the Migrant Resource Centre. Effectiveness of the home's performance is assessed through surveys, audits and informal feedback.

#### **Additional information**

- The team noted and discussed with management that social and human needs care plans inconsistently document details of cultural and spiritual needs especially for residents from culturally diverse backgrounds.
- Resident care plans inconsistently document the country of birth of a resident.

### 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

Following their move into the home residents are encouraged to inform staff of their preferences for daily living including personal hygiene, food and activities. Information is provided on the comments and complaints process and residents are supported to attend the resident meetings to discuss any issues that may impact on their daily lifestyle at the home. Information on advocacy services is available and staff consult with the resident and their representatives on a regular basis. Residents are supported to choose their own medical practitioner and confirm they visit as required. and that staff respect their right to refuse a service and that their choices are acknowledged and respected.

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

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

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

Does comply

Prior to entry to the home residents and representatives are provided with an information pack containing brochures and information sheets. Residents are offered an agreement on entry to the home. Ongoing access to information is provided through meetings, newsletters, letters and informally through discussion with management and staff. Notice boards around the home contain general information on relevant issues and day to day information. Residents and representatives confirm they felt secure at the home and understood their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

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

Does comply

The home has systems in place that are effective in identifying and actioning improvements. Information is collected from a wide variety of activities and sources that ensure issues related to physical environment and safe systems are identified. The home's systems ensure that stakeholders have input into continuous improvement processes. Collected information that monitors performance and identifies new opportunities for improvements that benefit stakeholders and the operation of the home are actioned. Staff confirm they are involved in contributing to the pursuit of continuous improvement; residents confirm the home is responsive to their changing environmental and safety needs.

Improvements that have been achieved relating to Standard four include:

- The introduction of a food safety program at the home including a food safety manual, review and implementation of new practices, staff training and external audits with excellent results.
- A streamlined process for collecting breakfast trays from resident's rooms.
- The purchase of a three door freezer for the kitchen.
- The purchase of a blast chiller in the kitchen to ensure food safety temperature requirements are met.
- The development of guidelines for gastroenteritis outbreaks.
- The introduction of a head lice procedure.

- The introduction of a manual handling project in partnership with external consultants. The training has been completed.
- The introduction of five new laundry trolleys to assist in reducing identified manual handling issues for staff.
- The purchase of outdoor furniture for residents and families to enjoy the outside gardens and grounds in warmer weather.
- The replacement of carpet in one area of the home.
- Code black training for staff to ensure they have the knowledge to provide assistance and respond to potentially violent incidents.
- A security audit and report review has resulted in the installation of security cameras on external gates and several external doors and car parks. This is due for completion in August 2008.

#### **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 ensures regulatory compliance related to the physical environment and safe systems is monitored by policy and procedure review and as a result of legislation changes. Internal communication systems ensure changes to regulatory information are appropriately communicated to management, staff, resident and representatives. Regulatory requirements are reflected in staff education and meeting procedures. Occupational health and safety, fire and emergencies, infection control practices and food safety have systems and processes in place to ensure compliance with relevant legislation. Staff confirm they are well informed about legislative and regulatory compliance.

#### **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

An education program is developed incorporating the organisation's 'critical update training' topics, training needs identified through staff appraisals and current care issues within the home.. Staff confirm the availability of varied educational opportunities and that they are encouraged to expand their clinical skills. All staff employed by the home must hold or be in the process of attaining at least a certificate three level qualification appropriate to their work area. Recent education topics related to physical environment and safe systems include fire warden training, laundry traineeships, certificate three in health support services (cleaning and occupational) injury management update and carpet extractor training.

#### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

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

Does comply

The home provides a spacious, warm and comfortable living environment with secure internal and external areas and security surveillance in public areas. The internal and external areas are clean and tidy; responsive and programmed maintenance systems ensure the environment is well maintained. There are lounges, small and large sitting areas and kitchenettes with tea and coffee making facilities throughout the home. Residents are encouraged to personalise their rooms with memorabilia and comfortable furniture and these items are inspected for safety by maintenance staff. Residents confirm that they enjoy the living environment and feel safe and secure.

#### **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

Management and staff work together to provide a safe working environment. Issues and hazards are identified through incident reports, audits and maintenance requests. Information is fed back to stakeholders through meetings, newsletters and memoranda. Staff education includes manual handling and chemical safety. Preventative and corrective maintenance programs are in place to ensure plant and equipment are maintained and fit for their intended purpose. New equipment is trialled and evaluated; all electrical equipment is tested and tagged. Staff demonstrate an understanding of safe work practices relating to occupational health and safety.

#### **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 policies and procedures in place to guide staff and residents in the event of a fire, security breach and other emergencies. The building certification safety score is compliant with the aged care certification assessment instrument. The home is fitted with appropriate fire detection and safety equipment. Evacuation plans are situated throughout the home; emergency lists with resident mobility needs and warden duties are easily accessible in the nurses' stations. Fire exits have clear egress and ingress. Specialist contractors conduct scheduled essential service equipment maintenance. Staff are provided with education in all aspects of managing fire and emergencies. Staff confirmed and demonstrated their knowledge of what to do in the event of a fire or emergency. Residents and representatives said they are confident that staff are aware of what to do in the event of a fire or other emergency.

#### **4.7 Infection control**

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

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

Does comply

The home has an effective infection control program in place which is coordinated by the infection control committee with members from each service area. Staff receive education on infection control at orientation and throughout the year. Information on infection control is discussed at meetings and guidelines on gastroenteritis and influenza outbreak management are available for staff. There is an immunisation program in place for residents and staff. Residents' infections are monitored and

trended however, infections are currently identified through treatment with antibiotics. Catering, cleaning and laundry services have appropriate infection prevention procedures in place; spills kits and infectious waste management services are in place and staff compliance with appropriate practice is monitored. Staff demonstrate an appropriate level of knowledge of and compliance with infection control guidelines relevant to their roles.

#### **Additional Information**

- Residents' infections are identified through treatment with antibiotics. The team discussed with management the advantage of identifying infections symptomatically using standardised criteria to ensure untreated infections are captured in statistics.

#### **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 by in house personnel. Processes are in place to maintain food hygiene, to ensure safe work practices and compliance with food handling requirements and storage. Catering staff have access to relevant resident information identifying food and nutrition requirements. The menu is reviewed by a dietitian prior to implementation. Feedback is provided through resident meetings and surveys. Residents confirmed they are very satisfied with the meals and snacks provided.

Resident rooms are detailed once a week. Cleaners work Monday to Friday; the environment is maintained at the weekend by lifestyle staff. Residents and representatives confirm they are very satisfied with the cleanliness of the home.

The home launders flat linen and personal laundry on site. Residents have access to three laundries for personal washing if they choose. Residents and representatives confirm they are happy with the laundry service provided.