



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

## **Decision to Accredit Diana St Lodge**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Diana St Lodge in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Diana St Lodge is 3 years, until 9 August 2009.

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

The Agency is satisfied that the 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.

Geoff Freeman  
Accreditation Decision Maker  
Victoria and Tasmania

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

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

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

# Service and Approved Provider Details

## Service Details

Service Name: Diana St Lodge  
RACS ID: 3520  
Number of beds: 60      Number of High Care Residents: 31  
Special Needs Group catered for: People with dementia or related disorders.

Street: 17 Diana Street  
City: Croydon      State: Victoria      Postcode: 3136  
Phone: 03 9879 7366      Facsimile: 03 9879 6189  
Email address: admin@donwood.com.au

## Approved Provider

Approved Provider: Donwood Community Aged Care Services Inc

## Assessment Team

Team Leader: Astrid Tolstoshev  
Team Member/s: Heather Browning  
Lynn Borundia

Dates of audit: 15/05/2006 to 16/05/2006



## Executive summary of Assessment Team's Report

## Accreditation Decision

### Standard 3: Resident Lifestyle

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

### Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

### Standard 4: Physical Environment and Safe Systems

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

### Agency Findings

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

Compliant

## **Executive summary**

This is the report of a site audit of Diana St Lodge 3520, 17 Diana Street, CROYDON VIC 3136 from 15 May 2006 to 16 May 2006 submitted to The Aged Care Standards and Accreditation Agency Ltd on 30 May 2006.

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

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

- 44 expected outcomes

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

The assessment team recommends that The Aged Care Standards and Accreditation Agency Ltd accredit Diana St Lodge.

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

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

The assessment team recommends that there should be 2 support contacts during the period of accreditation and the first should be within 12 months.

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

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

Please note the Agency may have made findings different from these recommendations.

# Site Audit Report

## Scope of audit

An assessment team appointed by The Aged Care Standards and Accreditation Agency Ltd conducted the audit from 15 May 2006 to 16 May 2006.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of 3 registered aged care quality assessors.

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

## Assessment team

Team Leader:	Astrid Tolstoshev
Team Members:	Heather Browning
	Lynn Borundia

## Approved provider details

Approved provider:	Donwood Community Aged Care Services Inc
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## Details of home

Name of home:	Diana St Lodge
RACS ID:	3520

Total number of allocated places:	60
Number of residents during site audit:	60
Number of high care residents during site audit:	31
Special needs catered for:	Dementia and related disorders

Street/PO Box:	17 Diana Street	State:	VIC
City/Town:	CROYDON	Postcode:	3136

Phone number:	03 9879 7366	Facsimile:	03 9879 6189
E-mail address:	admin@donwood.com.au		

## Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

### Interviews

	Number		Number
Director of nursing	1	Residents	6
Deputy director of nursing	1	Relatives	6
Unit managers	2	Activity staff	2
Registered nurse division one	1	Cleaning staff	2
Care staff	4	Catering staff	1

### Sampled documents

	Number		Number
Residents' files	7	Medication charts	10
Residents' Agreements	3	Personnel files	3

### Other documents reviewed

The team also reviewed:

- Job descriptions
- Policies and procedures
- Staff handbook
- Resident information handbook
- Orientation information
- Documentation related to the quality management system
- Current roster
- Documentation related to the education program
- Maintenance documentation
- Meeting minutes
- Newsletters
- Other clinical documentation
- Documentation related to the activity program
- Documentation related to the occupational health and safety program
- Documentation related to fire safety
- Infection control surveillance records and reports
- Documentation related to catering cleaning and laundry

### Observations

The team observed the following:

- Living environment
- Activities in progress
- Meals being served
- Storage of medications
- A medication round
- Interactions between staff and residents
- Equipment and supply storage areas

## **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’s framework for continuous improvement includes processes for regularly monitoring compliance in management systems expected outcomes and identifying opportunities for improvement. Management demonstrated improvements related to management systems that are responsive to the needs of residents and staff. Staff are aware of and involved in the quality system. Residents and relatives reported high levels of satisfaction with the responsiveness of management and staff to their suggestions and concerns.

Achievements demonstrated relating to management systems, staffing and organisational development include:

- Implementation of a computerised clinical documentation program.
- Building and establishment of a 30-bed dementia specific unit.
- Review of the continuous improvement system and improving communication processes and management of improvement projects.
- Introduction of police checks for all current and prospective staff.

### **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 has processes for identifying relevant legislation and regulations, receiving updates, informing staff and residents about relevant changes, reviewing policies and procedures and for monitoring compliance with requirements. Recent examples of changes to legislation have been received and have or are being implemented.

### **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 has processes in place to ensure staff have the necessary skills and knowledge to perform their roles effectively and monitor their ongoing performance. Management actively pursues training grants to support continuing education for staff. Recent education provided includes a session on complaint management, a session on bullying and harassment and trivia questions related to continuous improvement. Staff described the benefits of ongoing education to themselves and their opportunity to apply this knowledge to their work.

#### **1.4 Comments and complaints**

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

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

Does comply

The home has processes for advising residents of the internal comment and complaint processes and external mechanisms available to them. Residents and relatives described the avenues they use to raise issues and said they are satisfied with the way they are responded to. Staff described the way in which they respond to complaints and were clear about their responsibilities in the process. Management has processes for collating and analysing comments (including verbal concerns and suggestions) and complaints and provides feedback to residents and relatives through resident meetings or individually as required. The effectiveness of the complaint management system is reviewed through the resident/relative satisfaction survey.

#### **1.5 Planning and leadership**

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

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

Does comply

The organisation has documented its commitment to quality through its strategic plan, mission and vision statements and policy statements.

#### **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 nursing home and co-located 60 bed hostel have a director of nursing supported by a deputy director of nursing. Two unit managers (registered nurses division one) are responsible for the hostel, which is divided into a 30-bed general unit and a 30 bed dementia specific unit. A registered nurse division one is rostered on each afternoon shift with personal care assistants providing care across all shifts. Minimal agency staff are used.

Residents and relatives reported a high level of satisfaction with the care and stated that staff are available when residents need them. Staff said that staffing levels are adequate to meet residents' care needs.

Recruitment, selection and performance appraisal processes are in place to ensure appropriately skilled and qualified staff provide resident care.

### **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

Staff reported, feedback from residents/relatives and the team observed that equipment is maintained and in good working order. A maintenance officer is employed two days a week and contracted maintenance providers are used as required. Day to day and preventive maintenance programs are in place. Adequate levels of stocks are kept and processes are in place to order regularly. Food supplies and stock rotation processes are also in place. The team observed asset register documentation and processes for replacing obsolete items. New equipment is trialed before purchase and staff trained by the contractor.

### **1.8 Information systems**

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

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

Does comply

Management and staff demonstrated they have access to and use accurate information to help them perform their roles. Residents' care files contain comprehensive assessment and care planning information, which is accessible to staff. Documentation related to the quality management system is accessible and used by management to assist in decision making. The home has processes for securely storing confidential material and informing staff about confidentiality requirements. Residents and representatives have access to information to assist them in making decisions about their care and lifestyle.

### **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

A number of services are contracted including pharmacy, maintenance, equipment, waste, essential services, chemicals and general supplies. Contracts sighted by the team are current. Management discussed processes used to monitor contractor's performance and contracts are reviewed annually. Staff and residents reported satisfaction with services provided.

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

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

### **2.1 Continuous improvement**

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

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

Does comply

The home's framework for continuous improvement includes processes for regularly monitoring compliance with health and personal care expected outcomes and identifying opportunities for improvement. Management demonstrated improvement activities in health and personal care showing responsiveness to the needs of residents, and resulting in benefits for residents. Staff and residents are provided with information to assist them to understand and participate in the home's continuous improvement activities.

Achievements demonstrated relating to health and personal care include:

- A review of pain management. The introduction of new pain charting techniques and the use of new age skin patch medications, has provided residents with optimal pain management. There are valuable insights from this for most practitioners working in aged care. Refer to expected outcome 2.8 Pain Management.
- A review of medication management systems to ensure that medication incidents are effectively reported to enable improvement in the system rather than a 'fix the problem' approach to be taken. A number of actions have been taken to work through the issues raised. Monitoring of medication incidents continues regularly.
- A review of the use of dietary supplements and implementation of a systematic approach to management of weight loss based on current good practice.
- Comprehensive analysis of individual residents' falls to enable strategies to minimise recurrence to be implemented and evaluated. This has led to a decrease in falls in a number of residents.
- A review of restraint practices to ensure that all forms of restraint used are assessed, documented, reviewed and evaluated using current good practice guidelines.
- Management has commenced a process to comprehensively analyse aggressive incidents to enable more effective management of residents with behavioural issues.

### **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 monitor regulations and legislation and any changes that relate to clinical care. Staff has access to copies of relevant legislation and have access to an internet reporting and monitoring service. Policies have reference to appropriate legislation and nursing staff work within the parameters of their professional registration.

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

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure staff have the necessary skills and knowledge to perform their roles effectively. Recent management related to health and personal care includes regular behaviour management education, pain management and oral hygiene. Staff described the benefits of ongoing education and stated that education is accessible and always available.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents at the hostel are provided with clinical care appropriate to their assessed needs. Clinical assessments are done by nursing and care staff following admission and used to formulate care plans. The documentation system is electronic and provides clear, easily accessible direction for staff. Care is reviewed monthly and is provided by staff of appropriate qualification. Progress notes have entries confirming that care is provided in accordance with the care plan, and that any clinical variances are responded to in a proper manner. Residents and relatives who spoke with the team said that they are cared for with compassion and skill and that they receive care by the medical practitioner of their choice.

### **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 complex and technical care is planned and provided by appropriately qualified and experienced staff. Policies and procedures are available to inform staff and access to internet information services is available and used by nursing and care staff. Progress notes and clinical charts confirm that nursing staff manage the complex and technical needs of residents in a systematic manner, with support from the nursing staff from the co-located nursing home. Staff confirm that they are encouraged and supported to maintain their clinical knowledge and skills by continuing professional development.

### **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 have their specialist health needs assessed following admission and referrals made to appropriate services. Care plans record the process and progress notes have entries detailing appointments and visits by service providers and any

interventions and treatments. Referrals are made to contracted service providers, or to providers of the residents' choice. Specialist providers include physiotherapy, podiatry, optometry, audiology, dental, speech therapy and dietary services

## **2.7 Medication management**

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

### **Team's recommendation**

Does comply

The home has systems in place to ensure that resident medication is managed in accordance with regulatory requirements. Qualified staff described safe medication practices, and medications were administered safely and correctly during the medication round observed by the team. Medication charts have identifying photographs, allergies recorded, current prescriptions and entries signed to confirm administration. Regular audits of medication administration are conducted and there are processes in place to review the results of audits and address any gaps.

## **2.8 Pain management**

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

### **Team's recommendation**

Does comply

The residents at the hostel are assisted to remain as free from pain as possible by the introduction of innovative and holistic pain management techniques. The pain history of residents is determined following admission and individual care plans recorded to direct and assist staff. Pain charting is used in assessing and reviewing the value of interventions in addition to a review of nutrition and hydration, behaviours and mobility. Surveillance of falls identified that pain was a contributing factor for some incidents, and that it was also impacting upon the nutrition of some residents. Staff attended seminars and education sessions, and contacted a pharmaceutical company to investigate the value of a new, slow acting analgesic skin patch. Information was provided to treating medical practitioners at the home and a pain assessment chart that included the relationship of pain to activity was introduced. Following consultation with residents and relatives, long acting slow release analgesic patches were introduced for some residents and assessment charting continued. Results have shown residents calmer and happier, and with increased mobility. A study day was arranged and a best practice pain management plan was developed. Case studies of several residents in the dementia specific unit who had exhibited patterns of challenging behaviours, reduced mobility and multiple falls and poor appetites, and have been assessed as having chronic pain, have shown dramatic improvements in the general wellbeing of all those residents following introduction of the new analgesic regime. Staff continue to use conventional interventions including massage, repositioning, analgesic medication and heat packs in assisting residents.

## **2.9 Palliative care**

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

### **Team's recommendation**

Does comply

Residents end of life wishes are determined following admission and in consultation with their family. Information is recorded on a chart in the resident file and on the care plan. Family are assisted to remain with terminally ill residents according to their preferences. An external palliative care team is accessed on occasions to advise on clinical issues including pain management.

#### **2.10 Nutrition and hydration**

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

##### **Team’s recommendation**

Does comply

Residents at the hostel have their nutrition and hydration needs met in accordance with their documented preferences, clinical and special needs. Residents’ needs and preferences are assessed following admission and reviewed regularly. The residents’ needs are communicated to the kitchen and residents confirmed that their choices are met. Meals are prepared on site, and residents have choices at all meals. The menu is reviewed regularly by a dietitian who also reviews any residents with special nutritional requirements. A nutritional monitoring tool is used to monitor weights and there is a process for provision of nutritional supplements. Staff have attended a two day conference on nutrition for the elderly and are acting as nutrition monitors responsible for surveillance of the weight monitoring program. Residents and their family members were complimentary of the meals provided to them and said that their special needs were met.

#### **2.11 Skin care**

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

##### **Team’s recommendation**

Does comply

Residents are assisted to maintain skin integrity according to their preferences and consistent with their general health. Assessments of skin integrity are made following admission and the information is used in documenting the care plan that includes references to nutrition and mobility management. Interventions used to assist in skin care include protective clothing and equipment, emollients, pressure relieving chairs, cushions and mattresses, and repositioning regimes. Wound care is provided by nursing staff using wound assessment and management charts to document care. Nursing staff refer to a specialist wound clinic and research for new products and interventions in managing complex wounds. The introduction of new techniques by staff has resulted in the resolution of chronic wounds and a reduction in the incidence of skin excoriation.

#### **2.12 Contenance management**

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

##### **Team’s recommendation**

Does comply

Assessments of continence are done following admission and reviewed regularly. Continence care plans include nutrition and hydration management, assistance required, toileting schedules and any aids assessed as necessary. Residents are assisted to manage their continence confidently and with dignity and nursing staff were

observed to be assisting residents with their continence care in accordance with the documented care plan. Progress notes have entries confirming that staff monitor and implement new continence management strategies in response to resident needs.

### **2.13 Behavioural management**

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

#### **Team’s recommendation**

Does comply

Residents with challenging and complex behaviours are managed effectively through assessment following admission and through regular reviews of care needs. Care plans reflect that staff have identified triggers for behaviour changes and have documented strategies for management of those changes. The behaviour management team attached to the aged psychiatric team provides education and support with the care of those residents with particularly challenging behaviours and conducts monthly case study sessions for staff. Behaviour management strategies include attention to communication techniques, sleep management, pain management and diversional therapy programs. The residents in the dementia unit are assisted with their behaviours by the provision of various comforting and friendly communal areas in the unit, and by the attention of a specific activity program and daily visiting by volunteers.

### **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 at the hostel are assisted to maintain optimal levels of mobility and dexterity. Their mobility and dexterity are assessed following admission by care staff and a physiotherapist and reviewed regularly. Care plans are documented to direct staff and include transfer techniques, exercises, assistance required and any special mobility aids the resident requires. A falls risk assessment is used to identify any resident with a mobility deficit that could put them at risk of falling. Any falls are included in the trend analysis programs and included in the monthly continuous improvement report. There were seven resident falls reported in April and fifteen in March.

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

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

#### **Team’s recommendation**

Does comply

Residents are assisted to maintain optimal oral and dental health. An assessment of their oral and dental health is made following admission and this information is used in preparing the care plan. Residents are referred to dental specialists where there is an identified need and the team observed a visiting dental service working at the home during the visit. New oral hygiene products have been introduced to assist residents who are frail or require complete assistance with oral care. A dental hygienist has provided education for staff and is planned to provide ongoing support. Reviews of the care plans are done regularly and residents said that staff assist them with their oral hygiene according to their documented care plan.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents are assessed for sensory loss on admission and this information is documented in individual care plans. Residents with identified sensory loss are monitored and referred to relevant external service providers. Appointments are arranged at the home for vision specialist consultants and hearing services as indicated. Residents confirmed that they are encouraged to use their sensory loss aids and are assisted with fitting and maintenance of aids as required. The hostel is bright and rooms, central activity areas and corridors are kept free from clutter for safe and easy mobility.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Residents at the home are assisted to maintain their preferred sleep routines. They have their sleep patterns assessed following admission over a seven day period and care plans are written to assist care staff in providing appropriate care. Care plans include preferred rise and retire times, and repositioning schedules and continence care. Residents said that the home was quiet and comfortable at night and that they were able to sleep well. Medication charts indicated that there is minimal use of sedation for residents at night. Residents in the dementia unit, who exhibit restless behaviours at night, are encouraged to rest on comfortable lounges next to the nurses’ station.

## **Standard 3 – Resident lifestyle**

**Principle:** Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

### **3.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home’s framework for continuous improvement includes processes for regularly monitoring compliance with lifestyle expected outcomes and identifying opportunities for improvement. Management demonstrated improvement activities in lifestyle areas showing responsiveness to the needs of residents, and resulting in benefits for residents. Staff and residents are provided with information to assist them to understand and participate in the home’s continuous improvement activities.

Achievements demonstrated relating to resident lifestyle include:

- A review of the activity program to ensure programs are individualised for all residents.
- Review of information provided to residents and relatives regarding security of tenure to ensure that it meets legislative requirements.

### **3.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has processes for identifying relevant legislation and regulations, receiving updates, informing staff and residents about relevant changes, reviewing policies and procedures and for monitoring compliance with requirements relating to resident lifestyle. Management can demonstrate its compliance with legislation and regulations relating to resident lifestyle through its monitoring processes.

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

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

#### **Team’s recommendation**

Does comply

The home has processes in place to ensure staff have the necessary skills and knowledge to perform their roles effectively. Discussion with activity and care staff and observation of their practice indicate that they have well-developed skills in assisting residents maintain lifestyle choices. Staff described the benefits of ongoing education to themselves and their opportunity to apply this knowledge to their work relating to resident lifestyle.

### **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 their family are encouraged to visit and become familiar with the home before they move there. Some of the residents have attended the day program at the facility before admission, or have had respite at the hostel, and those who spoke with the team said that they found the transition comfortable. Residents care and lifestyle choices are assessed following admission and care plans include strategies to assist staff in meeting those needs. Many family members provide volunteer hours at the home helping with gardening and activity programs. Residents are encouraged to personalise their rooms with furnishings and mementos.

### **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 encouraged to maintain maximum independence at the hostel and are consulted about their care and daily routines. Residents continue to be involved in community and family occasions and several go on regular outings with family. Regular resident meetings are held and a monthly continuous improvement report is provided to residents and their family. Regular exercise programs, physiotherapy support and the provision of appropriate mobility aids enable residents to remain independent to the extent of their capabilities.

### **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 systems in place to meet the privacy requirements of residents. The team observed that residents are afforded dignity, respect and discretion in the provision of care needs. Most residents are in single rooms and various shared lounges/recreational areas are available to them. The dementia unit has a 'wave lounge room', which separates the residents' rooms from the communal area, and provides a few private areas for residents/relatives to use. All records are kept in secured offices. Residents and relatives stated that staff were polite and treated each individual with respect.

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

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

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

Does comply

The home has systems in place to identify and respond to each resident's interests and preferred activities. The home has a large number of volunteers who assist the diversional therapist and offer a diverse range of activities individually tailored to meet the needs of each resident with a specific program in the dementia specific unit to meet the needs of these residents. Resident involvement in choice of activities is actively encouraged and promoted. Residents and relatives reported satisfaction with the amount and variety of activities offered.

### **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 has only one non-English speaking resident and residents from eight different religious/cultural backgrounds. Residents and relatives reported satisfaction with the way in which staff assist and encourage residents to maintain their religious beliefs and cultural customs.

Residents' religion and cultural needs are identified through the assessment process. A diversional therapist student on university placement from the cultural background of the non-English speaking resident has been accessed and has assisted greatly with the resident's individual cultural needs. Staff reported that they have access to resources should they need assistance with communication and/or specific cultural needs.

Special events such as Anzac Day are observed and the team noted well attended. Residents are involved in a footy tipping competition.

Monthly Anglican, Roman Catholic church services are held. Uniting Care pastoral care is also provided.

### **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 their family are encouraged to be involved in planning care and in activity and lifestyle choices. Preferences are met where possible and include food choices, sleep pattern choices and personal hygiene routine preferences. The complaint process is explained in the residents' rights' book and displayed on notice boards. They also said that their issues were addressed in a timely and satisfactory

manner. Meetings of residents and representatives are well attended and information is communicated on notice boards and in newsletters.

**3.10 Resident security of tenure and responsibilities**

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

**Team's recommendation**

Does comply

Residents are provided a formal accommodation agreement that includes information relating to security of tenure, occupancy, leave entitlements, specified care and services, residents' rights and responsibilities and methods for complaint resolution. Residents and relatives are also provided with information through meetings and information on noticeboards. Residents who have moved from the hostel to the nursing home have had changes explained to them and new agreements signed. The residents' charter of rights and responsibilities is included in the resident/relative information booklet.

## **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’s framework for continuous improvement includes processes for regularly monitoring compliance with physical environment and safe systems expected outcomes and identifying opportunities for improvement. Management demonstrated improvement activities in physical environment and safe systems showing responsiveness to the needs of residents, and resulting in benefits for residents. Staff and residents are provided with information to assist them to understand and participate in the home’s continuous improvement activities.

Achievements demonstrated relating to physical environment and safe systems include:

- A review of cleaning services in response to feedback from residents.

### **4.2 Regulatory compliance**

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

#### **Team’s recommendation**

Does comply

The home has processes for identifying relevant legislation and regulations, receiving updates, informing staff and residents about relevant changes and reviewing policies and procedures. Recent examples of changes to legislation have been received and implemented. Internal and external reports indicate compliance relating to physical environment and safe systems.

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

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

#### **Team’s recommendation**

Does comply

The home has processes to ensure staff have the necessary skills and knowledge to perform their roles effectively. Staff have recently attended manual handling and fire safety education. Processes are in place to monitor staff attendance at mandatory education. Management discussed plans to deliver education related to food serving and enhancing the dining experience for residents. Manual handling competency assessments were conducted in 2005. Staff described the benefits of ongoing education to themselves and their opportunity to apply this knowledge to their work.

#### **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 accommodates 30 residents in single personalised rooms with ensuites. Residents share lounges and dining areas that look onto landscaped courtyards and gardens. The home is clean and staff report that maintenance is carried out promptly. The safety of the building and environment is maintained through scheduled and day-to-day maintenance and occupational health and safety audits. Residents and relatives reported a high degree of satisfaction with the living environment and feel safe and comfortable

#### **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

Occupational health and safety policies and procedures are in place and a committee meets regularly to maintain the program. Regular housekeeping checklists are conducted and issues addressed through the improvement log process of the maintenance program. Manual handling risk assessments have been completed and issues addressed. Appropriate training is provided to staff to ensure they are able to work in a safe and secure manner.

#### **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

Management demonstrated it has systems to promote the safety and security of residents and staff. Emergency procedures are in place and evacuation plans displayed. Staff attend annual mandatory fire safety education. Staff interviewed including a fire warden were familiar with equipment use and emergency procedures.

#### **4.7 Infection control**

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

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

Does comply

Practices and processes in clinical, catering, cleaning and laundry are adequate to provide for effective infection control at the home. A staff and resident influenza vaccination program is offered and staff were able to describe standard precautions used in their clinical and care routines. There are safe systems for infectious waste management and disposal and staff receive education in infection control included in most sessions. Routine surveillance of infection rates is done and reported in the

monthly continuous improvement report. A recent occurrence of a gastroenteritis outbreak at the hostel involving thirty residents and five staff was managed in accordance with prescribed guidelines.

#### **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

Residents and relatives expressed a high level of satisfaction with the choice, variety and presentation of meals. Results of the resident satisfaction survey conducted in April 2006 also indicate a high level of satisfaction with the catering service.

Residents' dietary requirements are assessed on admission and this information is provided in writing to the catering staff and updated as changes occur. This information is available to catering staff while serving meals.

Residents and relatives also reported a high level of satisfaction with the cleaning and laundry service. Cleaning schedules are in place, and laundry procedures are documented. Cleaning is audited through the environmental checklists. Cleaning and laundry staff described their roles and duties appropriately. Residents' clothes are ironed as required. Management discussed plans to purchase a labelling machine.