



**Australian Government**

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**Australian Aged Care Quality Agency**

**Greenway Gardens**

RACS ID 3686  
27-29 The Greenway  
HEATHMONT VIC 3135

**Approved provider: Gold Age Australia Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 March 2018.

We made our decision on 22 January 2015.

The audit was conducted on 16 December 2014 to 17 December 2014. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

## 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.

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## 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.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Greenway Gardens 3686**

**Approved provider: Gold Age Australia Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 16 December 2014 to 17 December 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 December 2014 to 17 December 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

## Assessment team

<b>Team leader:</b>	Colette Marshall
<b>Team member:</b>	Mary Murray

## Approved provider details

<b>Approved provider:</b>	Gold Age Australia Pty Ltd
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## Details of home

<b>Name of home:</b>	Greenway Gardens
<b>RACS ID:</b>	3686

<b>Total number of allocated places:</b>	47
<b>Number of care recipients during audit:</b>	42
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	Memory support unit

<b>Street:</b>	27-29 The Greenway
<b>City:</b>	Heathmont
<b>State:</b>	Victoria
<b>Postcode:</b>	3135
<b>Phone number:</b>	03 9738 0500
<b>Facsimile:</b>	03 9738 1224
<b>E-mail address:</b>	<a href="mailto:t.mcgee@goldage.com.au">t.mcgee@goldage.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management/administration staff	5
Registered /enrolled nurses	4
Care and lifestyle staff	5
Care recipients/representatives	14
Allied health professionals	2
Hospitality and maintenance staff	7

### Sampled documents

Category	Number
Care recipients' files	5
Summary/quick reference care plans	3
Resident agreements	4
Specialised care plans	5
Medication charts	6
Personnel files	4
Lifestyle files	4

### Other documents reviewed

The team also reviewed:

- Activities calendar, participation records and evaluations
- Cleaning schedules
- Comments and complaints data
- Continuous improvement plan
- Controlled drug register
- Dietary information in kitchen
- Education planner, attendance records, evaluations
- Environmental audits

- Fire and emergency equipment log books and manuals
- Food safety certification, audits and schedules
- Handover sheet
- Human resource documentation and staff handbook
- Incident reports, analysis and summary data
- Infection control resources, reports, supplies and kits
- Legislation and mandatory reporting folders
- Maintenance management registers and records
- Material safety data sheets
- Meeting schedules, minutes and memoranda
- Performance appraisals
- Policies and procedures
- Quality system documentation, audits, incidents, trending and actions
- Referral folders
- Resident handbook
- Resident review schedule
- Risk assessments
- Roster
- Self-assessment documentation.

## **Observations**

The team observed the following:

- Accreditation poster
- Activities in progress
- Advocacy, complaints and feedback brochures
- Charter of resident rights and responsibilities
- Equipment and supply storage areas
- Fire and emergency equipment and paths of egress
- Hospitality, cleaning and laundry services



- Interactions between staff and residents
- Living environment
- Meal and refreshment services
- Medication storage
- Short observation in memory support unit.

## Assessment information

This section covers information about the home's performance against 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 care recipients, 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 findings**

The home meets this expected outcome

The home actively pursues continuous improvement across the Accreditation Standards to improve its effectiveness and enhance the care experience for residents. Management promote the continuous improvement system on entry and in resident and staff handbooks. Sources of opportunities for improvement include resident and representative feedback, audits, comments, complaints and incident reports. Management register and monitor the progress of continuous improvement activities and consult with residents and staff on their satisfaction with outcomes. Meeting minutes, notice boards and newsletters inform people of continuous improvement activities within the home. Residents, representatives and staff said they are encouraged to raise opportunities for improvement and are satisfied continuous improvement activities occur within the home.

Recent improvements in relation to Standard 1 include:

- A review of information management within the home identified an opportunity to improve the care management system. A project team streamlined and redesigned a number of information tools supporting staff to deliver quality care including policies and procedures and audits. The revised information is stored on a central electronic portal with all staff having access. Staff surveyed expressed a high level of satisfaction with the revised information particularly the ease of access, relevance of information to assist them to undertake their roles and user friendly formats.
- In response to staff feedback on differing workloads across shifts and teams, management aligned the start and finish times of shifts and introduced a shift rotation system. An allocation board now enables staff to see at a glance the residents they are caring for and in which area they are working for the day. A further benefit of the review is additional time allocated between shifts for 'tool box' education topics. Staff are satisfied with the initiative and said the system is fair and working well.

## 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 findings**

The home meets this expected outcome

The home has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives notifications and information on updates to legislative requirements from peak bodies and via government communiqués. Management distribute information in line with the home’s reporting structure and make it available to staff and residents via meetings, memoranda and noticeboards. Monitoring of regulatory compliance occurs through audits and incident analysis. Staff said management inform them of legislative and regulatory updates and changes relevant to their role.

Examples of regulatory compliance in Standard 1 include:

- Brochures on internal and external complaints mechanisms and advocacy services are available throughout the home.
- A process to ensure all current staff, volunteers and contractors hold a current police certificate and statutory declarations.
- A process for monitoring the currency of professional registrations.

### 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 findings**

The home meets this expected outcome

Recent training and development opportunities relevant to Standard 1 include:

Management and staff have the appropriate knowledge and skills to perform their roles effectively. Training requirements are established through an education needs analysis, resident care needs, performance appraisal, staff feedback, observation of practice and evaluation of monitoring processes such as audits and incident reports. There is an organisation wide staff development program which incorporates specified training according to staff roles and responsibilities. Staff attend relevant external training and onsite training is provided by key personnel and external trainers. An education planner is developed and displayed in relevant areas for staff information. The program includes competencies, orientation, compulsory training and toolbox sessions. A training register is in place to record and monitor staff attendance and there is a process to follow up non-attendance at compulsory training. An evaluation process occurs for all training sessions. Staff said they are encouraged and supported to attend education including external courses.

Recent training and development opportunities relevant to Standard 1 include:

- bullying and harassment
- documentation.

### 1.4 Comments and complaints

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

#### **Team's findings**

The home meets this expected outcome

Management has a system to encourage comments, complaints and feedback from residents, representatives and other interested parties. The resident handbook outlines the comments and complaints process and the right to complain and take action to resolve disputes is emphasised on entry to the home. Staff are aware of their role in actioning comments and complaints and supported to manage complaints in line with their role responsibilities. Management are readily accessible, have an open door policy and act on verbal and informal feedback. Staff register feedback to ensure timely follow-up of issues and monitor items for resolution as required. Residents and representatives said they feel comfortable approaching management and staff with feedback and are satisfied with their responsiveness.

## 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 findings**

The home meets this expected outcome

The home's mission, philosophy and objectives are documented and on display. Publications the home distributes to care recipients, representatives and external parties consistently reflect the home's commitment to quality.

## 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 findings**

The home meets this expected outcome

The home has a system to ensure sufficient and appropriately skilled staff deliver services in accordance with the Accreditation Standards and the home's goals. Position descriptions outline the skills, qualifications and scope of practice relevant to each role. New staff participate in an orientation program and receive ongoing support and mentoring. The organisation monitors the training needs and professional development goals of management and staff on an ongoing basis. Staff are rostered in line with residents' needs and the roster is reviewed as needs change. Staff said they are able to respond to residents in a timely manner and there are processes for the replacement of planned and unplanned staff absence. Residents are satisfied with the responsiveness of staff and their ability to do their jobs.

## 1.7 Inventory and equipment

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Team's findings**

The home meets this expected outcome

The home has a system to ensure equipment and consumables are available for quality service delivery. Key personnel monitor equipment and stock levels and the home has stock rotation and re-ordering processes. New equipment is trialled prior to purchase and staff appropriately trained on its use. Staff monitor equipment for safety and undertake regular maintenance and cleaning of items to ensure they remain fit for purpose. Equipment, supplies, chemicals and perishable goods are stored appropriately and securely where required. Residents and staff said there is an ongoing supply of appropriate goods and equipment is readily available.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home has a system to ensure all stakeholders have access to relevant information on care, services, general activities and events. A meeting structure supports the effective flow of information to residents, staff and other interested parties. Noticeboards and memoranda inform residents and staff of upcoming events, meeting dates and updates to information.

Staff respect the confidentiality and security of health records and a process exists for the retrieval and disposal of records in line with regulatory requirements. Management and staff have access to the administrative, care and operational information required to perform their roles. Residents and representatives are satisfied with their access to information, can make informed decisions, and are aware of activities and events within the home.

## 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 findings**

The home meets this expected outcome

Management has processes to ensure external providers deliver goods and services in a way that meets the home's service goals. Preferred suppliers are utilised to ensure consistency of service and contracts for major suppliers outline the standard of work expected. The performance of contractors is routinely evaluated, work inspections occur and stakeholder feedback on services is sought on an ongoing basis. Management and residents are satisfied with the products and services currently supplied to the home from external providers.

## Standard 2 – Health and personal care

**Principle:** Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 findings**

The home meets this expected outcome

The home has a continuous improvement system reflecting ongoing improvements in relation to Standard 2. Refer to expected outcome 1.1 Continuous improvement for details of the home's overarching continuous improvement system.

Recent improvements in relation to Standard 2 include:

- Reflective of changing resident needs, the home has employed a psychiatric nurse to confer with general practitioners on the well-being of residents exhibiting dementia related behaviours. Using a multidisciplinary approach the nurse reviews medications, the environment, care plans and staff interactions to suggest areas for improvement or further specialist referral. Management said the residents' general practitioners are working collaboratively on trialling medication changes suggested and staff report an improvement in their ability to meet the needs of residents living with dementia.
- Audit results and trending identified unexpected weight loss occurring, in spite of high calorific manufactured supplements being provided to residents at risk. In consultation with residents and representatives, the dietitian undertook a review of residents for their suitability to be placed on a high-energy high-protein diet. The diet increases calorific intake using fortified food such as additional cream in deserts. As a result of the initiative, unexpected weight loss has reduced and the use manufactured supplements has ceased for the majority of residents.
- Management and staff have introduced a 'stop and watch' program to identify residents at risk of compromised health. All staff, including those in hospitality and lifestyle services have been trained to nominate residents they feel are not acting, behaving or responding as they usually do, to the registered nurse. The notification triggers a clinical assessment and more frequent monitoring. Residents who are under closer monitoring have a picture of a pair of binoculars placed on their door. Management said the system has enabled earlier detection of compromised health and initiation of interventions.

## 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 findings**

The home meets this expected outcome

Management has a system to identify and ensure compliance with regulatory compliance in relation to Standard 2. Refer to expected outcome 1.2 Regulatory compliance for details of the system.

Examples of regulatory compliance in Standard 2 include:

- Registered nurses plan and supervise the delivery of specialised nursing care.
- Medication storage is appropriately licenced and storage is in accordance with legislated requirements.
- Policies guide management and staff actions in the event of residents at risk of absconding.

## 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 findings**

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 include:

- continence care
- behaviour management
- dementia three day course
- wound management
- palliative care
- oral and dental care.



## **2.4 Clinical care**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. On entry to the home an assessment and interim care plan defines resident care requirements. This is followed by a period of scheduled assessments and completion of a long term care plan.

Assessments and care planning occur in consultation with the resident, their representative, medical practitioners and other health professionals. There is a comprehensive three monthly resident care review process and care consultations occur on a regular basis.

Communication of care occurs through verbal and written handover, care plans and treatment schedules. Clinical incidents are monitored and evaluated and relevant health professionals review residents clinical care outcomes. Residents and representatives are satisfied with how clinical care is provided.

## **2.5 Specialised nursing care needs**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Relevant specialised care plans are developed and outline interventions and monitoring for staff to follow. Registered nurses review and evaluate outcomes of care in consultation with medical practitioners and a range of other health professionals. There is access to the local hospital in reach service to assist with care planning as required. Other specialised external consultants visit the home including wound care, palliative care and aged mental health and psychiatric services. Residents and representatives are satisfied with how specialised care is undertaken.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ are referred to appropriate health specialists in accordance with their assessed needs and preferences. Medical practitioners visit residents regularly and on an as needs basis and other health professionals provide services on site including physiotherapy, podiatry, nutrition and speech pathology. Dental, hearing, and eye care services are provided on site or residents attend outside appointments according to their choice and preference.

Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care are followed. Residents and representatives are satisfied with the home’s process for referral to health specialists according to needs and preferences.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Qualified nurses undertake or supervise medication administration and competency training is completed annually. Medical practitioners assess and monitor resident medication requirements and an independent pharmacist completes medication reviews. Staff have access to medication policies and procedures and monitoring of the system occurs. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review is undertaken accordingly. Multidisciplinary medication meetings are held to monitor and evaluate the medication system. Residents and representatives are satisfied with how staff undertake medication administration.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrates its pain management approach ensures all care recipients are as free as possible from pain. Care processes for pain management includes assessment of pain history, the presence of pain and effectiveness of current or previous therapies.

Assessment tools include verbal and non-verbal signs of pain. A range of pain management strategies includes heat packs, massage and analgesia. A physiotherapist undertakes individualised pain management programs for residents with chronic pain. Medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Residents and representatives are satisfied with pain management treatments used at the home.

## **2.9 Palliative care**

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

### ***Team’s findings***

The home meets this expected outcome

There are care systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Palliative care plans outline care needs and preferences for treatment options which are completed in consultation with the resident, representative, medical practitioner and other health professionals. Key clinical staff with palliative care training coordinate the program and there is access to a palliative care support service if required. Staff said they have sufficient resources for the provision of palliative care and described care measures they undertake when caring for terminally ill residents including comfort and dignity measures.

## **2.10 Nutrition and hydration**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ receive adequate nourishment and hydration and there are effective processes to support residents’ choice and preference. The assessment of nutritional status includes dietary requirements, medical conditions, personal preferences and allergies.

Residents at risk of poor nutrition and hydration are identified through specific assessments such as weight monitoring and poor dietary intake. There are nutritional management guidelines for staff to follow including criteria for referral to the dietitian. A dietitian visits the home monthly and there are effective referral and review mechanisms in place. Speech pathology referrals occur as required and medical practitioners monitor resident nutrition and hydration requirements. There are communication processes to advise catering staff of resident dietary plans including variations. Nutritional supplements and high energy high protein diets are used for residents with poor nutritional intake. Residents and representatives are satisfied with the provision of nutrition and hydration and assistance given to residents with meal and refreshment services.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Skin care plans outline residents individual care needs and includes assessment of nutrition, continence and mobility status. Staff monitor the condition of residents’ skin and maintain skin integrity through the application of moisturisers, routine repositioning and use of pressure relieving devices.

Wound care treatment is evaluated and the incidence of skin tears is documented through the incident reporting system. Resident and representatives are satisfied with how staff attend to skin care.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

There are care systems to support and effectively manage care recipients’ continence requirements. Individualised care plans outline toileting schedules and continence aid requirements. . A designated staff member is responsible for the continence program and monitors supplies, resident needs and staff education requirements. Optimal bowel health is promoted through appropriate dietary intake, use of medication therapies and monitoring is undertaken. Residents and representatives are satisfied with how staff manage continence and maintain privacy and dignity when providing assistance.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Behaviour care plans outline individual triggers and intervention strategies. The organisations’ psychiatric nurse visits the home weekly and reviews resident cognitive and mental health function. This includes evaluation of treatment plans in coordination with medical practitioners, aged mental health medical specialists and the lifestyle team. The lifestyle program is specifically designed to provide a range of group and individualised activities to support residents to engage in activities appropriate to their abilities. Residents and representatives are satisfied with the approach to managing 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 care recipients”.*

### **Team’s findings**

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all care recipients. Mobility and dexterity care plans outline strategies to promote safe mobility and dexterity. Physiotherapy plans identifies measures to maintain and promote mobility and dexterity according to resident capabilities and includes falls prevention strategies and daily exercise regimes.

There are daily individual and group exercise programs conducted by the physiotherapy aide or lifestyle staff. The environment of the home promotes independent mobility for residents using assistive equipment. Residents are reviewed by the physiotherapist after a fall and there is a range of falls prevention equipment in use. Falls data is collected, prevention strategies are revised and there is a falls meeting forum. Residents and representatives are satisfied mobility and dexterity is actively encouraged and staff provide suitable assistance.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is maintained according to needs and preferences. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. Dental appointments are arranged as required and dental products are replaced according to a schedule or as required. Residents and representatives are satisfied with the level of oral and dental care provided by staff.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Sensory care plans outline individual resident care requirements. Referral to other health professionals such as speech pathologist, audiologist and optometrists occurs as required. Staff assist residents with use of hearing, visual and other aids and routine checks of the working condition of aids occurs on a regular basis. Residents and representatives are satisfied with the attention given to residents’ sensory needs.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ are assisted to achieve natural sleep patterns. Staff assist residents to adopt their preferred sleep pattern when they move into the home and provide suitable assistance as required. Residents are involved in choices regarding settling and rising time and sleep promotion interventions to meet individual preferences. Staff utilise a variety of methods to promote sleep and consult with the residents medical practitioner if medication is required. Residents said the home is quiet at night and staff provide assistance as needed and according to their preferences.

## Standard 3 – Care recipient lifestyle

**Principle:** Care recipients 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 findings**

The home meets this expected outcome

The home has a continuous improvement system reflecting ongoing improvements in relation to Standard 3. Refer to expected outcome 1.1 Continuous improvement for details of the home’s overarching continuous improvement system.

Recent improvements in relation to Standard 3 include:

- A review of the lifestyle program and its goals has resulted in several additional group and individual activities. Reflecting resident feedback the group program now includes tai chi, art therapy and the adoption of a ‘resident dog.’ Individually tailored programs for residents living with dementia include structured activities to support their sense of purpose and enrich their life within the home. Evaluation of the new activities identify good participation levels and increased social circles for residents with a tendency to isolate themselves from the resident community.
- An increase in female residents prompted the home to consider the therapeutic use of doll therapy. Several residents living with dementia responded positively to the nurturing use of dolls however, staff identified they became distressed when other tasks required the dolls to be put aside. As an extension to the therapy, the home set up a nursery with a cot and other items. The nursery has alleviated the distress of residents who did not want to part with their doll and has had the additional benefit of other residents self-initiating activities such as folding and tidying nursery items.

### **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 care recipient lifestyle”.*

#### ***Team’s findings***

The home meets this expected outcome

Management has a system to identify and comply with regulatory compliance in relation to Standard 3. Refer to expected outcome 1.2 Regulatory compliance for details of the system.

Examples of regulatory compliance in Standard 3 include:

- Policy and procedures direct management and staff in their responsibilities relating to alleged or suspected reportable assaults.
- The Charter of residents’ rights and responsibilities is on display throughout the home and contained in key documents available to residents and their representatives.

### **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 findings***

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- elder abuse and compulsory reporting
- lifestyle documentation
- montessori principles
- behaviour management for lifestyle staff.

### **3.4 Emotional support**

*This expected outcome requires that “each care recipient receives support in adjusting to life in the new environment and on an ongoing basis”.*

#### ***Team’s findings***

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. Staff visit residents and families in their home and provide information and support about moving into aged care. This includes encouragement to decorate the residents’



room before moving in, obtaining dietary preferences and life history details prior to the entry day. When the resident moves in staff link the resident with similar residents and facilitate introductions. Emotional profiles and life stories are obtained and ongoing monitoring of emotional needs occurs including the effects from significant events or critical episodes. Support is provided through a variety of mechanisms including activities and personalised time spent with residents. Residents and representatives said residents were made to feel welcome when they moved into the home and their emotional needs are supported.

### **3.5 Independence**

*This expected outcome requires that "care recipients 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 findings**

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community according to their individual needs and preferences. Assessment of independence includes resident's physical, intellectual, emotional, social and financial aspects. Residents with communication, mobility and cognitive difficulties are assisted to maintain independence according to their preferences or through their nominated representative. The lifestyle program includes activities and events with community groups and visitors within and outside the home. Relatives and friends are encouraged to participate in life at the home with the resident. Residents said they are assisted to maintain independence and enjoy being able to continue friendships and links with community groups.

### **3.6 Privacy and dignity**

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

#### **Team's findings**

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff are provided with information relating to confidentiality and respect for residents' privacy and dignity through orientation, meetings, education and policy. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring privacy when delivering personal care.

Residents and representatives said staff are respectful and maintain privacy and dignity when attending to personal care.

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

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

#### **Team's findings**

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities of interest to them. The lifestyle program incorporates residents' social, emotional, physical, cognitive, sensory and cultural needs. Completion of a social and life history profile outlines leisure activities of preference to the resident and lifestyle care plans are revised regularly. The monthly activity program calendar is on display on notice boards and in residents' rooms. Residents are notified of the activities prior to each session and are assisted to attend. There is a high level of staff participation in activities including celebrations for staff and residents. There is a varied program of group and individualised leisure activities and events including art therapy, pet therapy, craft groups, music, games, and special events. There is a weekly bus outing and retail outlets visit the home. Evaluation of the program occurs through observation, attendance records, meetings and verbal feedback. Residents and representatives are satisfied with the activities program and said residents are assisted to participate according to their choice and preference.

### **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 findings**

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Staff identify the cultural and spiritual needs of residents through consultation with residents and their families. Church groups and clergy visit the home and conduct services and residents attend according to their choice. The home celebrates cultural and religious events and days of significance throughout the year. Residents and representatives are satisfied with the attention given to residents' cultural and spiritual needs.

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

*This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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 findings**

The home meets this expected outcome

The care recipient and/or their representative participate in decisions regarding choice and control over services received and lifestyle preferences. Residents and or their representatives are given information about care and services provided at the home so informed decisions can be made. There is a consultation process regarding resident choice of meals, care provision, daily routines and participation in the leisure program. Care documents outline choice and preferences and regular updates occur. Residents are able to express their wishes through

meetings, individual consultation, surveys and feedback processes Staff said they support care recipients to make choices and decisions about their daily routine and care options. Residents and representatives are satisfied they are able to exercise choice in their care and lifestyle activities

### **3.10 Care recipient security of tenure and responsibilities**

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

#### ***Team's findings***

The home meets this expected outcome

Care recipients have secure tenure in the home and understand their rights and responsibilities. An information package and handbook provided to prospective residents and their representatives assist them in understanding the process of entering into aged care including care and services. An agreement is offered and includes an explanation of secure tenure, fees and charges, services provided, rights and responsibilities, confidentiality and privacy. Residents and their representatives said they are satisfied with security of tenure arrangements and understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The home has a continuous improvement system reflecting ongoing improvements in relation to Standard 4. Refer to expected outcome 1.1 Continuous improvement for details of the system.

Recent improvements in relation to Standard 4 include:

- Staff identified the pager system was no longer meeting the communication needs between staff within the home. To improve communication, management have introduced an electronic call bell system. The system includes visual displays throughout corridors and an ability to zone the call bell to the phones of those staff working in a particular area. Staff are pleased with the upgrade as it has increased their ability to communication during shifts and deliver care, whilst keeping the noise and disruption of bells to residents lives at a minimum.
- To meet the needs of residents living with dementia who wish to socialise throughout the building but are at risk of exiting the home unsupervised, management have installed wandering alarms. In consultation with representatives, staff assess residents for their level of risk and suitability for a wandering alarm. When wearing the alarm, as a resident comes within a set perimeter of the exit door, the system recognises the resident is at risk of exiting and deactivates the door opening system. Representatives are pleased with the solution and said the device, which is unobtrusive and looks like a wristwatch works well in alerting staff to the potential risk of the resident exiting.

## 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 findings**

The home meets this expected outcome

Management has a system to identify and ensure compliance with regulatory compliance in relation to Standard 4. Refer to expected outcome 1.2 Regulatory compliance for details of the system.

Examples of regulatory compliance in Standard 4 include:

- availability of a food safety plan
- ongoing monitoring of the safety of fire and emergency systems
- safe storage of chemicals and availability of material safety data sheets
- outbreak management procedures.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- manual handling
- fire and emergency
- chemical training
- food safety training
- infection control.

#### **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 care recipients' care needs".*

##### ***Team's findings***

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment reflective of care recipients' needs and preferences. Rooms are single occupancy and residents have access to clean well-maintained communal living, dining and outdoor areas. Internal and external courtyards provide natural light throughout the home and into resident rooms.

Residents are encouraged to personalise their rooms and invite guests to the home at any time. Regular environmental audits occur to ensure the ambience; maintenance and security of the home meet resident needs on an ongoing basis. Residents are satisfied with the comfort of the living environment, enjoy the outdoor areas and said staff make their guests feel welcome. Representatives said staff make them feel part of the community and small seating areas and kitchenettes with courtyard access create a home like environment and allow for private visits.

#### **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 findings***

The home meets this expected outcome

Management is actively working to provide a safe working environment and meet its regulatory requirements. At orientation and on an ongoing basis staff receive information and training to promote a safe workplace and safe work practices. Processes for identifying risks to staff safety include, incident reports, audits and workplace safety alerts. Designated safety representatives discuss occupational health and safety at scheduled meetings and are actively engaged in promoting the safety of colleagues. Staff said they and are satisfied with the level of occupational health and safety within the home.

#### **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 findings***

The home meets this expected outcome

Management and staff are actively working to promote safety and provide a care and work environment that minimises the risk of fire, security breaches and other emergencies. Staff undertake disaster management and emergency training. The home is equipped with security and smoke detection systems, sprinklers and other fire-fighting and emergency equipment. Scheduled servicing of fire and emergency equipment occurs and flammable substances are stored safely and securely. Management, staff and residents are aware of actions to take in the event of an emergency and on hearing an alarm.

#### **4.7 Infection control**

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

##### **Team's findings**

The home meets this expected outcome

There is an effective infection control program. Policies and procedures are available for staff and collation, analysis and trending of residents' infections occurs. Guidelines direct the management of outbreaks such as gastroenteritis and influenza. Outbreak kits, sharps containers, personal protective clothing and hand hygiene facilities are readily available.

Management promote annual influenza vaccinations for residents. Clinical, catering, cleaning and laundry procedures follow infection control guidelines as required. Residents are monitored for infection risk and/or the presence of infections and evaluation of treatment is undertaken.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".*

##### **Team's findings**

The home meets this expected outcome

Staff provide hospitality services in a way that enhances care recipients' quality of life. A seasonal, rotating menu developed in consultation with residents and a dietitian incorporates resident preferences and dietary requirements. Laundry services ensure personal items are well cared for and a labelling process minimises lost clothing. Cleaning staff follow documented schedules and respond to unscheduled requests in a timely manner. Staff described procedures relevant to their role, complete appropriate training courses and are satisfied with their work environment. Residents and representatives were complimentary of the quality of the catering, cleaning and laundry services.