



**Australian Government**

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**Australian Aged Care Quality Agency**

**Millward**

RACS ID 3577  
31 Blackburn Road  
EAST DONCASTER VIC 3109

**Approved provider: Aged Care Services 16 (Millward) 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 17 September 2017.

We made our decision on 30 July 2014.

The audit was conducted on 17 June 2014 to 18 June 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.

Expected outcome	Quality Agency decision
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**

**Millward 3577**

**Approved provider: Aged Care Services 16 (Millward) Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 17 June 2014 to 18 June 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 17 June 2014 to 18 June 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

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

## Assessment team

<b>Team leader:</b>	Adrian Clementz
<b>Team members:</b>	Dean Gemmill Rebecca Phillips

## Approved provider details

<b>Approved provider:</b>	Aged Care Services 16 (Millward) Pty Ltd
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## Details of home

<b>Name of home:</b>	Millward
<b>RACS ID:</b>	3577

<b>Total number of allocated places:</b>	163
<b>Number of residents during audit:</b>	110
<b>Number of high care residents during audit:</b>	81
<b>Special needs catered for:</b>	Dementia specific wing

<b>Street:</b>	31 Blackburn Road
<b>City:</b>	East Doncaster
<b>State:</b>	Victoria
<b>Postcode:</b>	3109
<b>Phone number:</b>	03 9841 1601
<b>Facsimile:</b>	03 9841 1650
<b>E-mail address:</b>	<a href="mailto:millwarddon@acsagroup.com.au">millwarddon@acsagroup.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management, quality and administration staff	8
Clinical staff	8
Care and lifestyle staff	9
Hospitality and maintenance staff	6
Residents	10
Representatives	17
Allied health and external contractors	2

### Sampled documents

Category	Number
Residents' files	17
Weight charts	20
Incident reports	10
Resident files for lifestyle documentation	10
Medication charts	12
Blood glucose monitoring charts	10
Personnel files	10
Resident agreements	8

### Other documents reviewed

The team also reviewed:

- Activity program
- Admission checklist forms
- Approved supplier and repairer lists
- Audits and inspection reports
- Change of dietary forms
- Cleaning and laundry documentation

- Communication books/diaries
- Continuous improvement plan
- Dietary information and monitoring processes
- Education records and monitoring tools
- Essential safety manual
- Evacuation lists
- External contractor agreements
- External contractor related documentation
- Food safety plan
- Handover list
- Incident investigation register
- Infection data and analysis
- Lifestyle documentation, evaluations and participation records
- Maintenance schedule and records
- Mandatory reporting folder
- Material data safety sheets
- Meeting minutes
- Memoranda
- Nurses registration register
- Orientation records
- Pain management program documentation
- Police certificates register
- Policy, procedures and quick reference guides
- Position descriptions
- Quality system related documentation
- Re-accreditation notification letters to stakeholders
- Resident information directory
- Rosters and staff allocation sheet



- Schedules and duty lists
- Self-assessment documentation
- Service records and log books
- Sign in and out register
- Specialised nursing care folder
- Staff handbook
- Temperature records
- Wound assessment and treatment guidelines
- Written submissions from relatives/representatives.

## **Observations**

The team observed the following:

- Activities in progress
- Archive room
- Call bells in use
- Charter of residents' rights and responsibilities displayed
- Chicken hatchery
- Dining environment during midday meal service including meal presentation, the provision of assistive cutlery, staff assistance and supervision
- Emergency evacuation maps, egress routes and assembly areas
- Emergency evacuation pack
- Equipment and supply storage areas
- External complaints and advocacy brochures
- Fire detection, firefighting and containment equipment
- Hand hygiene facilities and infection control resources
- Interactions between staff, residents and representatives
- Internal and external complaints mechanisms
- Internal and external living environment
- Medication storage and administration

- Menus displayed
- Mobility equipment including mechanical lifters, wheelchairs and walkers
- Noticeboards and information displays
- Organisational vision and mission
- Oxygen storage and signage
- Pest control bait stations
- Safety and security mechanisms
- Short observation in dementia specific wing
- Staff handover.

## 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 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 findings**

The home meets this expected outcome

The home actively pursues continuous improvement across the Accreditation Standards to improve organisational effectiveness and enhance the care experience for residents.

Opportunities for improvements are identified through resident, representative and staff feedback, suggestions, comments and complaints as well as via incident and hazard incident reports, meetings, the audit process and surveys. Management discusses continuous improvement activities at local and organisational meetings and feeds back outcomes via memoranda, newsletters, meetings and noticeboards. Management monitors continuous improvement activity for trends and for effectiveness of implemented actions. Review of quality system documentation demonstrates stakeholder input plays a major part in the home's quality and continuous improvement systems across all areas of the home. Staff, residents and representatives said they participate in the continuous improvement process.

Examples of continuous improvement activities relating to related to Standard 1 Management systems, staffing and organisational development include:

- In order to provide effective and timely communication, management extended its text message system, currently relied upon to provide information to staff, to also reach residents and representatives. This service is used to alert residents and representatives of upcoming meetings, building works and infection control issues. Management, residents and representatives report this system is successful in providing information quickly and conveniently.
- To cater for the growing capacity of the home, management upgraded its information technology system. Specifically it installed an automatic back up system for all computer and electronic mail systems, enhanced the password protection for computer access and introduced a centralised server for all digital information. Management report increased security measures and advise the centralised server and automatic back up control provides access to the appropriate users, to up to date information both on site and via remote access.

## 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 is part of a larger organisation that has an effective system to identify, respond to and ensure the home meets relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. Management receive information through legislative update services, industry bodies and government departmental bulletins. Management interpret this information and discuss compliance action at relevant forums. As part of this process management review existing or develop new policies and procedures. Management provide information to staff on legislative updates and changes to policy and procedure and guidelines through meetings, memoranda, information folders and education. Staff confirm they receive information about regulatory compliance matters relevant to their roles and demonstrated knowledge of regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Standard 1 include the following:

- Professional registrations of staff are monitored and maintained.
- Management processes ensure ongoing self-assessment of the home.
- The home has an effective system to manage police certificates for all persons falling under the definition of staff.
- The home has an effective process to manage statutory declarations in regard to citizenship or permanent residence of a country other than Australia since turning 16 years of age.
- Management notified stakeholders of the re-accreditation audit within regulated time frames.

## 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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively across all four Accreditation Standards. Recruitment processes and selection criteria consider the experience, skills and qualifications required for each position. The home identifies education needs through an annual needs analysis, audit results, staff requests, resident care needs, incident reporting and trends, feedback and observations. The education program provides staff with access to a wide range of group and individual education opportunities. Staff complete competencies for medication administration, hand washing, manual handling and assisting residents in their nutrition and hydration needs.

There are processes to advise staff of upcoming education opportunities and to encourage and audit staff attendance at training sessions. Staff were satisfied with the range of education and professional development opportunities available to them.

Recent training and development opportunities relevant to Standard 1 include:

- documentation for nurses
- nurses responsibility in delegation of care
- regulatory compliance.

#### **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 findings***

The home meets this expected outcome

There are systems to ensure residents, representatives, staff and visitors are aware and have access to the internal and external complaints mechanisms and advocacy services. Information packages and brochures on display convey details of the internal and external complaints mechanisms and advocacy services available. Stakeholders can provide feedback by completing a "Have your say" form which is prominently on display throughout the home. Meetings for residents, representatives and staff alike also provide an opportunity for stakeholders to make comments or complaints. The provision of locked suggestion boxes offers confidentiality or anonymity. Effectiveness of the feedback process occurs with regular management and organisational review. Residents, representatives and staff stated there is adequate information regarding the complaints process to which they all have access.

#### **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

Management has documented the organisation's mission, vision and values within the home, which demonstrate commitment to quality of care. We observed these statements prominently on display and in handbooks management distributes.

## 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

Management demonstrate there are sufficient numbers of appropriately skilled and qualified staff to provide resident care and services. The organisation base their recruitment process on skill and qualification requirements outlined in position descriptions. Interviews and reference checks are completed and management provide an orientation and a buddy shift process for new staff. Resources to support staff in their roles include position descriptions, duty lists, policies and procedures, handbooks and education. Staff performance is managed individually and as required with written warnings, counselling and retraining provided as needs are identified. Adjustment of staff levels occurs to meet resident care needs and there is replacement of staff for planned and unplanned leave. Residents and representatives were generally satisfied with the care and services provided by staff.

## 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 adequate stocks of goods and equipment to support quality of care and service delivery. Designated staff control and order stock from a preferred supplier list. The home has effective processes to maintain equipment in optimal condition including a preventative and reactive maintenance program. The home trials new equipment before purchase and management organises staff education for new major items or equipment.

Residents and staff stated there are adequate supplies of goods and equipment to meet their needs and are satisfied that maintenance tasks are undertaken in a timely and effective manner.

## 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

Management demonstrates there are strategies for effective information management systems. These include regular reviews of resident clinical information and policies and procedures, the distribution of meeting minutes and memoranda. On entry to the home, residents and/or their representatives receive an information package regarding the care and services of the home. All staff receive an orientation to the home and its procedures, following commencement of employment. Confidential staff and resident information is stored in secure areas and disposed of appropriately, in accordance with legislative requirements.

Electronic systems are protected with user initiated passwords and back up occurs automatically to protect the integrity of all computer based data. Residents and representatives are satisfied the home keeps them informed on aspects relating to the care provided to residents.

## 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

There are systems and processes to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include fire system testing, physiotherapy, hairdressing, podiatry and pest control. The organisation has a service provider and preferred supplier list and contracts entered into specify the required standards and timeframes and regulatory requirements. Addressing of any issues relating to service provision occur through regular review and evaluation process and contractors not fulfilling their obligations do not continue to provide services. Staff, residents and representatives are satisfied with the services provided by external contractors.

## Standard 2 – Health and personal care

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

### 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 system that demonstrates improvements in resident health and personal care. Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement systems and processes.

Examples of continuous improvement activities relating to Standard 2 Health and personal care include:

- In response to the increasing needs of the residents and subsequent increase in falls risk, management explored suitable fall prevention strategies. Management have since purchased new equipment including bed and chair sensors that uses infra-red technology to alert staff as to when residents get out of bed, via the existing call bell system. In conjunction with the purchase of low lying beds, management report a reduction in falls and staff express satisfaction with the effectiveness of the new equipment.
- Management have established a palliative care room providing self-contained accommodation for families during the terminal phase of their resident's life. The objective of providing such facilities is to enhance emotional support for both the family and the resident during this time. Feedback regarding the new initiative has been positive from staff, residents and representatives alike.



## 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

The home has a system to identify and meet regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include the following:

- Appropriately qualified staff plan, supervise and undertake specialised nursing care.
- A registered nurse oversees management of residents classified as high care.
- There are effective processes to manage and report the unexplained absence of a resident.
- The home demonstrates compliance with policy and legislative requirements in relation to medication storage and management.
- Management responded to the recent reclassification of a medication as a schedule eight drug.

## 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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident 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:

- catheter care
- diabetes management
- dysphagia
- malnutrition screening
- pressure care
- wound care.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Residents’ care needs are assessed on entry and on an ongoing systematic basis and this facilitates all care provided by the home. Appropriately qualified staff provide care to residents and staff confirm there is generally sufficient time rostered to provide the planned care for residents. Care plans reflect individualised resident care needs and preferences and include a wide range of clinical assessment tools. Monthly evaluation of care plans by a registered nurse includes a clinical review of the resident and contact with the designated representative. Documentation confirmed consultation with residents and representatives in relation to care. The home has appropriate supplies of equipment and resources maintained in good working order to meet the ongoing and changing needs of residents. Monitoring of all aspects of clinical care is through scheduled clinical audits. Monitoring and evaluation of clinical incidents include referral to appropriate health professionals. Resident and representative feedback confirm general satisfaction with the health and personal care practices provided by the home.

## 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 findings**

The home meets this expected outcome

The home has a system in place to identify and meet residents’ specialised nursing care needs. This includes initial and ongoing assessment and appropriate care delivery regularly reviewed and evaluated with input from residents/representatives and with appropriate input from other health professionals as required. Registered nurses undertake and/or supervise specialised care of residents and document on the relevant assessment and care plan.

Specialised nursing care demonstrated includes medication management, diabetic care, wound management, pain management and complex behaviour management. Medical practitioners are involved in specialised care planning and evaluation including diabetes management and wound care. Registered nurses provide and evaluate specialised care and support from external health specialists occurs. The home has formal contacts with local hospitals for specialised advice. Residents and representatives are satisfied that resident specialised care needs are met.

## 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 findings**

The home meets this expected outcome

The home has a system in place to ensure appropriate referral to health specialists occurs in accordance with resident needs and preferences. This includes, but is not limited to, health and related service visits on site such as podiatry, dietary, optometry, dental, speech pathology, mental health, hearing and orthotics. Medical practitioners visit residents regularly and on an as needs basis. A physiotherapy service is also available. Allied health personnel confirmed input into the care needs of the resident, both on entry and an ongoing basis.

Residents and representatives said they are satisfied with mechanisms for referral of residents to health specialists according to their needs and preferences.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrate residents’ medication is managed safely and correctly according to regulatory requirements and professional standards. There are processes to ensure staff practice demonstrates adherence to medication policy and procedures and competency training is completed. A medical practitioner undertakes assessment and review of resident medication requirements regularly and an independent pharmacist completes a review of each resident’s medications. There are processes including correct storage, monitoring of

medication refrigerator temperatures, checking of controlled medications, verification and documentation of variable medication orders and dating of opened medications. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review undertaken accordingly. Residents and representatives are satisfied with how staff undertake medication administration.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system in place to identify, manage and evaluate pain management strategies to ensure residents are as free from pain as possible. This consists of initial and ongoing generation and review of pain assessments and care plans using a modulated approach to assessing pain including direct observation, discussion, verbal and non-verbal cues. Pain management strategies implemented by care staff include, but are not limited to medication, physiotherapy programs, positional changes, use of specialised equipment and diversional activities. A physiotherapist undertakes individualised pain management programs for residents with chronic pain. Medical practitioners monitor pain and effectiveness of analgesia and other treatments on a regular basis. Residents and representatives report residents are as free as possible from pain and staff respond in a timely manner to their requests for pain control.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system in place to ensure that the comfort and dignity of terminally ill residents is maintained. The system includes documented details upon entering the home of palliative care wishes and directives and resident medical management plans. Additionally, documented policies and procedures and detailed palliative care plans for residents identified as requiring palliative care are in place. Staff described care measures they undertake when caring for terminally ill residents which include comfort and dignity measures.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive adequate nutrition and hydration and there are effective processes to allow resident choice and preference. Staff identify residents at risk of poor nutrition and hydration through specific assessments including weight monitoring, poor appetite and the presence of any acute or chronic illness. Residents are weighed monthly and weight loss/gain monitored with referral to medical practitioners or allied health for investigation and treatment as

necessary. Nutritional supplements are provided for residents with poor nutrition. There is adherence to dietary preferences, texture modified and other special needs according to dietary care plans. Specific strategies are formulated for residents with swallowing difficulties including, but are not limited to texture modified diets and staff assistance with meals. There are formal and effective communication processes to inform the kitchen of allergies, preferences, texture and dietary requirements including changes to diet. There is assistance given to residents at meal times in a relaxed dining environment.

Residents and representatives are generally satisfied with nutrition and hydration care needs

## **2.11 Skin care**

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

### ***Team’s findings***

The home meets this expected outcome

Assessment of skin integrity occurs for all residents on entry to the home and ongoing monitoring occurs as a matter of routine based on individual needs. Skin care plans outline residents individual care needs and includes assessment of nutrition, continence and mobility status. Staff said they monitor the condition of residents’ skin and maintain skin integrity through the application of moisturisers and use of pressure relieving devices. Registered nurses undertake wound care and wound care specialists visit as required to provide advice and support to staff. Wound care evaluation occurs and the incidence of skin tears is monitored through the incident reporting system. We observed residents to be well groomed. Resident and representatives said they are satisfied with the home’s approach to maintaining skin integrity.

## **2.12 Continence management**

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

### ***Team’s findings***

The home meets this expected outcome

Assessment of residents’ continence occurs when they move into the home and monitoring and review occurs on a routine basis. Detailed assessment of continence is collected over designated periods to formulate an individualised care plan, toileting schedule and continence aid requirements. Continence plans inform care staff of residents’ needs and the type of continence aids required. Continence education is undertaken to support and train care staff as required. Staff said sufficient levels of continence aids are available to meet resident needs. Residents and representatives are mostly satisfied resident continence needs are met and confirm staff provide prompt assistance when required and maintain their privacy and dignity when providing assistance.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to effectively manage the needs of residents with challenging behaviours. The system includes initial and ongoing assessments and development of a wide range of behaviour management care plans which includes identification of behaviour triggers and ongoing evaluations and consultations with the resident and/or their representatives. Medical practitioners regularly review resident behaviours and effectiveness of treatment. Referral to an aged psychiatric care team occurs to assist with behaviour management strategies. The home has a secure dementia specific wing. Lifestyle staff provide group and individualised activities to assist residents to engage in activities appropriate to their abilities. The team observed staff implementing individualised behavioural management strategies developed in the resident care plan. Residents and representatives are generally satisfied with the approach to managing residents’ challenging behaviours.

## 2.14 Mobility, dexterity and rehabilitation

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.*

### **Team’s findings**

The home meets this expected outcome

A system is in place to ensure optimum levels of mobility and dexterity are achieved for all residents. The system includes initial and ongoing assessment of residents’ mobility, dexterity and rehabilitation needs, assessment and review by the physiotherapist and development and implementation of residents’ care plans and individual exercises. The physiotherapist, lifestyle staff and care staff are involved in the delivery of the program. The program includes, but is not limited to, passive/active exercises, exercise classes, individual exercise programs and walking routines. Residents at risk of falls are identified through a risk assessment and specific individual strategies are developed and regularly reviewed to minimise incidence of falls. Falls incidents are analysed and monitored in the quality clinical indicators. Staff receive training to assist residents with transfers and manual handling and they have the necessary equipment to cater for residents’ mobility needs. 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 “residents’ oral and dental health is maintained”.*

### **Team’s findings**

The home meets this expected outcome

A system is in place to ensure residents’ oral and dental health is maintained including the initial and ongoing assessment of residents’ oral and dental health needs, referral to a dentist and/or specialist as per resident/representative preferences. Staff assist, observe and prompt residents with daily dental hygiene and document any relevant dental issues. Residents said they are satisfied and staff provide timely assistance with oral and dental hygiene.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

The home has a system in place to ensure that residents’ sensory losses are identified and managed effectively. This system includes initial and ongoing assessment of residents’ sensory needs. The care plan incorporates the identified needs and other specialists are involved as required that enable sensory losses deficits to be minimised such as cleaning and care of aids. Residents who have been identified with a sensory loss are assisted by the home to visit either external services and/or staff facilitate service providers to visit the home. Staff said they assist residents with use of hearing, visual and other aids. Residents and representatives are satisfied with the attention given to resident sensory needs.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

The home ensures that residents are able to achieve sleep patterns through initial and ongoing sleep assessment, implementation of care interventions to promote sleep and the provision of a calm and quiet environment. Strategies used include offering a snack or warm drink and/or pharmacological interventions if ordered by the medical practitioner. Residents confirm the home is restful and quiet at night, staff monitor sleep and provide assistance as needed and according to their preferences.

## 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 findings**

The home meets this expected outcome

The home has a system that demonstrates improvements in the area of resident lifestyle. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement systems and processes.

Examples of continuous improvement activities relating to Standard 3 Resident lifestyle include:

- To encourage residents to participate in exercise, lifestyle staff introduced an interactive computer based program. Residents can engage in ‘virtual activities’ such as bowling and tennis. The new activity program assists in maintaining mobility and dexterity, as well as providing positive social interactions with fellow residents. Resident report they enjoy the new activity which is a lot of fun.
- In response to a resident’s request to explore his family tree, management recruited a volunteer to provide specific support to this resident in their pursuit to research their genealogy. An internet kiosk was established to facilitate this resident’s hobby and other residents have since expressed an interest in using the computer. Through the support of volunteers, computer training is available to all residents who choose to participate. Those residents who choose to participate are learning how to use the internet to communicate with family and friends who cannot access the home as well as learning about their family history. Feedback has been positive reporting an increase in social interaction, independence and skill level.
- Lifestyle observed the level of satisfaction residents gained from interacting with visiting animals. Accordingly lifestyle staff commenced a two week project involving the hatching and raising of chickens. Residents and their visitors enjoyed watching the progress of the hatchery and have requested this project be repeated next year.



### **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 findings***

The home meets this expected outcome

The home has a system to identify and meet regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include the following:

- A review of policy and procedure following changes to privacy legislation.
- The home has a policy, procedure and guidelines in relation to elder abuse and compulsory reporting and there are processes to make staff aware of their responsibilities.
- The Charter of residents’ rights and responsibilities is displayed within the home.
- The home offers a residential agreement to residents or their nominated representative at the time of entry.

### **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

There is a system to ensure staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident 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
- leisure activities and dementia
- person centred care.

### 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 findings**

The home meets this expected outcome

There is a system to ensure staff and management support residents adjust to life at the home and to provide emotional support on an ongoing basis. On entry the resident is orientated to their new environment, introduced to other residents and invited to social activities and outings. Staff complete formal assessments and develop care plans that take into account level of emotional need required by each resident. These are reviewed on a regular basis. Information is available to guide families and representatives about specialist support services. Staff ensure there is interaction with all residents and ensure ongoing emotional support is provided as required. Residents and their representatives were satisfied with the emotional support provided on entry and on an ongoing basis.

### 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 findings**

The home meets this expected outcome

There are systems to assist and encourage each resident to achieve maximum independence and maintain community ties and friendships. Initial and ongoing assessment and care planning processes identify and plan for residents' abilities, life preferences and needs. These are reviewed on a regular basis. Staff implement programs that promote resident independence and encourage visitors and community involvement. Strategies to maximise independence and social engagement include a visiting library service, bus outings and shopping trips, modified cutlery and allocating meaningful activities within the home to residents. Residents are encouraged to vote and manage their own finances where able.

Friendships are encouraged through table seating arrangements and inviting friends to morning teas. We observed a living environment that enhances resident independence and residents using equipment and aids designed to meet their individual need and promote self-sufficiency. Residents and their representatives are satisfied staff encourage and assist residents to optimise their independence.

### 3.6 Privacy and dignity

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

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

The home meets this expected outcome

The home has processes to enable each resident's privacy, dignity and confidentiality to be recognised and respected. Management and staff identify residents' privacy and dignity preferences at entry and this information is reviewed regularly. Staff are provided with

information about privacy and confidentiality on commencement of employment and residents are informed of their rights to privacy, dignity and confidentiality. Residents have adequate personal space and there are quiet areas available for them to meet privately with visitors. Residents are encouraged to personalise their rooms. Staff practice to promote and maintain resident privacy and confidentiality is generally effective. Residents and their representatives are satisfied staff respect the privacy of residents.

### **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 findings**

The home meets this expected outcome

Management and staff encourage and support residents to participate in a range of interests and activities of interest to them. In consultation with the resident and their representative, lifestyle staff complete an assessment that captures information about previous and current social and lifestyle preferences. This information forms the basis of the individual care plan which is reviewed on a regular basis and updated as required. Lifestyle staff conduct and facilitate a varied program of leisure activity programs in both group and individual settings. The specific and special needs of residents are considered when providing or arranging activities. Lifestyle staff evaluate and alter leisure activities and programs in response to level of participation, feedback from residents, discussion at meetings and changing needs of residents. Residents and their representatives are satisfied with the range and frequency of leisure activities made available to residents living at the home.

### **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

There is a system to ensure residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Staff assess for and document each resident's specific cultural, religious and spiritual needs and preferences. Plans of care reflect these needs and preferences which are reviewed on a regular basis. An Anglican service takes place monthly and persons from the Catholic Church visit residents weekly for prayer and communion. Processes are in place to facilitate resident access to other faiths if required.

Residents are encouraged to celebrate days of significance and other cultural days and events held during the year. Residents and representatives are satisfied the home enables residents to meet their cultural and spiritual needs and preferences.

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

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

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

The home meets this expected outcome

The home promotes and supports residents to exercise choice and decision making in the care, lifestyle and hospitality services they receive while not infringing on the rights of others. Management and staff encourage residents and their representatives to express their wishes during the assessment process, at meetings, during consultations, in surveys, through feedback processes and in direct communication with management. Staff documents this information in care plans and regularly review each resident's expressed preferences for care and support. Information about advocacy services and complaint processes is provided to residents and their representatives. Staff are made aware of their responsibility to support resident choice through work procedures, handbooks and education. Residents and their representatives are satisfied residents are able to participate in decisions, make informed choices and exercise control appropriate to their circumstances.

### **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 findings***

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. The home communicates information about residents' rights and responsibilities, security of resident tenure, advocacy and complaint services and specified care and services at entry, through the residential agreement and information booklet. Staff are made aware of their responsibilities regarding residents' rights through policies, work procedures and information guides. There are processes to ensure residents receive specified care and services that meet their care status. A process of consultation and agreement precedes any change in a resident's room. Residents and their representatives are satisfied with the security of resident tenure.

## 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 findings**

The home meets this expected outcome

The home has a system that demonstrates improvements in the area of physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement systems and processes.

Examples of continuous improvement activities relating to Standard 4 Physical environment and safe systems include:

- Management received feedback from residents and staff that the menu, written on a whiteboard, was difficult to read. In response to this feedback, management purchased a new glass black board upon which staff write the menu in brightly coloured markers. Feedback regarding the new style menu is positive and staff regularly observe residents gathered around the board reading the menu for the day to each other.
- The home has undergone a major renovation which includes a new reception area, dedicated activities room, new hairdressing salon, kiosk and multi-purpose room. The renovations have also included the expansion of the secure wing in which residents living with dementia reside. There are now larger common areas for activities and greater secure areas in which residents can safely explore. Feedback regarding the newly renovated areas which include newly purchased furniture and fittings has been positive from all stakeholders.

## 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

The home has a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include the following:

- Staff store chemicals safely and current material safety data sheets are available.
- The home follows relevant protocols in relation to compliance with food safety regulations and guidelines.
- Management meet requirements for annual essential services safety measures reporting.

## 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

There is a system to ensure 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:

- chemical handling
- food handling for carers
- gastroenteritis in residential aged care
- needle stick injuries
- restraint.

#### **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 findings**

The home meets this expected outcome

Management provides a safe and comfortable environment, consistent with residents' care needs. The home accommodates residents in single rooms with private en-suite bathrooms. Residents are encouraged to personalise their rooms with items from home and can securely store valuables in the lockable facilities available. The internal environment is well lit, clean and well maintained and has a range of communal and private areas available. External gardens and courtyards enhance the living environment and include raised garden beds, outdoor furniture and secure areas. Environmental audits and inspections are regularly undertaken and actioned and a preventative and corrective maintenance system is in place to maintain the comfort of the home for residents. Residents and representatives said the environment is comfortable and well maintained and commented favourably about the recent renovation.

#### **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 ensures the home has systems and processes to provide a safe working environment in consideration of relevant legislation. A nominated occupational health and safety representative formally monitors the safety of the environment using safety inspections/audits and risk and hazard reporting mechanisms. Occupational health and safety is the responsibility of all stakeholders and a committee including staff from all areas assists in maintaining a safe environment throughout the whole home. This occurs through the review of incident reports, hazard alerts and feedback forms regarding occupational health and safety issues. Management review incidents and safety matters, identifies opportunities for improvement regarding safety, action on identified issues and consult with staff about hazards identified. Examples of how management ensures a safe working environment include regular manual handling training, secure storage for chemicals and routine inspection of equipment contributes to a safe working environment. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe environment.

#### **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 provide an environment and safe systems of work that minimise fire, security and emergency risks. We observed emergency and evacuation plans on display, clear egress routes and serviced firefighting equipment. Service of firefighting equipment is by external contractors on a regular basis and there are emergency

procedures and evacuation kits accessible to staff. Fire training occurs annually for all staff and is mandatory for them to attend. Management also conducted additional fire training following the recent building renovations to ensure the changes in building layout were reflected in emergency procedures and process. The building has security systems and emergency lighting, and all visitors to the home are required to sign in and out. Residents and representatives are informed of the emergency procedures at the time of entry and further details relating to fire and other emergencies are outlined in the resident information directory.

#### **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

The home has systems to ensure there is an effective infection control program. Availability of personal protective equipment, hand washing facilities, a food safety program and pest control procedures are some of the measures in place to minimise the risk of infection.

Availability of gastroenteritis kits and relevant guidelines assist staff to effectively manage a gastroenteritis outbreak, if required. Mandatory training includes infection control and staff undertake regular hand washing competencies. Review of infection rates occur to identify trends which may then prompt additional training and education of staff. Management also remind residents and representatives of their responsibilities in minimising the spread of infection and offer residents and staff annual vaccinations against influenza.

#### **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 findings**

The home meets this expected outcome

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff working environment. All food is prepared on site in a central kitchen and served to residents throughout the home either in the dining rooms or in the resident's individual room. Dietitian input influences the menu and alternatives are always available should residents choose not to eat what is on offer. All meals are prepared and served taking into consideration individual medical and cultural requirements, food allergies and personal preferences. Schedules are in place to ensure that cleaning tasks are completed and we observed the living environment and residents' rooms to be clean during the visit. All linen and personal laundry is completed onsite. All residents are offered a labelling service to minimise the likelihood of lost property. Monitoring processes for hospitality services include internal and external audits, feedback mechanisms and temperature records. Residents and representatives said they are satisfied with the cleaning, laundry and catering services provided for residents.