# Presbyterian Homes Norwood

RACS ID 8058
8 Blenheim Street
NORWOOD TAS 7250

**Approved provider: Presbyterian Care Tasmania Incorporated**

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 01 March 2018.

We made our decision on 06 January 2015.

The audit was conducted on 02 December 2014 to 03 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.

| 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.

| Expected outcome | Quality Agency decision |
|---|---|
| 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 |

# Audit Report

**Presbyterian Homes Norwood 8058**

**Approved provider: Presbyterian Care Tasmania Incorporated**

## Introduction

This is the report of a re-accreditation audit from 02 December 2014 to 03 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 02 December 2014 to 03 December 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

## Assessment team

| Team leader: | Cassandra Van Gray |
|---|---|
| Team members: | Tamela Dray<br>Gayle Heckenberg |

## Approved provider details

| Approved provider: | Presbyterian Care Tasmania Incorporated |
|---|---|

## Details of home

| Name of home: | Presbyterian Homes Norwood |
|---|---|
| RACS ID: | 8058 |

| Total number of allocated places: | 95 |
|---|---|
| Number of care recipients during audit: | 81 |
| Number of care recipients receiving high care during audit: | N/A |
| Special needs catered for: | Secure unit |

| Street: | 8 Blenheim Street |
|---|---|
| City: | Norwood |
| State: | Tasmania |
| Postcode: | 7250 |
| Phone number: | 03 6335 8600 |
| Facsimile: | 03 6343 2323 |
| E-mail address: | info@prescareteas.org.au |

# Audit trail

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

## Interviews

| Category | Number |
|---|---|
| Management | 6 |
| Clinical, care and lifestyle staff | 11 |
| Administration staff | 4 |
| Health and allied health professionals | 2 |
| Care recipients and representatives | 14 |
| Volunteers | 2 |
| Hospitality, environment and safety staff | 9 |

## Sampled documents

| Category | Number |
|---|---|
| Care recipient clinical files | 9 |
| Care recipient lifestyle files | 8 |
| Medication charts | 5 |
| Incident report forms | 7 |
| Care recipient contracts | 10 |
| Continuous improvement plan | 1 |
| Complaint forms and reports | 8 |
| Personnel files | 8 |
| Contractor agreements | 4 |
| Staff risk assessment charts | 3 |

## Other documents reviewed

The team also reviewed:

- Activity calendar, logs and attendance records

- Audit schedule and audits

- Benchmarking data

- Bus maintenance documentation

- Call bell report

- Communication diaries

- Compliments

- Electronic documentation system

- Emails and memoranda

- Equipment risk assessments

- Ethos, vision and mission statements

- Fire and safety documentation including evacuation lists

- Flow charts

- Food safety documentation

- Hazard register

- Incident report data and summary reports

- Laundry and cleaning task sheets

- Mandatory reporting register

- Manual handling instruction cards

- Medical practitioner directives

- Medication responsibilities for care staff

- Meeting schedule and minutes

- Menu

- Newsletter

- Nurse initiated and emergency medication lists

- Organisation chart

- Orientation and induction records

- Pest siting register

- Police certificate and statutory declaration registers

- Policies and procedures

- Preventative and corrective maintenance documentation

- Professional registration register

- Refrigerator temperature monitoring forms

- Resident handbook and surveys

- Restraint register, flow chart, authorisation and review forms

- Risk assessment charts

- Rosters

- Site maps

- Specialist and allied health professional referrals and reports

- Staff education and training records

- Staff handbook and survey

- Temperature logs

- Test and tag register

- Workplace incident statistics and information

- Wound management information

## Observations

The team observed the following:

- Activities in progress

- Activity planner displayed

- Chapel

- Chemical storage

- Cleaning in progress

- Clinical equipment, resources and storage

- Electronic medication administration and medication round

- Equipment and supply storage areas

- Evacuation points and egress routes

- Hand wash stations

- Interactions between staff and residents

- Internal and external living environment

- Noticeboards and notices

- Personal protective equipment

- Pet

- Sharps' bins

- Short observation in secure unit dining room

- Storage of medications

- Suggestion box

- Waste disposal systems

# 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 and monitors performance against the Accreditation Standards. Areas for improvement are identified through various mechanisms such as feedback from stakeholders, incidents, comments and complaints, audits and clinical data. Residents, their representatives and staff contribute to the continuous improvement system through verbal and written feedback including attending meetings, completing forms and through management's 'open door policy'. Management introduce changes in a structured manner and regularly monitor action plans to ensure appropriate follow-up and evaluation. There are processes such as internal and external audits as well as satisfaction surveys of residents and staff to review performance. Management provide feedback to stakeholders verbally through meetings or consultations as well as through documentation such as newsletters, emails and memoranda.

Examples of improvements implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- Management recognised the need to acknowledge staff contribution at the home and a rewards and recognition program was developed. Long term staff have been recognised for their length of service and annual awards established. Feedback from staff has been very positive.

- Following review of the education program and the difficulties in getting all staff access to training, an online training program was developed. The program consists of 31 modules, across a range of mandatory and non-mandatory topics. Management stated the new program is working well and staff also acknowledged the benefits of greater access to education.

- Staff acknowledged the need to have easier access to after-hours emergency maintenance providers. A new matrix was developed to help staff find appropriate services as needed in after-hours situations. The matrix reduces the need for staff to contact management or maintenance after hours and feedback has been positive.

**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 a member of a peak industry body and engages and subscribes to a range of related services. Additional information is obtained through accessing Government web sites and related notifications. Regulatory compliance is a standing agenda item at all meetings with relevant documentation updated as required. There are systems to ensure all personnel have current police certificates and statutory declarations. Changes are reported to staff through electronic access and messaging. Resident and representative notification of changes occurs through the home's newsletter, notices and mail.

**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

The home provides education and training support to management and staff to ensure they perform their roles effectively. Information is received through an annual staff training needs analysis, the appraisal system and discussion at meetings. Changes to legislative requirements and audit and incident information also assist in planning the education and training program. Resident needs and preferences and annual mandatory training sessions contribute to the range of topics. Management maintain records on staff attendance and evaluation of education sessions. Staff stated they received support to attend internal and external opportunities for education. Residents and their representatives stated staff have sufficient knowledge and skills to provide appropriate care, lifestyle and services.

Recent education related to Standard 1 Management systems, staffing and organisational development includes:

- Aged Care Funding instrument

- Bullying and harassment

- Information technology

- Mandatory reporting

## 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

The home has comments and complaints systems, processes and procedures that are accessible to all stakeholders. Feedback is encouraged through the completion of forms, audits, surveys, attendance at meetings and one to one discussions. Stakeholders receive information regarding internal and external comments and complaints processes on entry and through the resident agreement, resident and staff handbooks, and internal and external brochures displayed throughout the home. The home maintains a complaints register which is monitored on a routine basis. Management respond to complainants in a timely manner and maintain confidentiality of individual complaints. Residents, their representatives and staff stated they are aware of the internal and external complaint processes and are satisfied management addressed complaints appropriately.

## 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 has documented ethos, vision and mission statements which are embedded in the Board and home's practices. Defined objectives are displayed throughout the home and available to stakeholders via the resident handbook and electronic access. The home demonstrates its commitment to quality through the provision of dedicated personnel and associated information and resources.

## 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 review rosters and regularly seek feedback from a range of stakeholders to ensure the maintenance of adequate personnel levels and skills mix. Provision exists to reassign staff to manage increased resident acuity. The home has established personnel relief roles to fill periods of planned and unplanned absences across all shifts. The home's human resource staff support the recruitment and selection of appropriate personnel. Staff confirmed hours rostered are sufficient to complete their duties. Residents and their representatives stated the home has sufficiently skilled and knowledgeable staff to provide appropriate care, lifestyle and service needs and preferences.

## 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 systems to ensure appropriate goods and equipment of an acceptable quality and standard are available to meet the ongoing needs of residents. Senior staff monitor stock levels and ordering is through approved suppliers. Senior management have delegated purchasing authority. The home has an equipment cleaning and maintenance program.

Audits also support unscheduled requirements. New equipment is trialled prior to purchase with staff receiving appropriate training. Equipment and chemicals are securely stored with access limited to relevant personnel. Staff and residents stated adequate supplies of appropriate goods and equipment are available to meet their needs and preferences.

## 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 effective information systems to assist staff in performing their roles, to deliver quality care efficiently and provide safe services. An electronic documentation system provides information regarding resident health, care and wellbeing. Collection of key information on clinical data occurs with actions reviewed and evaluated in a timely manner.

Information distribution occurs through electronic access, emails, meetings and minutes, memoranda and notices. Electronic systems have regular onsite and external back up and support. Confidential information is securely stored and archiving and documentation destruction occurs within appropriate guidelines. Residents and their representatives stated they are satisfied that information and feedback is received on a regular basis.

## 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

The home engages a number of external services across a range of clinical and non-clinical areas. Senior management monitor contractor performance on a routine basis and provide feedback regarding the quality of goods and services. A list of preferred providers is available and senior staff can access after hours' internal and external support and assistance. Staff and residents stated they are satisfied with external services.

## 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

Please refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

- Staff feedback suggested a review of pain management at the home would be beneficial. Subsequently a pain management nurse has been employed, staff received education in pain management including massage and heat therapy and new pain management forms were developed. Resident feedback regarding the pain management program has been beneficial with many stating they enjoy the heat packs and massage.

- Following a governmental initiative, emergency decision guidelines have been implemented at the home. The guidelines help nursing staff manage a deteriorating resident with clear and easy to follow instruction. Management report it is particularly beneficial for new registered and enrolled nurses.

- A movement to music program was developed following a review of falls incidents at the home. The initiative aims to increase mobility and awareness for residents' and has seen increasing numbers attend the weekly program since its inception. Feedback has indicated resident's feel more confident when ambulating.

### 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

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

All registered nursing staff have current professional registrations. Registered nursing staff perform clinical care and medication management activities within their scope of practice. The home has systems to record and manage instances of unexplained resident absence.

**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

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home offers a range of training and education topics to staff relevant to resident's health and personal care. There are systems and processes to monitor the knowledge and skills of management and staff in order for them to perform their roles effectively.

Recent education relating to Standard 2 Health and personal care includes:

- Dealing with difficult behaviours

- First aid

- Palliative 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

The home demonstrates there are systems to ensure care recipients receive appropriate clinical care. As residents enter the home initial information is gathered and a summary care plan developed to direct staff practices. After a suitable settling in timeframe, staff complete further assessments providing detailed information regarding individual residents' health care needs. Registered and enrolled nurses develop and review care plans on a regular basis using an electronic documentation system. Staff consult with residents and their representatives, medical practitioners, a visiting nurse practitioner, specialists and a variety of allied health professionals. Monitoring of clinical care occurs by observation, staff and resident feedback, clinical audits and incident report results. Management review clinical policies and procedures regularly to reflect an evidence based approach. Residents stated they are satisfied with the clinical care 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

Qualified nursing staff identify and assess residents' specialised nursing care needs on entry to the home and as care needs change, to inform staff of their approach to providing care.

Consultation takes place with medical practitioners and a nurse practitioner for treatments and to ensure appropriate referrals occur to specialist care services as necessary. Medical directives and specialist recommendations are documented on specific care plans.

Management supports staff in their clinical practice by providing policies and procedures, access to specialised equipment and relevant competencies and training. Visiting specialist services to the home includes speech pathology and palliative care. Residents stated staff attend to their specific specialised nursing care needs on a regular basis.

**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

Referrals occur to relevant health specialists in order to meet residents' identified needs and preferences. Visiting health specialist services include physiotherapy, podiatry, mental health and dementia support and audiology. The home supports resident visits to external services such as the dentist and optometrist in consultation with medical practitioners.

Recommendations for a revised approach to care or treatments are implemented and communicated to staff, residents and their representatives. Residents stated they receive visits from health specialists as required.

**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

The home has systems to ensure care recipients' medication is managed safely and correctly. Registered and enrolled nurses administer medications from a multi dose sachet and confirm administration through an electronic medication chart. Medication assessments and charts reflect current photographs, allergies and special instructions for administration. Records generally reflect medications are provided in accordance with medical practitioner directions. Safe and secure storage of medications complies with relevant legislation and regulatory requirements. Residents participate in self-medication administration once deemed competent by the medical practitioner. Regular monitoring of the home's medication management system

occurs through audits and incident reporting, with outcomes discussed at clinical staff meetings and at a quarterly medical advisory committee meeting. Staff complete medication competencies annually and residents stated they receive their medications on time.

## 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

As residents enter the home staff conduct a pain assessment to ensure all residents remain as free as possible from pain. A registered nurse oversees the pain management program and develops and reviews strategies of care on a regular basis. Reassessment of residents' pain occurs using either verbal or non-verbal pain assessment tools. Consultation with medical practitioners, a visiting nurse practitioner and physiotherapist takes place regarding treatments. A variety of strategies assist with residents' pain management and include massage, heat packs, exercise, spa baths, medication and comfort measures. Residents stated their pain is managed effectively.

## 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

The home demonstrates there are systems and processes in order to maintain the comfort and dignity of terminally ill residents. As residents settle into the home staff gather information regarding end of life wishes. In consultation with the medical practitioner staff access an external palliative care team as required for advice and the provision of specialised equipment to assist with maintaining residents' comfort. The home's chaplain provides regular support to residents and family members during the palliative phase with consideration of residents' cultural, emotional and spiritual wishes. Staff stated they attend to residents' palliative care needs in a kind and respectful manner.

## 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

On entry to the home staff identify residents' special dietary requirements, menu choices and personal preferences to ensure they receive adequate nourishment and hydration.

Monitoring of residents' weight occurs monthly and staff respond to significant increases or decreases in identified concerns. Meal and refreshment services are available throughout the day and residents participate in food focus meetings regularly to provide feedback to management on the services provided. A visiting speech pathologist provides recommendations on modified diets, food consistencies and supplements. Clinical staff

communicate with the kitchen in writing for any changes to dietary requirements. Residents stated the menu and meal services offered by the home are satisfactory and meet their personal needs and preferences.

## 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

The home demonstrates care recipients' skin integrity is consistent with their general health. An assessment incorporating a risk management approach to skin care guides staff in types of equipment used and providing individualised treatments. Skin and wound management care plans detail preventative strategies to reduce episodes of skin breakdown and wound and skin care products used to promote residents' skin integrity. Staff access the local hospital wound clinic if necessary for expert advice in consultation with the medical practitioner. A visiting podiatrist provides regular foot and nail care. Reporting of incidents by staff occurs regarding skin tears, wounds, pressure areas and infections. Management discuss the data, trends and analysis of incidents at monthly meetings. Residents stated they were satisfied with the skin care provided.

## 2.12 Continence management

*This expected outcome requires that "care recipients' continence is managed effectively".*

### Team's findings

The home meets this expected outcome

On entry to the home staff gather information through charts and a continence assessment to ensure effective management of residents' continence. A pad and laundry audit and toileting care plan provides information on the type of continence aids used, individual programs and any assistance from staff required. If staff identify any changes then further reassessment and review takes place. Reporting on urinary tract infections occurs by staff with data analysed and discussed at relevant meetings on a monthly basis. Staff consult with either the medical or nurse practitioner for prescribed treatments. Bowel management programs include measures for the prevention of constipation and staff promote and monitor residents' fluid intake regularly. Residents stated staff respond to their continence needs in an effective and timely manner.

## 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

On entry to the home staff collect information through charts and specific assessment tools in order to identify and effectively manage residents' behaviours of concern. Residents with cognitive impairment who require specialised care reside in a secure unit within the home.

Care plans generally provide staff with a range of specific strategies to incorporate into their approach when responding to resident care needs. Referrals to dementia advisory services and mental health specialists occur as necessary. Management provide opportunities for education on dementia care and the lifestyle program supports residents with individual and group activity programs. Staff report incidents on resident behaviour and management identify trends and discuss results at relevant meetings monthly. The home has a restraint policy and promotes the minimal use of restraint with stakeholders. Residents stated staff respond in a kind and caring manner when assisting residents' with behaviours of concern.

## 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

The home demonstrates that optimum levels of mobility and dexterity are achieved for all care recipients. On entry staff and a physiotherapist gather information on residents' mobility and dexterity and conduct a falls risk assessment. Care plans detail a range of strategies such as exercise, walking, aids and equipment to support maintaining residents' mobility.

Qualified allied health assistants follow plans as directed by the physiotherapist to further support residents. Reporting on resident falls occurs with outcomes discussed at monthly meetings. Residents stated they are encouraged by staff to maintain their independence and staff use relevant equipment in a competent manner to assist them as necessary.

## 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

On entry to the home staff collect past history information and conduct an assessment in order to assist in maintaining residents' oral and dental health. Consideration to medication side effects, mouth infections and resident cognition assists in meeting resident needs. A care plan provides information regarding support required and the frequency of oral hygiene. Appointments with a local or visiting dentist or dental technician occur when necessary. Staff receive training in oral health hygiene with resources available on relevant information. The

home provides relevant mouth care products related to oral care. Residents stated they are satisfied with the assistance received from staff in order to maintain their oral and dental care.

## 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

The home demonstrates that care recipients' sensory losses are identified and managed effectively. On entry assessments regarding vison, hearing, taste, touch and smell occur. A care plan provides guidance to staff on communication and assistance required for the care of vision and hearing aids. Residents attend appointments with a visiting audiologist and staff support local community optometrist visits as required. Residents have access to large print books, talking books, communication boards, large faced or talking clocks and large television screens. Residents stated they access resources to meet their sensory needs and staff provide assistance with the fitting and maintenance of aids regularly.

## 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

On entry to the home staff gather information to assist residents in achieving natural sleep patterns. The use of charts and an assessment identify contributing factors that may inhibit their ability to achieve restful sleep. A care plan provides information on effective strategies including preferred waking and rising times, room temperature, lighting and a variety of comfort measures. Although sedation is offered in consultation with the medical practitioner residents have access to alternatives to induce sleep consisting of warm drinks, snacks, heat packs, relaxation music and massage. Residents stated they slept well and felt safe and secure at night.

## 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

Please refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

- Following a review of the gardens in the dementia specific area, the home renovated the space to include edible plants, new furniture and a clearer walkway. Staff report the area is now well utilised by residents who are often found sitting outside enjoying the garden.

- An idea from a sister facility saw the implementation of a mobile ice-cream trolley. Maintenance constructed the trolley which resembles an old fashioned fairground type ice cream stand which allows ice-creams to be kept cool and mobile while being delivered around the facility. Feedback has been extremely positive.

- Following a review of the self-initiated activities, a new music player and television have been installed. Staff report residents utilise the new activity options well.

### 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

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

Residents and their representatives receive information regarding the privacy and confidentiality of their information on entry to the home. The home's resident handbook and agreement includes information regarding residents' rights and responsibilities and the Charter of residents' rights and responsibilities is on display. The home has systems to record and manage instances of elder abuse.

### 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

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home offers a variety of educational topics relevant to resident lifestyle to assist staff to perform their roles effectively. Staff attend external seminars and the home's internal training and education program.

Recent education relating to Standard 3 Care recipient lifestyle includes:

- Dementia training and planning programs

- Montessori

- Privacy and dignity

### 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

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. On entry to the home the resident is given an orientation tour and information pack and residents are encouraged to bring items to personalise their rooms. Activities staff complete each resident's profile and observe residents for changes in their personal situations to ensure meeting of emotional needs. Pastoral care staff are available to provide ongoing emotional support. Residents receive information regarding events and activities occurring in the home. Residents and their representatives stated they are satisfied with the way staff support residents and make them feel welcome to their new home and on an ongoing basis.

### 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

The home ensures staff actively assist care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the local community. The processes in place includes consultation with residents and representatives and incorporation of strategies into care and lifestyle plans that support physical, social, cultural, financial and

intellectual independence. Lifestyle staff develop individual and group activity programs to maintain each resident's mobility and dexterity. Mobility aids, sensory support and staff assistance promote further strategies for supporting residents' independence.

Lifestyle staff support residents to maintain links with the community through outings and community visitors attending the home. Private areas are available for residents' use to help them maintain family and friendship relationships. Residents stated they are supported to maintain their independence.

### 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. Information on rights and responsibilities is included in orientation information for residents. Staff knock and wait for a response prior to entering residents' rooms and address residents by their preferred names. Residents' information is only accessible to authorised staff through password protected computers and locked care stations. Staff demonstrated warmth and respect during their interactions with residents. Residents and their representatives confirmed staff provide care to residents in a respectful and appropriate manner.

### 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 and to provide input into the development of the home's lifestyle program. Staff help residents and their representatives where appropriate to identify leisure and activity interests and develop individualised plans. Staff review the lifestyle plans on a regular basis and in response to the changing needs of residents. The lifestyle program offers a range of group and individual activities reflecting residents' social, emotional, physical, cognitive, sensory and cultural needs. Special celebrations, pet therapy, bus outings, visiting entertainers and a volunteer program add to the diversity of activities. Residents and their representatives stated they are satisfied with the range of activities offered by 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

The home ensures staff value and foster the individual interests, customs, beliefs and cultural and ethnic backgrounds of residents. Staff identify the cultural and spiritual needs of residents

through consultation with residents and their families. Clergy visit residents and provide services based on the preferences of resident's including church services. The home celebrates cultural and religious events and days of significance throughout the year.

Residents and their representatives confirmed residents have opportunities to engage in activities associated with their cultural and spiritual beliefs and are satisfied with the support provided.

### 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 home supports care recipients and their representatives to exercise choice and control over their lifestyle. Staff support residents to identify their care and lifestyle preferences on entry to the home. Staff document in care plans and regularly review residents' choices regarding their care, lifestyle and services. Residents are encouraged to express their wishes through residents' and representatives' meetings, individual consultation, surveys and feedback processes. Information about complaints and advocacy services are available to residents and representatives. Information on resident's rights and responsibilities is contained in the resident handbook and agreements and is on display in the home. Staff confirm they support residents to make choices and decisions about their daily routine and care options. Residents stated they are satisfied to exercise choice in their care, lifestyle and services.

### 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

The home ensures care recipients have secure tenure within the home and care recipients and their representatives understand their rights and responsibilities. Management provide information about security of tenure and residents' rights and responsibilities with additional information documented in the residential care agreement and information packs. Any change of rooms only occurs after consultation with the resident and their representatives. Residents and their representatives stated they are satisfied with the security of tenure.

## 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

Please refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

- Following an external audit, upgrades to the fire doors have occurred. Management report the upgrades ensure compliance with the latest fire management recommendations.

- Suggestions by staff and residents that some areas were very hot in summer has resulted in air-conditioning units being installed in the common areas. Feedback has been very positive from residents and staff.

- A recreation room was established following a review of the living areas at the home. The space now includes a billiard table and a piano as well as music players. Feedback has been positive and management stated the area is now well utilised by residents.

### 4.2 Regulatory compliance

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

### *Team's findings*

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

The home has achieved compliance with the appropriate fire, emergency, building and food safety certification legislation.

## 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

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home provides education and development opportunities to staff to ensure they have the skills and knowledge to perform their duties in relation to the physical environment and safe systems.

Recent education relating to Standard 4 Physical environment and safe systems includes:

- Basic food handling

- Fire and emergency training

- Infection control

- Manual handling

## 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 are actively working to provide a safe and comfortable environment consistent with care recipients' care needs. Most residents are accommodated in single rooms with private ensuites. There are processes to ensure comfortable internal temperatures and ventilation. Residents have safe access to clean, comfortable and well-maintained communal, private, dining and outdoor areas with sufficient and appropriate furniture.

Management and relevant staff monitor the safety of the home including preventative and routine building and equipment maintenance. Regular environmental audits ensure comfort and safety is monitored. Staff assist care recipients' safety and comfort through measures such as ensuring access to call bells and mobility aids. Residents and their representatives stated residents feel safe and comfortable.

**4.5 Occupational health and safety**

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

**Team's findings**

The home meets this expected outcome

The home has systems to support the provision of a safe working environment that meets regulatory requirements. The home has dedicated personnel to identify and support their workplace health and safety program. Documented policies and guidelines raise staff awareness of their responsibilities. Monitoring processes include safety audits and incident and hazard reporting which is reviewed on a routine basis. Workplace health and safety is a standing agenda item at meetings. We observed current material safety data sheets and safe storage of chemicals and other potential hazardous items. Staff described their role in reporting incidents.

**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 provide an environment with safe systems of work to minimise fire, security and emergency risks. Approved professional contractors carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures with regular education for staff in fire, security and other emergencies. The evacuation maps and resident lists are current. Exit doors are free from obstruction. Staff stated they have received fire and other emergency training and know what to do in such an event. Residents and their representatives stated residents feel safe and secure in the home.

**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 demonstrates they have an effective infection control program, which detects, manages and monitors infections within the home. Management collate infection data and report on any trends at meetings. Staff practice is guided by policies and procedures and Government resources, which are noted to cover the management and containment of infectious outbreaks. Infection control kits which include signage and personal protective equipment are available to staff and hand washing basins with hand washing reminders were observed. There is a food safety program in place and cleaning schedules are followed throughout the home. External contractors manage infectious waste, sharps' disposal and pest control within the home. Resident and staff vaccinations are encouraged and monitored. Residents and their representatives stated staff identify infections and manage them appropriately.

## 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

The home provides hospitality services in a way to enhance care recipients' quality of life and the staff's working environment. Main meals are prepared off site with resident allergies, likes and dislikes taken into account. A regularly cooked breakfast is arranged with outside staff coming in to cook. Staff clean the kitchen according to a schedule. Cleaning staff provide cleaning according to a schedule with provisions for ad hoc cleaning needs. Designated staff process linen and residents' personal laundry and sundry items on site and iron care recipients' personal clothing. There are provisions for labelling of residents' clothes to assist in the prevention of lost items. Management monitor catering, cleaning and laundry services through internal and external audits with regular education provided for staff such as chemical training and infection control. Residents, their representatives and staff stated they are satisfied with the home's hospitality services.