



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Resthaven Port Elliot**

RACS ID 6309  
3 Frederik Street  
Port Elliot SA 5212

**Approved provider: Resthaven Inc**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 11 May 2021.

We made our decision on 14 March 2016.

The audit was conducted on 09 February 2016 to 10 February 2016. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

## Standard 2: Health and personal care

### Principle:

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.

<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: Care recipient lifestyle

### Principle:

Care recipients 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 Care recipient security of tenure and responsibilities	Met

## 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.

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**

**Resthaven Port Elliot 6309**

**Approved provider: Resthaven Inc**

### **Introduction**

This is the report of a re-accreditation audit from 09 February 2016 to 10 February 2016 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 09 February 2016 to 10 February 2016.

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

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

## Assessment team

<b>Team leader:</b>	Elizabeth McGrath
<b>Team member:</b>	Barbara Fisher

## Approved provider details

<b>Approved provider:</b>	Resthaven Inc
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## Details of home

<b>Name of home:</b>	Resthaven Port Elliot
<b>RACS ID:</b>	6309

<b>Total number of allocated places:</b>	92
<b>Number of care recipients during audit:</b>	64
<b>Number of care recipients receiving high care during audit:</b>	55
<b>Special needs catered for:</b>	Care recipients living with dementia and other related disorders

<b>Street</b>	3 Frederik Street
<b>City</b>	Port Elliot
<b>State:</b>	SA
<b>Postcode:</b>	5212
<b>Phone number:</b>	08 8554 2000
<b>Facsimile:</b>	08 8554 3024
<b>E-mail address:</b>	<a href="mailto:portelliot@resthaven.asn.au">portelliot@resthaven.asn.au</a>

## Audit trail

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

### Interviews

Category	Number
Manager residential services	1
Corporate staff	4
Senior clinical staff	2
Clinical and care staff	5
Care recipients/representatives	9
Administration assistant and maintenance staff	2
Hospitality staff	4

### Sampled documents

Category	Number
Care recipients' files	6
Summary/quick reference care plans	2
Medication charts	8
Residential service agreements	4

### Other documents reviewed

The team also reviewed:

- Agency induction checklist
- Annual report
- Archiving instructions
- Business continuity plan
- Care plan change communication book
- Cleaning schedules
- Comments and complaints report
- Compliments and complaints documentation
- Computerised audit schedule
- Continuous improvement documentation

- Corporate and site compulsory reporting log
- Corporate strategic ICT plan
- Corporate systems self-assessment report
- Corporate training schedule
- Dietary change forms
- Drugs of dependence register
- Employee handbook
- Equipment purchase/trial report form
- Fire and emergency monitoring documentation
- Fit2work audit report
- Focus group reports
- Food and refrigerator/freezer temperature documentation
- Food safety plan
- Governance model
- Handover documentation
- Hazard reports and analysis
- Influenza gastroenteritis plan
- Information handbook for residents
- Job descriptions and site duty statements
- Learning and development calendar
- Learning need analysis report
- Lifestyle documentation/activity review
- Maintenance records/ certificate of compliance
- Mandatory training for employee
- Memoranda folder
- Menu review summer 2015-2016
- Newsletters
- Organisational chart



- Pantry information folder
- Pest control records
- Police certificate documentation
- Police check procedures
- Preventative and corrective maintenance records
- Purpose and values statement
- Recruitment policies and procedures
- Residential services management structure chart
- Roster
- Schedule 4 & 8 licence
- Specialised equipment cleaning schedules
- Staff development calendar and training documentation
- Staff incident reports and analysis
- Staff induction pack
- Staff link newsletter
- Staff registration and competency documentation
- Strategic plan 2015 – 2020
- Suppliers and contractors establishment details documentation
- Testing and tagging records
- Various audits and action plans
- Various contracts
- Various meeting minutes
- Various policies and procedures
- Various surveys
- Volunteer newsletter
- Volunteer orientation and handbook
- Work Health and Safety and Injury Management Strategic Plan
- Wound trolley

## Observations

The team observed the following:

- Activities in progress
- Activity room/chapel
- Advocacy information
- Care recipient laundry area
- Closed circuit television video surveillance
- Chemical storage
- Chooks in the garden
- Cleaning in progress
- Computer area
- Confidential boxes
- Equipment and supply storage areas
- Fire evacuation plans and equipment
- Hairdresser salon
- Infection control resources
- Interactions between staff and care recipients
- Internal and external living environment
- Key pad/swipe care access and exit
- Kitchen
- Laundry
- Library
- Meal service
- Noticeboards
- Short group observation in Lapwing area
- Storage of medications
- Various notice boards
- Visitor and contractor sign in/out books

## 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 which is guided by the organisation's strategic plan. The organisation and the home have a planned approach to identify improvement opportunities and monitor performance against the four Accreditation Standards. Continuous improvement is a standing agenda item at all corporate meetings including board meetings, executive management meetings and at the monthly residential care managers meetings. Residential care managers present an example of continuous improvement at the monthly management meetings from the local sites. The home identifies opportunities for improvements through feedback from care recipients, representatives and staff, surveys, audits, and hazard and incident reporting. Site management record, monitor and evaluate improvements across the four Standards using the organisation's electronic system. Improvement opportunities are also identified and actioned at the corporate level.

The organisation collects information and monitors performance through formal and informal feedback systems, gathering information from stakeholders, audits/surveys, questionnaires, annual focus groups, 'We'd like to hear from you' feedback forms from staff and care recipients and representatives, comments and complaint processes, key performance indicators and hazard and incident reporting. This information is reviewed and analysed to identify improvements. The results of the identified improvements are discussed at the site Quality Work Health and Safety committees and are evaluated and reported through these meetings. Continuous improvement is also discussed at staff and care recipient meetings and updates are provided to both parties via newsletters. Monitoring of improvements is conducted through action plans, continuous improvement reports, corporate and executive meetings, corporate audits, accident and hazard reporting and analysis of incidents. Results show feedback and auditing processes are effective in identifying opportunities for improvement. Feedback from staff confirms they have opportunities to raise and discuss continuous improvement and are aware of the continuous improvement process. Care recipients and representatives interviewed said they are satisfied they have the opportunity to make suggestions for improvement.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- A review of the organisation's recruitment systems was conducted and a new system implemented in August 2014 to reduce the amount of administration time recruiting new

employees, to improve tracking of applications and ensuring candidates are employed in a timely manner. The organisation implemented an electronic based recruitment system where prospective candidates are able to apply on line and an automatic reply is sent to candidates following their application. Corporate management complete all police checks, statutory declarations and pre-employment screening. Access to the system has since been extended to include clinical and housekeeping managers who are able to view how many applications have been received and monitor status of current applications for staff being recruited in their respective areas. Feedback from managers is the system is easy and efficient to use and sites are able to recruit staff in a timely manner.

- To improve a range of reporting and access processes with work health and safety, the organisation implemented a work health and safety, risk management system in September 2015. The system incorporates incident, hazard and risk reporting registers, audits and workplace inspections, and action management. The system includes an alert system for corporate and site management staff, and supports investigation and reporting processes. Preliminary feedback is the system is easy to access and reporting processes have improved. The organisation proposes to review the system in April 2016 after six months' continuous use and data collection.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify, implement and monitor relevant legislation, regulations and guidelines. The organisation receives information and updates on changes to legislation, professional standards and guidelines through membership of aged care peak bodies and professional associations, updates from Government Departments, seminars and conferences. Current legislative procedures identify up-to-date legislative requirements and are accessible to all relevant staff. The executive manager workforce development governance team distributes legislative updates to relevant executive staff. Executive managers are responsible for reviewing new or changed legislation and integrating requirements into operational procedures and informing senior corporate and site staff. All staff have legislative requirements identified in their job descriptions and legislative requirements are identified as a standing agenda items in all board, executive, corporate, staff and care recipients meetings. Corporate services ensure managers also provide staff and care recipients’ with updated legislation information through newsletters, memo’s and emails. Requirements are also implemented through new or revised work schedules, protocols and guidelines. Monitoring of staff awareness and compliance with relevant legislation occurs through performance appraisals, competency assessments, training modules and education provided. Results show there are processes to identify the home’s compliance and actions are implemented when deficits are identified. Staff interviewed said they are informed of any changes in legislation or professional guidelines by management.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives were notified in writing of the re-accreditation audit, at resident meetings and posters displayed throughout the home
- Police certificates for staff, contractors and volunteers
- Monitoring of professional registrations for clinical staff

## 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’s education and staff development program is based on the teaching and research in aged care model to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. A range of staff development dates are held throughout the year specifically tailored to employees. A program manager, middle manager and program coordinator development program is offered to all relevant employees. A leadership development initiative with selected supervisors is aligned to an evidence based leadership

capability framework. Mandatory education is monitored by both corporate and site management with reports generated to ensure compliance. An annual development needs analysis is undertaken by corporate office to formulate an education program in response to legislative and mandatory requirements. In addition to the corporate training calendar, the home has developed a site specific staff development calendar based on performance appraisals, outcomes of audits and feedback mechanisms. External and internal educators deliver education sessions with attendance records maintained and evaluated to monitor the effectiveness of topics covered. The home monitors staff skills and knowledge through observations, audits, incident data, complaints and meetings. Results show the home provides relevant education across the Accreditation Standards. Staff interviewed said they have access to appropriate training and education. Care recipients and representatives interviewed said they are satisfied staff have the appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Understanding accreditation
- Electronic care planning system
- Incident 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 systems and processes for managing formal and informal complaints guided by corporate policies and procedures. Information is accessible to care recipients and representatives and other interested parties on internal and external complaints processes and included in various documentation such as residential service agreement, resident information booklet, newsletters and discussions at resident and staff meetings. The home has confidential suggestion boxes and feedback forms "We'd like to hear from you" and care recipients and representatives have access to external complaints and advocacy brochures in various languages. Compliments and complaints are recorded in a centrally managed electronic database, investigated and monitored by site management. Compliments and complaints are discussed at care recipient, staff and quality work health and safety meetings. Formal reporting on compliments and complaints is undertaken at a corporate level and reported to the board on a quarterly basis. This report is tabled at the corporate Quality Work Health and Safety review committee and the Executive Manager tables the report at the residential managers meeting. Monitoring processes include audits, surveys and trending and analysis processes at a site and corporate level. Results show care recipients, representatives and staff are aware of the home's complaints process. Staff said they assist care recipients in reporting and rectifying verbal complaints and concerns. Care recipients interviewed said they are aware of the home's complaints processes and are comfortable raising issues and concerns with staff and management.

## 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 a documented purpose and values statement to reflect Resthaven's vision, values, philosophy, objectives and commitment to quality. The organisation's strategic plan sets out parameters for a five year period up to 2020. Care recipients have access to this information which is documented in the resident information handbook and on Resthaven's website. Resthaven's purpose and values are presented to staff at induction and documented in the employee handbook. Resthaven's purpose and values statement is displayed in the home's foyer.

## 1.6 Human resource management

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

### **Team's findings**

The home meets this expected outcome

The home has systems and processes to recruit and manage the development of staff to ensure there are appropriately skilled and qualified staff to ensure delivery of residential care services. Corporate policies and procedures direct recruitment, performance management and staff development. A centrally managed electronic recruitment program is used to manage and track all employment applications. The corporate human resource team organise a fitness for work assessment and police clearance for all new staff and volunteers with renewal of police certificate and monitoring of visa restrictions managed centrally and on-site. Registration of qualified staff is monitored centrally and on-site with processes in place to identify when renewals are due. Job descriptions are maintained centrally and accessible to all staff via the intranet. Orientation and induction for new site staff is supported by the strategic plan funded hours under the 'buddy shift orientation program and nurse shortage strategy'. Staffing hours are reviewed by management as the number of care recipients in the home has increased, and are responsive to changes in care recipients' needs. A corporate annual learning and development needs analysis identifies training need requirements. Additional organisational development funds can be applied for external education opportunities. Staff competencies are completed by relevant staff. Monitoring processes include staff and care recipient feedback, audits, comments and complaints and observation of staff practice. Results show staffing levels are reviewed and are effective in ensuring staffing levels and staff mix are rostered to provide the appropriate care. Staff interviewed said they are provided with information outlining their roles and responsibilities, and have adequate time to complete their duties. Care recipients and representatives interviewed were complimentary of the care and services provided by all 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 uses corporate policies and procedures to direct staff in managing equipment, supplies, contractors and maintenance to provide stocks of appropriate goods and equipment for quality service delivery. Formal tender and contract management processes are in place and managed corporately. The corporate procurement committee is responsible for reviewing contract management, purchasing processes and standardisation of procurement. New equipment is trialled, risk assessed and evaluated by users prior to use to check fit for purpose. Supply of clinical equipment is managed corporately as well as locally. Preferred supplier lists and purchasing contracts are used for major suppliers. Imprest systems for medical and clinical supplies are monitored by site staff and centrally. The organisation has an asset register to record equipment located at the Port Elliot site. The home has a preventative maintenance program based on a corporate schedule. Quarterly meetings are held with site managers, the coordinator of housekeeping services, site maintenance person, manager corporate services and manager maintenance to ensure stocktake of overall maintenance of the site, identification of any issues, and monitoring compliance with preventative maintenance schedule. Monitoring processes include six monthly site inspections, audits, preventative and scheduled maintenance, and feedback from staff and care recipients. Results show the home has appropriate and adequate stocks of goods and that equipment is maintained by site and external contractors. Staff and care recipients interviewed said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

## 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

Resthaven's Information technology needs are managed corporately and guided by a corporate strategic information technology plan. Information is available to care recipients and representatives via Resthaven's website, brochures, newsletters, meetings, notice boards, resident agreements and handbooks. Staff are guided by policies and procedures which are available on both a computerised and hard copy system. An electronic clinical and lifestyle management system is in place. Computerised systems are password protected with privilege restriction and permission access restricted to users with systems in place to monitor compliance of users. Changes to policies and procedures are managed corporately and notification of changes advised via the internal website. Scheduled audit programs and meetings are managed corporately and on-site. An annual user group review the efficiency of the computerised systems to ensure accurate information is collected and recorded to support care delivery. A corporate obligatory register is maintained as well as site specific.

An archiving management system supports legislative requirement for the retention, archiving and destruction of documents. Shared data is made available via a wide network and data backed up at local and central site provider. Effective information system monitoring occurs through focus group feedback, comments and complaints, audits, surveys and staff and care recipients/representative feedback. Results demonstrate an effective information management



system is in place. Care recipients/representatives and staff interviewed said they have access to information to meet their needs.

## **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

External contractors are managed and organised corporately to meet the residential care service's needs and service quality goals. Contracts are signed with external contractors detailing the expectations relating to service provision and performance and reviewed periodically. All contractors registered undertake an induction program via the organisation's contractor management system which includes the requirements for provision of job safety analysis for the services or work being provided. A contractors log is used to monitor when contractors are on-site. Performance is monitored through audits, feedback from staff, care recipients and representatives, surveys and comments and complaints. Results show the home effectively manages services provided by external contractors. Care recipients, representatives and staff interviewed said they are satisfied with the external services provided.

## 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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and process.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, medication, wound and behaviour incidents and this information is then collated and analysed. Care recipients and staff interviewed said they are satisfied the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- To improve the end of life experience for care recipients and their families, and to make clinical equipment easily accessible to staff, a trolley has been purchased along with baskets for the storage of goods. Prior to introducing the improvement, discussions were held with clinical staff. The trolley has an inventory list attached to assist staff with restocking and is stored in a central location. Information sheets are also available for families and staff assist and support families with the grieving process. Feedback from staff is they have ready access to products to support palliation.
- Following feedback from staff and in consultation with clinical staff, the home has purchased hand held mirrors. The mirrors, which are located on each of the wound dressing trolleys, allow staff to view and examine wounds on the backs of legs and heels and reduce the discomfort for care recipients as they no longer have to stretch and/or elevate their legs. Staff feedback confirms that the initiative has resulted in improved visualisation of care recipients' wounds and has assisted with wound assessment and care.

## 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.

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Assessment and development of care plans by qualified staff
- Medication is stored safely and securely
- Schedule 4 and 8 licence

## 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 processes.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Medication management
- Palliative care
- Dysphagia

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Resthaven Port Elliot residential service use an electronic information management system for recording clinical care. Care recipients are assessed by registered nursing staff on entry and clinical assessments are undertaken and this information is incorporated into the electronic care plan within eight weeks. Staff have access to hard copy care plans as a reference. The electronic management system provides care alerts for specialist staff and registered staff to

access. The organisation has a range of clinical practice manuals and work instructions to guide staff in clinical care. Plans of care are reviewed in response to changing care recipients' needs and preferences and care reviews are conducted six monthly or earlier to monitor effectiveness of meeting care recipients' needs. Clinical services complete a biennial audit schedule and clinical audits are undertaken at each site by corporate auditors to monitor clinical systems and compliance. Action plans are developed by the sites to address required corrective actions. Further monitoring systems include review of progress notes over a 24 hour period, comments and complaints, care reviews and observation of staff practice. Clinical incidents are monitored and analysed monthly and actioned as required. Results show care recipients' clinical care needs are actioned and documented and care delivery provided is consistent with care plans viewed. Management and senior clinical staff meet regularly to discuss clinical concerns, incidents and review staffing requirements to support clinical care needs. Staff interviewed said they have opportunities to attend education to support delivery of clinical care. Care recipients and representatives interviewed are satisfied with the level of consultation and health and personal 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

Care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised nursing care is assessed, planned and evaluated by appropriately qualified nursing staff in consultation with care recipients/representatives and health professionals. Staff interviewed are supported to access education relating to specialised nursing care and clinical manuals with detailed instructions relating to specialised clinical care practices are available. The home monitors specialised nursing care through audits, incidents, care reviews, regular clinical meetings and observation of staff practice.

Results show specialised nursing care is assessed, identified and met by appropriately qualified nursing staff. Staff interviewed are knowledgeable on the delivery of specialised nursing services to individual care recipients. Care recipients and representatives interviewed are satisfied care recipients receive specialised nursing care according to their needs and preferences.

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

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

### **Team's findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists promptly as needed. Regular consultation occurs with allied health staff and general practitioners who visit the home and directives are included in care plans. Staff can complete referrals for Social workers and Nurse Practitioner via the electronic system. The dietitian undertakes an annual review of menus with actions taken by the home as required. The home monitors the effectiveness of health specialists using internal and external audits, care reviews and feedback from staff and care recipients. Results show care recipients are referred to health specialists in a timely manner and staff are aware of health directives which are included in care plans. Staff interviewed said

they are able to access appropriate health specialists promptly in accordance with the needs of care recipients and undertake education to support practice.

Care recipients and representatives interviewed are satisfied care recipients are referred to appropriate specialists according to their needs and preference and are supported to attend off site appointments.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ medications are managed safely and correctly. Medication is delivered according to relevant legislation, regulatory requirements and professional standards and guidelines. Medication stocks are monitored to ensure urgent and out of hours orders are catered for to support administration of prescribed medication. Administration of nurse initiated and ‘as required’ medication is in line with medication policies and procedures and authorisations. Medication charts include photographic identification with alerts and instructions clearly documented. Care recipients who self-medicate have an annual assessment completed and are provided with written instruction in safe management of medications. The home uses medication audits, observation of practice and incidents analysis to review processes if required. Qualified staff undertake drug calculations annually. Results show effective monitoring processes are in place to ensure incidents are identified and actioned. Staff interviewed demonstrated an understanding of the home’s medication management system. Care recipients and representative interviewed are satisfied care recipients’ medications are managed safely and correctly.

## **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

All care recipients are supported to be as free as possible from pain. Clinical staff undertake pain assessments using validated assessment tools and document contributing factors and strategies to relieve pain. Assessments consider multi-factorial aspects of pain including source, intensity and location. Alternative approaches and therapies trialled and used in the home include massage, exercise, heat packs and comfort aids. The use of ‘as required’ pain medication is monitored for effectiveness and documented. A physiotherapist visits the home regularly to assist with pain management strategies and consults with clinical staff for individual care recipient’s needs. Monitoring processes include feedback from individual care recipients/representatives, care reviews, observation and audits. Results show care recipients’ pain needs are being assessed and appropriately managed with alternate approaches trialled and explored where appropriate. Staff interviewed are aware of both verbal and non-verbal indicators for pain including for care recipients living with dementia and are aware of professional contacts externally to support complex pain care needs if required. Care recipients and representatives interviewed said they are satisfied with how care recipients’ pain is being managed.

## 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 comfort and dignity of terminally ill care recipients is maintained. Care recipients’ palliative care preferences relating to their emotional, cultural and spiritual needs are captured on entry and updated in line with their wishes. After hours contact details are accessible to staff if required. Family members are consulted regarding the care environment and their role in the care recipients’ care and are supported to stay on-site during the palliative stage of the illness. Palliative care is supported by referrals to Resthaven’s Nurse Practitioner Palliative care when required in consultation with medical officers, and staff have been trained in the use of specific equipment devices to support palliative care treatment.

The comfort, privacy and dignity of care recipients in the end stage of life is supported through pastoral support on-site. The home monitors palliative care services by observation of staff practice, review of clinical assessments, care reviews and through their feedback processes. Results from feedback processes demonstrate the comfort and dignity of terminally ill care recipients is maintained and respected. Staff interviewed are aware of how to support care recipients in the palliative stage of illness and education is provided to support care needs.

## 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

The home has systems to provide care recipients with adequate nourishment and hydration. Clinical staff undertake assessments using validated tools and monitor care recipients at risk of poor nutrition and hydration. The dietitian reviews the menus annually to ensure optimal nutritional requirements are supported. Referrals to visiting allied health staff are initiated for care recipients identified at risk of malnutrition, with changes to dietary requirements actioned and updated on care plans. Staff promote independence and dignity during meals and support care recipients with assistive/eating/drinking devices as necessary. Nutritional supplements and snacks are provided for care recipients, especially for those identified at risk of malnutrition. The home monitors nutrition and hydration requirements for care recipients through care reviews, observation of meals consumed, and regular analysis of weight documentation. Results show care recipients identified at risk of malnutrition or hydration are reviewed by clinical staff and referrals to specialists are actioned in a timely manner. Staff interviewed are aware of how to support care recipients’ nutrition and hydration needs. Care recipients/representatives interviewed are satisfied with the variety of food, snacks and fluids available to care recipients.

## 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 provides care recipients with care in relation to maintaining their skin integrity. Clinical staff use validated assessments to identify care recipients at risk of skin impairment with strategies documented to support care delivery. Education is provided on manual handling, wound management and infection control. Staff are aware of preventative measures for individual care recipients and use specialised equipment, skin care products and regular re-positioning to maintain skin integrity. Wound assessments are completed by clinical staff and re-assessment undertaken as necessary with photos taken of complex wounds to monitor healing. Skin care is monitored through care review, audits, clinical incidents and observation of staff practice. Results show care recipients’ individual care needs are documented and staff are aware of appropriate treatments initiated by clinical staff. Staff interviewed said they are aware of how to provide skin care to care recipients in the home. Care recipients and representatives interviewed said they are satisfied with the care provided to care recipients in relation to skin integrity.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

The home completes continence assessments to capture baseline patterns and trends relating to care recipients’ individual bowel, bladder and mobility requirements. An individual continence program is initiated for each care recipient by clinical staff with input from the continence nurse advisor as required. Staff are supported with education relating to continence procedures and continence products. Senior clinical staff monitor the incidence of urinary tract infections via the electronic system. Urinary tract infections, bowel management and care recipients’ comfort requirements are monitored by clinical staff through audits, observations of practice, review of progress notes and charts and care recipient feedback.

Results show the home has access to equipment and supplies to ensure care recipient’s individual continence needs are met. The use of aperients is monitored by clinical staff and consultation with medical officers initiated as required. Staff interviewed are aware of the home’s processes and individual care recipient’s continence management requirements.

Care recipients interviewed said their continence needs are being met.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to support and manage the needs of care recipients with challenging behaviours. Validated assessments tools are completed to identify triggers and strategies are documented to support care needs. A project officer dementia services is available to support staff with education or provide strategies to support care delivery. Referrals are also initiated to external services including Older persons mental health services. The use of restraints is supported by policies and procedures and clinical assessments, with trials of alternative approaches documented. Non-pharmacological interventions such as emotional support, pet therapy, walks, lifestyle activities and provision of drinks and snacks as well as reducing noise, support care delivery. Behavioural management is monitored through reviews, audits, incidents, feedback from care recipients/representatives and observation of the living environment. Results show behaviour incidents are documented and analysed to support care delivery. Staff interviewed are aware of the home’s processes and how to manage individual care recipient’s identified with challenging behaviours, consistent with their care plans. Care recipients and representatives interviewed said they are satisfied with the home’s approach to managing the causes which prompt challenging behaviours.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are supported by the home to maintain mobility and dexterity. Initial and ongoing assessments identify mobility and dexterity status and aids if required. Provisions to support a clutter free environment are maintained. Care recipients have access to exercise programs with staff on-site, and directives by the physiotherapist who visits regularly are included in care plans. The use of motorised scooters is assessed annually to ensure competency and safety. Consultation occurs with the medical officers and families when falls occur. Incidents are documented and actioned. Staff are provided with training to support manual handling precautions. Care is monitored by care review processes, care recipient and representatives’ feedback, monthly incident monitoring, hazard reporting, workplace inspections, audits and through discussion at meetings. Results show care recipients at risk of falls are identified through the monthly incident data analysis and changes to care are actioned and evaluated by clinical staff. Staff interviewed are aware of the home’s processes and how to support individual care recipient’s mobility needs. Care recipients and representatives interviewed are satisfied with the home’s approach to optimising care recipients’ mobility and dexterity.



## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental care is maintained. Individual assessments are completed to identify care recipients’ choice and level of assistance required and oral and dental issues.

Care recipients identified at risk of poor oral and dental health are supported and referrals initiated to relevant external services if required. Appropriate resources and equipment is available with processes in place for replacement of stocks. Texture modified diets as directed by Allied health staff are initiated for care recipients identified with difficulties related to oral and dental issues. Provisions of care during palliative care is also supported with the use of mouth swabs and prescribed medication to support oral care. Care is monitored by the care review processes, care recipient and representatives’ feedback, audits, incident monitoring and through discussion at meetings. Results show care recipients’ oral and dental care needs are identified and managed effectively. Staff interviewed are aware of how to manage care recipients’ oral and dental health needs. Care recipients and representatives interviewed said they are satisfied with the home’s approach to managing care recipients’ 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

Care recipients’ sensory losses are identified and managed effectively by the home. The home has care strategies recorded in care plans for managing all sensory losses. Referrals are initiated to external services and professionals to manage and support sensory loss care needs. Monitoring processes include clinical staff observing care practices, audits, care recipient and representative feedback and the scheduled care review process. Results show environmental strategies are put in place to ensure the living environment is safe and supportive of care recipients’ needs. Staff interviewed are aware of how to support care recipients’ sensory needs and care plans are reflective of assistance and equipment required for care recipients with visual, hearing and sensory deficits. Care recipients and representatives interviewed are satisfied with the home’s approach to managing care recipients’ sensory losses.

## 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

The home provides care recipients with assistance to achieve normal sleep patterns. Current and natural sleep patterns are identified and care recipients who experience sleep disturbance are supported with various strategies, including pain management, snacks and warm drinks,

repositioning, dimmer lights, soft music as well as review of the environment. Staff report any sleep disturbances and consultation occurs with medical officers if sleep disturbances persist. Care recipients have access to environmental strategies such as call bells, night lights and sleeping preferences are documented to support care recipients who require assistance. The home monitors sleep through review of progress notes, audits, care recipients' feedback regarding sleep and staff feedback. Results show care recipients who have sleep difficulty are supported and changes to care actioned and evaluated by clinical staff. Staff interviewed are aware of the home's processes and how to support care recipients to achieve natural sleep patterns. Care recipients interviewed said they are able to achieve natural sleep patterns or are supported with sleep disturbances.

## 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle, resident meetings and surveys processes are used to gather suggestions. Staff interviewed said they are aware of their role in assisting and supporting care recipients and representatives to provide feedback and suggestions.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 3 Care recipient lifestyle include:

- Following a request from a care recipient, the home has introduced a volunteer shop. Prior to opening the shop, consultation was undertaken with care recipients on the preferred items to be sold and the proposed hours of operation. The shop, which opened in September 2015, opens two days a week. Because of the success, the hours of opening have been extended from two hours per day to five hours per day and the items available for purchase has increased. Feedback from care recipients and representatives is the shop has assisted them with their independence and their ability to choose the products and goods they wish to purchase. Management said the location has become a social gathering area for care recipients.
- At a resident meeting, care recipients provided feedback that they would like to participate in a gardening activity and especially in growing their own vegetables. In consultation with care recipients, lifestyle staff arranged for the purchase of selected vegetable seedlings and established the garden. As a result, a gardening group has been established and gardening is now part of the activity calendar. Care recipients are also growing green vegetables to be fed to the home’s chickens as well as being able to enjoy eating the produce grown. Care recipients were observed enjoying the garden area and collecting the eggs from the chickens.

## 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.

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Care recipients’ consent to release of information
- Residential service agreements
- Policies and procedures for the mandatory reporting 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 processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Obligatory reporting
- Dementia care
- Memory and music

## 3.4 Emotional support

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

### **Team’s findings**

The home meets this expected outcome

Each care recipient receives support in adjusting to life in the home and is provided with ongoing support. Care recipients receive a ‘Welcome to Resthaven Port Elliot Pack’. Care recipients new to the home are supported to develop friendships and introduced to new care recipients. Married couples are accommodated where possible in twin share rooms or

adjoining rooms. A Chaplin is available weekly or as required to provide emotional support as well as Resthaven's Nurse practitioner palliative care is available to support with grief and loss counselling. Lifestyle and clinical staff support care recipients who require additional support during a critical episode and liaise with family or significant others to meet individual care recipient's needs. Feedback, lifestyle and care reviews and surveys are used to monitor emotional support. Results show the assessment processes are effective in capturing care recipients' emotional support needs and changing requirements. Staff interviewed are aware of how to provide emotional support to care recipients' consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied care recipients receive emotional support on entry 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

Care recipients are assisted to maintain independence, friendships and participate in the life of the home and community. Clinical and lifestyle assessments identify care recipients' capabilities and preferences for maintaining the level of assistance required for both care and lifestyle. Care recipients are encouraged and supported to attend events and lifestyle activities both in the home and externally. Care recipients have access to on-site private dining areas and the site café to meet with family and friends for celebrations or family gatherings. Care recipients are provided with various aids to assist independence and are encouraged to walk to the nearby shops and cafés. Independence is monitored through observation, care and lifestyle reviews, surveys, meetings and care recipient consultation.

Results show the processes are effective in identifying care recipients' capabilities, preferences and needs. Staff interviewed are aware of strategies for maintaining care recipient independence consistent with documented care plans. Care recipients/representatives interviewed said care recipients are provided with the appropriate supports to maintain 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care and lifestyle assessments identify care recipient preferences for dressing, grooming and personal time. Staff gain consent to use photographic images for publication prior to use.

Staff maintain privacy and dignity, such as closing doors, knocking before entering, and care recipients have access to 'do not disturb' signs for quiet personal times. There are quiet spaces available throughout the facility to support private meetings and family gatherings.

Information is stored securely to support privacy and dignity of care recipients. Monitoring processes include observation of practice, feedback and surveys. Results show the home's

policies and procedures are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed are aware of how to support privacy and dignity and gave examples specific to documented care plans. Care recipients/representatives interviewed said staff and management treat care recipients with privacy and dignity.

### **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 range of interests and activities of interest to them. Care recipients have a Lifestyle plan of care developed in consultation with them and their families which assist the home to develop group activities appropriate to care recipients' needs including activities from the wider community. Care recipients have access to an internet café, library and a café and shop on-site. A monthly activity calendar is provided to care recipients and is displayed in key areas of the home. Staff support care recipients to attend activities by keeping them informed daily on activities which are taking place. Feedback, surveys and attendance records are used to evaluate the lifestyle activities and effectiveness of the program. Results show activities are changed to cater for the changing needs of the care recipients. Staff interviewed provided examples of how to support care recipients in lifestyle activities reflective of their individual needs. Care recipients/representatives interviewed said they are satisfied with the amount and types of activities offered to care recipients in 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

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Individual cultural and spiritual preferences are identified through care and lifestyle documentation on entry. Care recipients' past and present cultural aspects relating to ethnicity or country of origin, spiritual and ethnic practices, are respected. The home recognises and celebrates significant spiritual and cultural days such as ANZAC Day, Shrove Tuesday, Easter and Christmas and care recipients are supported to participate. Ecumenical services and 'Chaplin chats' are held alternate weeks. Care recipients are supported to attend church services both on-site and off-site. Feedback and surveys are used to evaluate the processes for supporting cultural and spiritual life. Results show care recipients enjoy access to a range of services both internally and externally to the home. Staff interviewed said they have access to resources to support individual interests, customs, beliefs and cultural backgrounds of care recipients. Care recipients/representative interviewed said they are satisfied with the cultural and spiritual activities provided in the home.

### **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

Care recipients are supported to make decisions about their care and lifestyle choices. A profile is completed for each care recipient on entry as well as information captured to identify authorised representatives for care recipients who are unable to make decisions for themselves, including modes of communication and advocacy services available. Care and lifestyle assessments identify care recipients' capability and preferences for activities of daily living, leisure and lifestyle choices, culture, religion and civic interests. Monitoring processes include care and lifestyle reviews in consultation with care recipients/representatives, feedback, meetings and surveys. Results show information about care recipients' rights and responsibilities is provided and care recipients' choices are respected and encouraged. Staff interviewed can describe their responsibilities relating to care recipient choice and decision making and state they can contact advocacy and interpreting services if required. Care recipients/representatives interviewed said they are satisfied they are able to exercise decision making relating to care recipients' care and leisure choices.

### **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 organisation has central systems to ensure care recipients understand their rights and responsibilities in relation to security of tenure. Resthaven's corporate residential accommodation enquiries department ensure care recipients receive an 'offer of accommodation pack' with information about their rights and responsibilities when entering. A room accommodation pricing agreement is signed prior to entering the home. Care recipients have a residential service agreement which contains information regarding security of tenure, and internal and external complaints processes. Security of tenure is discussed with care recipient and representatives at the time the residential service agreement is completed. Alternate arrangements are made for care recipients who have a cognitive impairment to ensure a representative or an enduring power of attorney is informed.

Monitoring processes include audits and feedback from care recipients and representatives. Results show residential care service agreements are in line with legislative requirements. Staff interviewed said they are provided with information on care recipients' rights and responsibilities at induction and at meetings. Care recipients and representatives interviewed said they are aware of their rights and responsibilities and are satisfied their tenure is secure.

## 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

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, regular internal audits are completed to monitor the safety and comfort of the environment. Staff interviewed said they contribute to continuous improvement through suggestions and the hazard and incident reporting processes.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 4 Physical environment and safe systems include:

- Staff identified to management during a fire evacuation drill that they were uncertain of the location of the gas, water and electrical shut-off points in the home. Following consultation with quality, work health and safety committee members, the home has developed a diagrammatic A3 poster outlining the locations of all essential service shut-off locations. The map has been displayed across the site and is an immediate resource for staff in the event of an emergency. Staff feedback is the map has increased their knowledge and will improve their responsiveness in the event of an emergency. Management said that an improvement in staff performance and awareness has been confirmed in subsequent fire and evacuation drills.
- Following the receipt of a complaint, the co-ordinator of housekeeping services undertook a review of food quality and service. A menu and meal focus group was established and meetings were held with care recipients and representatives to understand the issues. The home has now developed a revised summer menu with input from care recipients on their preferences. Management has scheduled baking days for kitchen staff to bake home cooked cakes and biscuits, and there has been an increase in the use of fresh produce. Feedback from care recipients is there is an increased satisfaction with the quality of the meals and the service being provided. Lifestyle schedule Menu and Meal meetings on the activity calendar to remind care recipients of the date of the meetings.



## 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.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Food safety program
- Infection control processes
- Work health and safety processes in line with current 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 processes.

Examples of education provided to staff over the past 12 months in relation to Standard 4 Physical environment and safe systems, include:

- Fire and emergency procedures
- Manual handling
- Injury management

## 4.4 Living environment

*This expected outcome requires that “management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients’ care needs”.*

### **Team’s findings**

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment that is consistent with care recipient needs. Care recipients are accommodated in single rooms with ensuites, with double rooms available for couples. Care recipients have access to clean, well-

maintained communal, dining and outdoor areas with sufficient and appropriate furniture. Care recipients are encouraged to bring in furniture to personalise their rooms. The home has a minimal restraint approach and restraint is used in consultation with the care recipient and/or representative, clinical staff and medical officers. Care recipients have access to call bells and response times are monitored by management. The home monitors and maintains the environment through preventative and corrective maintenance processes, six monthly work site inspection audits and observations. Results show and documentation confirm that actions plans are developed for any deficits identified through audits and rectified in the timely manner. Staff interviewed said they are aware of their roles in assisting to maintain a safe and comfortable environment. Care recipients and representatives interviewed said they are satisfied with their accommodation and that the home is clean, 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 access to centralised systems and a Work Health Safety and Injury Management strategic plan which guides management to actively work to providing a safe working environment that meets regulatory requirements. Staff are orientated and trained in workplace health and safety at induction and are provided with ongoing training. Staff have access to the 'Resthaven' fit program and early intervention programs to prevent ongoing injuries. Incidents and hazards are reported through the organisation's electronic management system. The site manager monitor care recipient and staff incidents and injuries, identifying preventive strategies, issues of concern and opportunities of improvement. Data is analysed and monitored monthly and reported through the Quality Work Health and Safety Committee and quarterly to the Quality Work Health Safety Review Committee. Selected indicators are reported to the board and governance committee. Staff work practice is directed by corporate policies and procedures. Risk assessment processes and standard operation procedures guide staff in appropriate actions. The home monitors work health and safety through six monthly workplace safety inspections, audits, monthly trending of incident and hazard data, observations and feedback from care recipients and staff. Results show staff promptly report reporting incidents and hazards and these are investigated and monitored by management and maintenance staff. Staff interviewed confirmed they have access to personal protective equipment, policies and procedures and are satisfied the organisation and site management is active in providing a safe working 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. Orientation and mandatory annual training for staff covers fire and emergency procedures, and evacuation maps and fire equipment are located throughout the home. Maintenance and external contractors regularly test the effectiveness of the fire systems according to the organisation's schedule.

Maintenance staff undertake regular electrical testing and tagging of all equipment. The home has a site security procedure and a fire and evacuation manual. Security is maintained through cameras, keypad and swipe card access to all areas, outdoor lighting and evening lock down procedures. The home has emergency boxes containing torches and headlamps and emergency procedures are available to staff in the event of a power outage. Monitoring processes include fire drills, incident and hazard reporting, workplace inspections and observation. Results show care recipients are provided with information on what to do in the event of a fire and emergency and that staff undertake the appropriate training. Staff interviewed described their responsibilities in the event of an emergency. Care recipients interviewed said they feel secure living 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

Resthaven Port Elliot's infection control program is modelled on national infection control guidelines to ensure there is an effective infection control program in place. The home has access to infectious gastroenteritis management plan, a seasonal influenza outbreak management plan and a pandemic management plan to guide care. Infection surveillance is overseen by the care coordinator. New staff attend infection control training at corporate induction and food service staff complete safe food training. There are washing facilities, hand gel and personal protective equipment accessible throughout the facility. There are procedures for informing all relevant staff of care recipients with infections and the requirement for additional precautions. A vaccination program is provided for both care recipients and staff. Infection control is monitored through surveillance data, observation of staff practice and audits. Results show there is a low incidence of infections. The home has an audited food safety program.

#### **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 has systems to ensure that hospitality services are provided which meet the needs of care recipients to enhance their quality of life. The home has a four-week rotating menu which has been reviewed by a dietitian. All meals are prepared and cooked on-site. Care recipients' individual dietary needs and preferences are communicated to hospitality and pantry staff and meals and snacks are served according to this information. Care recipients' personal clothing is laundered on-site. Cleaning schedules guide cleaning of care recipient rooms, staff and communal areas. Cleaning and laundry services are guided by infection control procedures. The home monitors the effectiveness of hospitality services through audits, satisfaction surveys, meetings, and observations. Feedback from care recipients has resulted in the introduction of a Meal and Menu review committee at which concerns regarding food are discussed with the co-ordinator housekeeping services. Results show care recipients' needs in relation to catering, cleaning and laundry are regularly reviewed and action plans put in place for any deficits identified through audits and feedback. Staff interviewed said they are aware of care recipients' needs and preferences and are satisfied with their working environment. Care recipients and representatives interviewed said they are satisfied with the quality of the food and with the home's cleaning and laundry services.