



**Australian Government**

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**Australian Aged Care Quality Agency**

**Samarinda Lodge**

RACS ID 3196  
286 High Street  
ASHBURTON VIC 3147

**Approved provider: Samarinda Aged Services 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 three years until 12 October 2018.

We made our decision on 02 September 2015.

The audit was conducted on 21 July 2015 to 22 July 2015. 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 recipient 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



**Australian Government**  
**Australian Aged Care Quality Agency**

# **Audit Report**

**Samarinda Lodge 3196**

**Approved provider: Samarinda Aged Services Inc**

## **Introduction**

This is the report of a re-accreditation audit from 21 July 2015 to 22 July 2015 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 21 July 2015 to 22 July 2015.

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>	Tamela Dray
<b>Team member:</b>	Marg Foulsum

## Approved provider details

<b>Approved provider:</b>	Samarinda Aged Services Inc
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## Details of home

<b>Name of home:</b>	Samarinda Lodge
<b>RACS ID:</b>	3196

<b>Total number of allocated places:</b>	40
<b>Number of care recipients during audit:</b>	39
<b>Number of care recipients receiving high care during audit:</b>	Not applicable.
<b>Special needs catered for:</b>	Nil.

<b>Street:</b>	286 High Street
<b>City:</b>	Ashburton
<b>State:</b>	Victoria
<b>Postcode:</b>	3147
<b>Phone number:</b>	03 9885 0062
<b>Facsimile:</b>	03 9885 9829
<b>E-mail address:</b>	<a href="mailto:shanen@samarinda.org.au">shanen@samarinda.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	3
Administration and finance staff	2
Nursing and care staff	6
Hospitality staff	6
Care recipients/representatives	12
Volunteers and lifestyle staff	3
Maintenance staff	1
Allied health staff	1

### Sampled documents

Category	Number
Care recipient agreements	5
External services agreements	5
Personnel files	10
Care recipient files	5
Medication charts	6

### Other documents reviewed

The team also reviewed:

- Audit schedule and reports
- Cleaning schedules and duty lists
- Clinical documents
- Comments and complaints documentation
- Communication diaries
- Dangerous drugs' registers
- Education calendar, competency assessments and other relevant documentation
- Emergency evacuation list

- Emergency procedures and evacuation plans
- Fire and essential services inspection and testing records
- Food safety program and third party audits
- Handover sheet
- Hazard reports
- Human resource documentation
- Incident reports and analysis
- Infection data
- Information packs and handbooks
- Lifestyle documentation including calendar, attendance records and program evaluations
- Mandatory reporting registers
- Meeting minutes
- Memoranda
- Mission, vision and values statements
- Newsletters
- Outbreak management resources
- Police certificates registers
- Policies and procedures and review schedule
- Preferred suppliers/providers lists
- Preventative and reactive maintenance documentation
- Quality improvement plan
- Refrigeration temperature check records
- Regulatory compliance register
- Safety data sheets
- Surveys.

## **Observations**

The team observed the following:

- Activities, pet therapy and music therapy session in progress



- Archive storage and confidential waste bin
- Brochures stand, noticeboards, feedback forms and lodgement box
- Cleaners' room, trolley and cleaning in progress
- Clinical supplies
- Equipment and supply storage areas
- Evacuation plans, emergency exits and evacuation kit
- Fire detection, isolation and fire-fighting equipment
- Internal and external living environment
- Laundry
- Maintenance area
- Medication administration and storage
- New accommodation wing and kitchen nearing completion
- Outbreak kit and spills kit
- Short group observation in the dining room
- Staff interacting with and assisting care recipients
- Temporary kitchen facilities, food storage, preparation and service
- Temporary staff room.

## 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 by identifying, actioning, monitoring and evaluating improvements across the Accreditation Standards. Management identify improvements through strategic planning, observation, feedback forms, meetings, audit outcomes, discussions, surveys and data analysis. Improvements are logged to the quality improvement plan and prioritised according to risk and impact on care recipients.

Management allocate responsibilities, establish timeframes and monitor progress of activities through all meetings where quality is a standing agenda item. Improvements are evaluated and stakeholders are informed through newsletters, memoranda, notices and meetings. Care recipients, representatives and staff are aware of quality improvement processes and are satisfied ongoing improvements occur in the home.

Improvements related to Standard 1 Management systems, staffing and organisational development include:

- A review of the code of conduct identified it was not meaningful to staff. Senior management reviewed the model of care and developed a list of values titled “I C CARE”. This was rolled out across the home in small groups. Initial evaluation identified staff need more time to embed the values and the improvement will be evaluated further in due course.
- Following a review of staffing, management updated the staff employment checklist into a one page document and implemented a more rigorous process to ensure the checklist is fully completed by all new staff. Monitoring indicates 100% compliance.
- A review of the annual contract register identified information gaps. Management developed and circulated a contract renewal pack to all contracted services. This ensures a systematic approach to managing contracted services and that all information remains current.

## 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

Systems identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. Management receive information from legal advisors, peak industry bodies, government departments and professional organisations. Regulatory compliance is discussed at all meetings as a standing agenda item and management inform relevant stakeholders through memoranda, emails, letters and notices as required. There are systematic processes for updating key documentation and compliance is monitored through audit processes, observation and alert systems.

Evidence of regulatory compliance related to Standard 1 Management systems, staffing and organisational development includes:

- A system to manage police certificates for all staff, volunteers and external service contractors.
- Notification to stakeholders of the reaccreditation audit within regulated timeframes.
- Monitoring of professional registrations.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. The annual education program includes topics across the Accreditation Standards. Management develop the program in response to suggestions, appraisals, audit outcomes, data analysis and care recipient needs. Staff complete annual mandatory training that includes emergency response, manual handling and infection control and topics relevant to individual work groups. Education is delivered through live sessions, self-directed learning and digital video disc. Attendance records are maintained and sessions are evaluated. Staff are satisfied with the educational opportunities available to them.

Education conducted relating to Standard 1 Management systems, staffing and organisational development include:

- accreditation
- management documentation – P5 Exec.

## 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

Care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. Management include information in handbooks, information packs and residential agreements, brochures are available and posters are on display. Management discuss feedback systems, including external complaints processes, as part of the entry process. Care recipients and representatives may raise concerns through feedback forms, meetings, forums and direct discussion. Staff assist care recipients to complete forms if required and report relevant issues to supervisors. Confidentiality is preserved and complainants may remain anonymous. Management inform complainants of actions taken, log complaints to a complaints register and transfer relevant issues to the quality improvement plan. Complaints are actioned in a timely manner and care recipients and representatives are satisfied with the complaints management process.

## 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 its mission, vision and values statements that articulate the aim of enhancing the quality of life of the aged in the local community through excellent care and respect for dignity and individuality. The home's statements, incorporating a commitment to quality, are included in all key documents and on display.

## 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 sufficient, appropriately qualified and skilled staff to deliver care and services. Management follows a formal process for advertising, interview and selection of staff. The orientation program includes mentoring and buddy shifts. Unplanned leave is filled by permanent and casual staff and there is minimal use of temporary staff. Documentation review and staff interviews confirmed recruitment, orientation and performance monitoring processes. Staff advised they have access to supervision, support and ongoing education.

Care recipients and representatives confirmed staff are attentive and responsive and sufficient staff are available to meet their needs.

## 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

Management ensure stocks of appropriate goods and equipment for quality service delivery are available. Consumable stock is managed through an imprest system and relevant staff order additional supplies as required. There are processes for the purchase of new and replacement equipment that include trial, risk assessment and staff training. Management ensure relevant items are scheduled for preventative maintenance as required. Preventative maintenance systems ensure routine inspection, testing and maintenance of relevant equipment including care recipients' mobility aids. Staff have access to a corrective maintenance request system and these are followed up in a timely manner. Faulty equipment is signed and removed from service. Stock and equipment are safely stored. Care recipients, representatives and staff are satisfied there are sufficient, appropriately maintained stocks of goods and equipment.

## 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

There are effective information management systems to ensure care recipients, representatives and staff are kept well informed and have opportunity for input. Staff access information relevant to their roles through clinical documentation, communication diaries, meetings, memoranda, noticeboards, position descriptions, duty lists and schedules.

Communication with care recipients and representatives occurs through care consultations, discussions, newsletters, meetings, letters and notices. Confidential information is securely stored and there are processes for archiving relevant information in line with legislative requirements. Security systems protect and restrict access to electronic information and information is backed up to an off site server. Corporate management implement scheduled review of key documents and there are formal processes for alerting management and staff to document changes. Care recipients, representatives and staff are satisfied with the information management systems in place at the home.

## 1.9 External services

*This expected outcome requires that "all externally sourced services are provided in a way that meets the care residential care service's needs and service quality goals".*

### **Team's findings**

The home meets this expected outcome

All externally sourced services are provided in a way that meets the home's needs and service quality goals. Management hold service agreements with relevant contracted services that include fire and essential services, pest control, cleaning, physiotherapy, speech pathology and pharmacy services. Processes ensure contractors are appropriately qualified, certified,

registered, insured and have current police certificates. External contractors are orientated to the site and services are formally evaluated. Evaluation includes service responsiveness, observation, audit outcomes, data analysis and feedback from care recipients, representatives and staff. Management, staff, care recipients and representatives 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

Management actively pursues continuous improvement in care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvements related to Standard 2 Health and personal care include:

- To recognise and enhance the expertise of registered nurses (RNs) and support care staff, management has established clinical portfolios that have been assigned to RNs. Folders were established to contain all required resources and portfolio holders have been allocated additional hours to manage their portfolios. This has been well received by all care staff and has improved clinical care.
- Staff identified difficulties in accessing care recipients' complex care information including medical assessment outcomes. A folder was set up to contain all complex care information such as assessments, care plans and consent forms. Resources include a requirement for specialist staff to review care recipients at least three monthly. Evaluation indicates improved access to information and more consistent specialist review.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines related to care recipients' health and personal care. For further information see expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 2 Health and personal care includes:

- Appropriately qualified staff to plan, supervise and undertake specialised nursing care.
- Safe medication storage and management.
- Procedures to minimise the risk of the unexplained absence of care recipients.

## 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.

Education conducted relating to Standard 2 Health and personal care include:

- care and maintenance of hearing aids
- nutrition and hydration – back to basics
- responding to our residents’ challenging behaviour.

## 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 ensures care recipients receive appropriate clinical care. Staff use established clinical systems to assess care recipients’ needs upon entry and develop plans of care around these. Documentation tracks the monitoring of clinical care through charts, assessments, care plans and progress notes. Review of care needs occurs through the ‘resident of the day’ process and as changes in a care recipient’s health status require. The nurse in charge and facility manager oversee all clinical care ensuring consistency and follow up where required. Key staff are allocated portfolios of care in several clinical care areas, ensuring monitoring and follow up in their area of expertise. General practitioners and allied health professionals enhance a holistic approach to care. Formal and informal care consultations with care recipients and their representatives ensure satisfaction with the care provided and observation of any identified preferences and needs. Care recipients and representatives said 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

The home has registered and enrolled nurses and access to specialised community nurses to assess, plan, manage and deliver specialised nursing care needs to care recipients.

Specific care plans are developed and individually tailored to guide staff. Staff reported changes in the care needs of care recipients are communicated effectively and staff are supported to ensure they have the appropriate skills and knowledge to meet a diverse range of



specialised needs. Care recipients and representatives are satisfied their specialised care needs are identified and managed appropriately.

## **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

The home demonstrates that care recipients are referred to a wide range of health specialists in accordance with their individual needs and preferences. Medical practitioners visit the home at regular intervals and care recipients can choose to retain their own doctor if they desire. Physiotherapists and a podiatrist visit regularly and a dietitian and speech pathologist are available as needed. Staff assist care recipients to attend other health professionals and specialists in the community as required. Care recipients and representatives are satisfied with the range of health specialists available.

## **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 support safe and correct medication management. Competency tested nursing staff administer medications, and education and incident management processes ensure this is completed safely and correctly. The home has a process for assessing and monitoring those care recipients who wish to self-manage and administer any medications. Processes exist for the ordering, delivery and disposal of medications and care recipients can choose to retain their own pharmacy services if they desire. Medications are stored safely and securely and in accordance with regulatory guidelines. Policies and procedures and current medication resources are readily accessible and guide staff practice. Care recipients and representatives are satisfied with how staff manage medication needs.

## **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

The home ensures all care recipients are as free as possible from pain. Care recipients are assessed for previous and current pain on entry and changes in pain status prompt staff to reassess and make referrals to appropriate health professionals. A variety of methods are utilised to help manage care recipients’ pain and these include the use of ‘as needed’ medication where appropriate. A physiotherapist provides a pain management program for care recipients assessed with chronic pain. Provision of additional pain management occurs through the palliative phase in consultation with local in-reach services as required. Staff can describe care recipients’ pain needs and the way they assist with pain prevention and

management. Care recipients and representatives are satisfied with the pain management strategies provided by the home.

## **2.9 Palliative care**

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

### ***Team’s findings***

The home meets this expected outcome

Staff and management ensure the comfort and dignity of care recipients in their final phase of life. Consultation occurs between staff and care recipients or their representatives about the care recipients’ advanced care wishes and this forms the basis for care provided in the terminal phase. If required, staff access palliative care assistance through the local in-reach service or palliative care service. Spiritual and emotional support is available for the care recipient and their family if desired and representatives are supported to stay by their loved one’s side overnight if they desire. Care recipients and representatives interviewed and documentation indicated satisfaction with how staff respect and support individual beliefs and comfort levels during the palliative care process.

## **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 ensures care recipients receive adequate nourishment and hydration. Clinical systems prompt staff to identify and assess care recipients’ nutritional needs, preferences and the level of staff assistance required. Staff monitor care recipients’ weight regularly and guidelines prompt staff on how to manage any losses or gains with the assistance of the dietitian when required. Assistive devices are available to help care recipients maintain their independence with eating and drinking. Care recipients were complimentary of the nutrition and hydration services provided by the home and stated staff support and assist them in accordance with their individual likes, wishes and needs.

## 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

Staff assess and care for care recipients in a way that promotes optimal skin integrity. Staff assess care recipients’ skin integrity on entry, when care plans are reviewed, and as health needs change. Barrier cream is applied and, if needed, pressure area care strategies are utilised to promote skin integrity. Staff assist care recipients to maintain their skin in a healthy state and a visiting podiatrist and hairdresser help them maintain their nails and hair.

Monitoring of skin tears and wounds occurs and care is reflected on appropriate charts. Policies and procedures are available to guide staff in wound assessment and management, and specialist care by a wound care consultant is available if staff need further advice. Care recipients and representatives are satisfied with the home’s approach to maintaining the skin integrity of care recipients.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Management and staff ensure care recipients’ continence needs are managed effectively and with dignity. Staff assess the care recipients’ continence needs on entry and as their needs change. Assessments take into consideration the staff assistance levels required and any continence aids needed. The home’s approach to continence management encourages promotion of independence and dignity and education is provided on continence management. There is a dedicated continence nurse who oversees all continence care and the ordering and allocation of continence aids as appropriate. Care recipients stated their continence needs are 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

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Staff conduct behavioural assessments and use the information gathered to formulate care plans that outline any identified triggers and management strategies. Staff receive education to help manage behavioural challenges, especially those related to dementia. Local in-reach services and specialist groups are utilised as a supportive resource for staff and to help implement strategies for care recipients with challenging behaviours. Care recipients and representatives said they are satisfied with the management of any behavioural issues that occur within the home.

## **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

Staff and management ensure care is provided in a way that guarantees optimum levels of mobility and dexterity are achieved for care recipients. Each care recipient’s mobility and dexterity needs are assessed on entry and mobility aids provided if required. Physiotherapy services are provided regularly at the home, with care recipients assessed and reviewed as required. Assistive devices, such as those for eating, are available and their use promoted. Lifestyle staff manage a walking group to enable care recipients to go for walks outside safely to enhance their mobility. There are adequate mobility and dexterity aids to cater for care recipients’ needs. Care recipients report their mobility and dexterity is supported by staff when needed and encouragement is given to maintain their independence with the assistance of aids if required.

## **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

Staff and management ensure assistance is given to care recipients to maintain optimal oral and dental health. Staff conduct assessments of care recipients’ oral and dental needs and preferences on entry and include details in care plans about assistance levels required and daily care of teeth, mouth and dentures as appropriate. Care recipients are assisted to access dentists and dental technicians, which may be of their own choice if desired. Staff assist and prompt care recipients with daily dental hygiene and observe and document any relevant dental issues. There is a process for the changing of toothbrushes and for the provision of additional oral and dental care during the palliative phase. Staff formulate specific strategies for care recipients with swallowing difficulties which include texture modified diets and staff assistance with meals. Care recipients report their oral and dental care is supported by the staff as required.

## **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

Staff and management ensure care recipients’ sensory losses are identified and managed effectively. Staff assess care recipients’ sensory deficits upon entry and as changes in care needs require. Staff organise assistance for care recipients to attend appointments with their own preferred provider or specialist providers when required for hearing and vision assessments. The home is well lit, has adequate handrails and visible signage. Staff are aware of individual needs and assist care recipients who require help with care, maintenance,

fitting and cleaning of aids and devices. Care recipients stated staff assist with their sensory loss needs.

## **2.17 Sleep**

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

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

The home meets this expected outcome

Staff and management ensure care recipients are assisted to sleep in a natural and non-invasive way. Normal sleep and wake patterns are assessed on entry and, if possible, pre-entry patterns are supported by staff through the care planning and actioning process. A variety of methods are used to promote sleep including settling routines, evening drinks and snacks and medication as prescribed. Records show staff respect care recipients' wishes regarding sleep. Care recipients said the home is quiet at night, their preferred wake and sleep times are respected and they sleep as soundly as possible.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The home actively pursues continuous improvement related to care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent improvements related to Standard 3 Care recipient lifestyle include:

- Staff identified people passing by could see into a care recipient’s room from the driveway. To preserve the care recipient’s privacy, reflective film was installed on the window and there have been no further concerns.
- As part of the music therapy program, a ‘Samarinda Songbirds’ choir was commenced. The success of the choir resulted in previously isolated care recipients joining in to sing and socialise with others. The program has led to a research project looking at the benefits of music therapy for groups and individuals living with dementia and a successful application for funding to purchase musical instruments.

### 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

The home has systems to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines related to care recipient lifestyle. For further information see expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 3 Care recipient lifestyle includes:

- Procedures for recording and reporting alleged or suspected care recipient assaults.
- Residential agreements that outline care and services and security of tenure.
- Provision of information on information privacy and how to access personal information.

### 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.

Education conducted relating to Standard 3 Care recipient lifestyle includes:

- mandatory reporting – elder abuse
- person centred care.

### 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

Management and staff support care recipients in adjusting to life in the home and on an ongoing basis. Assessment of care recipients' emotional support needs and preferences occurs when they move into the home and care plans are developed to meet these needs. Review of care recipients' emotional support needs occurs on a regular basis by nursing and lifestyle staff and care plans are updated as required. Care recipients and representatives are provided with a handbook to assist their orientation to the home. Lifestyle staff run a one to one visiting program for care recipients and include pet therapy for those care recipients who appreciate quiet time with an animal. Care recipients and representatives confirmed their satisfaction with the initial and ongoing emotional support provided at the home.

### 3.5 Independence

*This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

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

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care planning processes identify, assess and plan for care recipients' physical, social, cognitive and emotional needs. Strategies to maximise independence include an exercise program, walking group and freedom of movement within the home. The home welcomes visitors and maintains contact with local schools and community groups.

Care recipients and representatives are satisfied care recipients' independence is actively promoted.

### **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

Staff respect care recipients' right to privacy, dignity and confidentiality. Staff practices are governed by policies and procedures which detail care recipients' rights to privacy and dignity. Staff describe appropriate practices to protect care recipients' privacy and dignity including privacy consent forms, knocking on doors, not discussing private information in public areas and calling care recipients by their preferred name. Monitoring processes include stakeholder feedback and observation. Care recipients and representatives said staff respect care recipients' rights to 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 wide range of interests and activities. Lifestyle staff complete assessments on entry to the home and develop a care plan in consultation with care recipients and representatives. The lifestyle program includes a wide range of activities that are advertised through a monthly activity planner, which is printed and distributed to all care recipients and displayed on noticeboards. Management obtain feedback on the program via meetings, direct discussion, feedback forms, observations, surveys and reviewing attendance data. Care recipients and representatives confirmed they are satisfied with the lifestyle program and state care recipients are supported to participate in a range of activities at the home.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Staff identify care recipients' cultural and spiritual needs through the assessment process on entry to the home. There is provision for church services for care recipients at the home with multiple denominations catered for. There are special days held throughout the year and staff have access to multicultural resources to meet individual cultural needs as required. Care recipients and representatives are satisfied with the home's response to care recipients' cultural and spiritual needs.



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

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

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

The home meets this expected outcome

There are processes to promote care recipients' right to exercise choice and control over their lifestyle. Care recipients and representatives are encouraged to participate in the assessment process. The home holds regular meetings for care recipients and representatives and feedback forms are readily available. Management have an open door policy to ensure they are easily accessible if needed. Staff support care recipients to manage their own financial affairs and the organisation has a petty cash system. There is a wide range of activities on offer and care recipients can choose their participation levels. Care recipients and representatives confirmed their individual choices and decisions are encouraged, respected and supported by management and staff at the home.

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

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

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

The home meets this expected outcome

Care recipients have secure tenure within the home, and understand their rights and responsibilities. Management provides prospective care recipients with information about security of tenure, fees, care and service entitlements and their rights and responsibilities. Relevant information is included in residential agreements and handbooks. Posters regarding rights and responsibilities are on display and there is a process of consultation and agreement prior to any change of room. Care recipients and representatives are satisfied with security of tenure, consultation processes regarding changes affecting care recipients' accommodation, and are aware of care recipients' rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Management actively pursues continuous improvement activities related to the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Recent improvements related to Standard 4 Physical environment and safe systems include:

- At the suggestion of and with the support of a representative, the home has mounted murals on walls outside care recipients’ windows to provide a more pleasant outlook whilst temporary walls are in place during building works. Care recipients are very happy with this initiative.
- With ongoing changes to fire and emergency procedures during building works and to ensure staff are kept up to date regarding fire and emergency response, emergency procedures are being regularly updated and the home has developed a digital video disc (DVD). The DVD is now included as part of orientation and the mandatory training program.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulations, professional standards and guidelines relating to the physical environment and safety. For further information see expected outcome 1.2 Regulatory compliance.

Evidence of regulatory compliance related to Standard 4 Physical environment and safe systems includes:

- Procedures for recording, managing and reporting infectious diseases and outbreaks.
- Third party audits and inspections related to food safety and essential services.
- Mandatory education that includes manual handling, infection control and fire and emergency response training.

### 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.

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

- fire and emergency – practical operation of fire extinguishers
- manual handling
- infection control.

### 4.4 Living environment

*This expected outcome requires that "management of the care 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 actively work to provide a safe and comfortable environment consistent with care recipients' care needs. Care recipients are accommodated in private rooms with ensuite bathrooms and have opportunity to furnish their rooms with their personal items. The home provides adequate space for dining and recreation as well as smaller private internal areas and gardens. Heating and cooling systems maintain care recipients' comfort, and equipment storage and security systems support care recipient safety. Cleaning schedules are in place and preventative and corrective maintenance programs ensure ongoing safety and comfort. Staff monitor the environment through observation, audits and risk management processes and report maintenance issues and hazards which are addressed in a timely manner. Care recipients and representatives are satisfied with the safety and comfort of the living environment.

### 4.5 Occupational health and safety

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

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

The home meets this expected outcome

Management actively work to provide a safe working environment that meets regulatory requirements. Staff orientation and mandatory training programs include manual handling, chemical safety, food safety, infection control and fire and emergency management according to work roles. Staff have access to appropriate equipment to assist in manual tasks and there are adequate supplies of personal protective equipment. Management ensure relevant

equipment and work tasks are risk assessed and staff are trained in safe use. The occupational health and safety (OHS) representative has completed appropriate training and the OHS committee meets regularly to discuss workplace incidents, hazards, audit outcomes and other relevant issues. Staff report hazards and workplace incidents and management monitor environmental safety through audits, observation, surveys, and feedback and surveillance systems. Staff are satisfied they have access to appropriate training and the environment is managed to minimise workplace risk.

#### **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 that minimise fire, security and emergency risks. Management display evacuation plans, and evacuation kits and emergency procedures are accessible. External contractors inspect, test and maintain fire detection, isolation and fire-fighting equipment. Fire-fighting equipment is readily accessible in all areas and exits are clearly signed. Staff complete fire and emergency response training during orientation and it is included in the annual mandatory training program. There are processes for updating the care recipient evacuation list. Chemicals are safely stored and material safety data sheets are accessible and current. Security systems are in place to minimise the risk of unauthorised entry. Staff are aware of their responsibilities in an emergency and care recipients and representatives are satisfied with the safety and security of the environment.

#### **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

Management has implemented an effective infection control program which detects, manages and monitors infections within the home. Infection control policies and procedures reflect industry standards and guide staff practice. The monthly collection and analysis of infection related data guides management and staff in the development of strategies to address any identified trends. The provision of hand hygiene facilities, personal protective equipment, a food safety program and care recipient and staff vaccination programs further support the infection control program. Infection control kits are available, cleaning schedules are followed throughout the home and laundry practices ensure a clean/dirty demarcation.

External contractors are engaged to manage pest control and waste removal. Staff are knowledgeable about their required response in the event of a suspected outbreak and said mandatory infection control training occurs regularly. Care recipients and representatives said staff identify and manage infections quickly.

#### **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 that enhances care recipients' quality of life and the staff's working environment. Staff prepare and cook food on site from fresh ingredients and provide catering services in line with the home's food safety plan. Care recipients have opportunity for choice and special requests are catered for. Cleaning services are contracted and staff follow processes for maintaining the cleanliness of the environment that comply with infection control guidelines. Laundry staff ensure an adequate supply of clean linen is always available and care recipients' personal items are laundered and returned within the day if possible. Care recipients said laundry staff undertake minor mending as an added extra. Adequate cleaning and laundry supplies and equipment are available. Care recipients, representatives and staff expressed satisfaction with the catering, cleaning and laundry services.