



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Uniting AgeWell Strathaven**

RACS ID 8760  
9 Strathaven Drive  
ROSETTA TAS 7010

**Approved provider: Uniting Church in Australia Property Trust (Tasmania)**

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 24 June 2018.

We made our decision on 07 May 2015.

The audit was conducted on 08 April 2015 to 09 April 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Uniting AgeWell Strathaven 8760**

**Approved provider: Uniting Church in Australia Property Trust (Tasmania)**

## **Introduction**

This is the report of a re-accreditation audit from 08 April 2015 to 09 April 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 08 April 2015 to 09 April 2015.

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

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

## Assessment team

<b>Team leader:</b>	Cassandra Van Gray
<b>Team members:</b>	Carmel Fitzgerald Ruth Richter

## Approved provider details

<b>Approved provider:</b>	Uniting Church in Australia Property Trust (Tasmania)
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## Details of home

<b>Name of home:</b>	Uniting AgeWell Strathaven
<b>RACS ID:</b>	8760

<b>Total number of allocated places:</b>	87
<b>Number of care recipients during audit:</b>	71
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	N/A

<b>Street:</b>	9 Strathaven Drive
<b>City:</b>	Rosetta
<b>State:</b>	Tasmania
<b>Postcode:</b>	7010
<b>Phone number:</b>	03 6208 3208
<b>Facsimile:</b>	03 6208 3209
<b>E-mail address:</b>	<a href="mailto:admin@uacvt.org.au">admin@uacvt.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	2
Clinical, care and lifestyle staff	15
Hospitality, environment and safety staff	9
Care recipients/representatives	10
Allied health	1

### Sampled documents

Category	Number
Care recipient clinical files	12
Contractor contracts	5
Resident agreements	5
Maintenance requests	3
Care recipient lifestyle files	10
Continuous improvement plans	3
Complaint forms	8
Personnel files	9

### Other documents reviewed

The team also reviewed:

- Accident and incident data
- Activity calendar, records and evaluations
- Asset register
- Audit schedule and audits
- Cleaning schedules
- Complaint register
- Compliments
- Duty lists and schedules

- Electrical safety testing records
- Emails and memoranda
- Emergency management documents
- Essential safety measures manual and report
- Evacuation lists and maps
- External and internal health specialist referrals and information
- External services evaluations and results
- Fire service and hazard records
- Food temperature records
- Handover sheets
- Material safety data sheets
- Medication management documentation
- Meeting minutes
- Menu
- Police certificate and statutory declaration registers
- Policies and procedures
- Preferred supplier list
- Preventative and reactive maintenance systems
- Reportable incident folder
- Resident dietary requirements and lists
- Resident information booklet
- Resident surveys and spot inspection records
- Staff handbook
- Staff incidents, trending and analysis
- Staff training documents and records
- Stock ordering system
- Third party food safe audit and report.



## Observations

The team observed the following:

- Activities in progress
- Chart of residents rights and responsibilities
- Cleaning and chemical stores and equipment
- Cleaning in progress
- Equipment and supply storage areas
- Evacuation packs
- Exits, egress and paths of exit
- Fire and emergency equipment
- Infection control and spills kits
- Interactions between staff and care recipients
- Internal and external comment and compliant brochures
- Internal and external living environment
- Lifting machines and weigh chairs
- Meal and refreshment service
- Newsletters
- Notice boards and notices
- Pets
- Short observation in the dining room
- Smokers' safety aprons and areas
- Suggestion box
- Waste management.

## 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 has a comprehensive quality improvement program supported by corporate personnel and procedures. Management identifies improvements through a range of sources including improvement forms, meetings, 'spot checks', incidents and audit and survey results. The home operates a quality meeting which meets on a monthly basis and is representative of a range of staff. Identified improvements are entered into monthly electronic registers which include actions, person responsible and outcomes. Information is distributed to stakeholders through meetings, newsletters, mail, notices and one to one discussions.

Residents, representatives and staff stated they are aware of quality improvement processes and are satisfied ongoing improvement occurs within the home.

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

- In conjunction with an internal working group the home has implemented a new resident handover process. The process includes a seven day handover sheet to track resident care matters such as treatments and short term medications which are discussed at daily handover meetings. Management stated the tool provides a prompt for employment agency staff as well as increasing resident continuity of care.
- Residents and staff identified the opportunity to implement a community based newsletter. The newsletter focuses on activities occurring within the surrounding area. Staff, residents and volunteers contribute to the content, with editions published two monthly. Management stated the newsletter has increased resident sense of the wider community and their place in it.
- As a result of management discussions the home has introduced an annual staff training needs analysis. The needs analysis coincides with staff annual performance appraisals and whilst voluntary, management reported a 50% return rate. Management stated the needs analysis findings provide a more comprehensive approach to the development of an annual staff training calendar.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home is a member of a peak industry body and subscribes to a range of regulatory compliance publications. Additional information is obtained from the home’s parent organisation and through accessing Federal and State Government web sites. Relevant documentation is up dated as the need arises. Regulatory compliance is a standing agenda item at most meetings, including quality meetings. There are systems to ensure all employees and applicable contractors have current police certificates and statutory declarations. Changes are reported to staff through meetings and training, and email and notices. Resident and representative notification occurs through meetings, newsletters, notices and mail.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. All staff participate in orientation training on commencement of employment and ongoing compulsory education relevant to their role.

Further education is offered based on an annual training needs analysis, audits, surveys, performance appraisals, feedback at meetings, incidents or a change in residents’ needs. Attendance records are maintained through the electronic pay system and staff are sent reminder letters for their annual compulsory education. Evaluations are conducted to monitor training effectiveness. Staff stated they are satisfied with the level of education on offer and internal and external training opportunities are available.

Recent training opportunities relevant to Standard 1 include:

- managing complaints
- training on the use of new equipment
- quarterly quality indicators.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

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

## 1.5 Planning and leadership

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

### **Team's findings**

The home meets this expected outcome

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

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has systems and processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of quality care and services in line with their philosophy and objectives. A formal recruitment process is followed and management assesses qualifications and reference information. All roles have job descriptions to guide staff and new staff participate in a probation period. Rosters are posted in advance and a casual bank and agency staff assist with leave cover. A registered nurse is on all shifts. Staffing levels change according residents' needs. Residents, representatives and staff stated they are satisfied with staff skills and current staffing levels at the home.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home has sufficient goods and equipment for quality service delivery with identified staff managing stock control, ordering and purchasing. Stock is inspected on delivery and stock and equipment are safely stored. Routine and reactive maintenance ensures equipment is kept in usable condition. Preferred suppliers are monitored for the quality of their practices and goods supplied. Staff stated they have sufficient equipment and supplies to meet residents' needs. Maintenance and new equipment requests are responded to in a timely manner and training is provided for new equipment. Residents and representatives stated there are sufficient supplies and equipment to meet their needs and preferences.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

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

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

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

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

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

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

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

- The home has introduced a comprehensive resident therapeutic approach which includes increased resident physiotherapy hours from 12 to 30 per week and a registered nurse massage and heat pack program. Management stated the outcomes of the program include improved resident pain management, mobility and dexterity as well as increased socialisation; with resident engagement increasing by 75 percent.
- As a result of medication data and trends, quality personnel identified the opportunity for the home to review residents with regular orders for nine or more medications per day. The home liaised with medical practitioners and their contracted pharmacy and was subsequently able to reduce the prevalence of resident medication poly pharmacy.
- Identified at a parent organisation level, the home has introduced a new suite of paper based resident assessment and care planning tools, referred to as 'smart docs'. Staff received training to support the implementation. Management stated the tools have resulted in improved clinical outcomes for residents.

### 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

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

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

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

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

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

- continence management
- pressure wound stages
- pain assessment.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrated systems and processes they follow to ensure residents receive appropriate clinical care according to their needs and preferences. Appropriately trained staff conduct assessments, plan, document, review and evaluate care routinely and as needed.

Nursing staff have ongoing consultation with residents and representatives about their care needs and communicate changes to other staff as they occur. Staff described the processes they follow to ensure they meet residents’ care needs in liaison with medical practitioners and other health specialists. Residents stated they are satisfied with how staff assist them with their clinical care needs and preferences.

## 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

Management described assessment processes at admission and ongoing appropriately qualified staff use to identify and meet resident specialised nursing care needs. Nursing staff consult with residents, representatives, medical practitioners and other health professionals as needed to ensure specialised care nursing needs are met on an ongoing basis. Care plans

contain specific information sufficient to meet residents' needs and equipment is readily available. Staff described processes they follow to meet these needs routinely.

Residents stated they are satisfied with the way staff meet their specialised nursing care needs.

## **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

Clinical staff complete assessments and liaise with medical practitioners to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Allied health professionals attend the home routinely and on an as needed basis to assess and review residents. Clinical staff document and communicate ongoing specialist care recommendations for staff to follow. Staff described processes they follow to refer residents for assessment or review. Residents stated they are satisfied with the way the home refers them to other health specialists as needed.

## **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

There are systems and processes for clinical staff to manage care recipients' medications safely and correctly. The home assesses residents' needs and preferences on admission and ongoing and information regarding allergies and other special instructions is clearly documented. Management monitors medication administration through analysis of incidents, audits and resident and staff feedback. Medications are stored appropriately and according to regulatory guidelines. Staff complete competencies annually or as needed in response to incidents. Staff assess competency of residents who self-administer routinely. Residents stated they are satisfied with the way the home manages their medications.

## **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

There are systems and processes to ensure all care recipients are as free from pain as possible. Clinical staff conduct initial and ongoing review and assessment of residents' pain and document and communicate interventions and equipment needs for staff to follow. Pain management interventions include physical therapies, psychological therapies and medications. Management monitor residents' pain management through audits, pharmacy feedback and staff and resident feedback. Staff are aware of appropriate pain management



interventions and residents' preferences. Residents stated they are satisfied with how staff at the home manage their pain.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems and processes for the identification and assessment of terminally ill care recipients and ensuring their comfort and dignity is maintained. The home encourages residents and families to complete end of life wishes as they prefer. Clinical staff implement palliative care plans in liaison with medical practitioners and families when residents are identified as end stage. External palliative care services are available if required. Staff have undertaken a range of palliative care education. Staff described a range of care interventions to maintain residents' comfort. Management evaluate palliative care from representative and staff feedback. Residents are satisfied with the home's approach to enabling them to be cared for according to their preferences when they become terminally ill.

## **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 and processes to ensure care recipients receive adequate nourishment and hydration. Staff identify residents needs and preferences and the level of assistance required to manage their meals and communicate this to others as required.

Management monitor residents' weight routinely and liaise with a dietitian and speech pathologist to identify and manage or prevent eating difficulties and under nutrition. The home monitors and evaluates nutrition and hydration through resident, representative and staff feedback, weight analysis and audits. Staff assist residents with meals appropriately. Residents stated they are satisfied with the quality and amount of food and drinks they receive.

## **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

Systems and processes are in use to guide staff to ensure care recipients' skin integrity is consistent with their general health. Staff assess residents' skin integrity and document risk factors, equipment required and care needs and preferences for others to follow. Clinical staff manage wounds as they occur and a wound care consultant is available. Emollient creams and a range of wound dressings are available and in use. Management evaluate skin care systems through audits, staff and resident feedback and incident data analysis. Staff described

ways they minimise pressure and ensure residents' skin is hydrated. Residents stated they are satisfied with the ways staff assist them to maintain healthy intact skin.

## **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 has processes to ensure staff manage residents' continence needs effectively. Clinical staff assess residents' continence needs and document the level of staff assistance required and any continence aids needed. Staff assist residents on a routine or as-needed basis encouraging them to be as independent as possible. Staff have access to sufficient continence aids for residents' needs and described their knowledge of residents' toileting requirements. Residents are satisfied with how staff assist them to maintain their continence.

## **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 liaise with general practitioners and other health professionals to ensure the needs of care recipients with challenging behaviours are managed effectively. Staff complete assessments when residents are admitted and as behaviours change or new behaviours occur. Care plans document behaviours, potential triggers and a range of interventions that could assist the resident. Management monitor systems and processes for managing residents' behaviour needs by incident data analysis, audits and staff, resident and representative feedback. Staff are given education to assist them manage residents' challenging behaviours appropriately. Residents stated they are satisfied with the ways staff manage challenging behaviours at 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

The home has processes to ensure care recipients achieve optimum levels of mobility and dexterity. Clinical staff and allied health professionals assess residents' mobility and dexterity needs on entry and as their care needs change. Care plans contain interventions including aids and equipment needed for mobilisation and the level of assistance residents require.

Staff complete incident reports following resident falls and the physiotherapist reviews residents as requested. Management monitor mobility by audits and stakeholder feedback. Staff attend education annually in relation to assisting residents with their mobilisation needs. Residents and representatives stated they are satisfied with how staff assist them to remain as mobile as possible.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is managed effectively. Staff complete oral and dental assessments for individual residents and document the types and level of assistance required and equipment needs on support plans. The home has access to visiting dental services although most residents attend external dentists as required. Management monitor oral and dental care by audits and staff and resident feedback. Staff assist residents with maintaining their oral and dental hygiene and providing equipment when needed. Residents stated they are satisfied with the care they receive to manage their oral and dental hygiene needs.

## **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

Clinical and allied health staff identify sensory losses and document requirements for care staff to follow to ensure the losses are managed effectively. Staff reassess and refer residents to other health specialists as needed. Management monitors the system for through audits, staff and resident or representative feedback and surveys. Staff encourage and assist residents to wear aids to minimise losses and develop strategies to optimise sensory function where losses are identified. Residents stated they are satisfied with the support and care provided to manage sensory loss.

## **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 have processes to assist care recipients to achieve natural sleep patterns. Care plans document residents’ individual preferences for settling and rising, comfort measures to promote sleep, settling rituals and preferences for rest during the day. Management monitor residents’ sleep requirements through audits and staff and resident or representative feedback. Staff described ways they encourage residents’ sleep with conversations, warm drinks, making them more comfortable, pain management and continence care. Residents stated they have a quiet environment and can call staff to assist with sleep needs when necessary.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- Discussions with residents identified one of their major interests was the environment. As a result the home has participated in a community based art project called ‘Fascinating fashions’. Residents, in conjunction with the home’s artist in residence, created clothing and accessories using plastic and paper based waste. A fashion show was held which included 380 participants. Management stated the event was a great success and provided enhanced connections with the community.
- As a result of the popularity of male resident attendance at the community men’s shed, the home has constructed their own on site facility. Residents were consulted regarding the location and appropriate internal fit out. Encompassing wheel chair access the men’s shed is used on a weekly basis with positive feedback from the participants.
- Leisure and lifestyle staff identified the opportunity for increased resident outings. The home has subsequently purchased an 18 seat bus, and a nine seat commuter bus, both with wheel chair access. Management stated the new transport has increased residents’ ability to access the local community.

### 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

Please refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Residents and representatives receive information regarding the privacy and confidentiality of their information on entry to the home. The resident handbook and agreement includes information regarding residents’ rights and responsibilities and the Charter of residents’ rights

and responsibilities is on display throughout the home. The home has systems to record and manage instances of elder abuse.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

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

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

Recent education relating to Standard 3 Care recipient lifestyle includes:

- advocacy training
- dignity in care
- elder abuse and compulsory reporting.

### **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

The home has systems to support care recipients adjust to life in the home and provide ongoing emotional support. Management meets with prospective residents and their representatives and provides information and support prior to entry. Lifestyle and clinical staff assess residents' need for emotional support when they enter the home and orientation and support is provided as needed. A care plan to guide staff is developed, staff continually monitor residents' needs and every three months there is a review of residents' emotional care needs. The home's Chaplain provides additional emotional support to residents and families as required. Residents and representatives expressed satisfaction with emotional support provided by staff.

### **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

Management and staff assist care recipients to achieve maximum independence, continue their social relationships and participate in community life. Clinical and leisure and lifestyle staff assess residents' abilities and areas where they need support to maintain social life on entry to the home and develop a care plan. Residents participate in community groups and events such as the Men's Shed. Community volunteers and groups are also engaged in the life of the home. Staff complete risk assessments on the environment to identify where residents may need support to maintain their independence. Residents are supported to vote as required. Residents and representatives expressed satisfaction with the support residents receive to maintain independence and community connections.

### **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

The home ensures care recipients' right to privacy, dignity and confidentiality is recognised and respected. The home provides residents with information about their right to privacy on entry to the home and the home seeks consent from residents to display their photographs and names. There are sitting rooms for residents to receive their guests. Residents' information is stored securely and discussed discretely. Staff displayed awareness of strategies to maintain residents' privacy, dignity and confidentiality. The home monitors this area through audits. Residents and representatives expressed satisfaction with their privacy, dignity and confidentiality.

### **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

Management and staff encourage and support care recipients to participate in activities of interest to them. When residents enter the home leisure and lifestyle staff record the interests and activities they enjoy and develop care plans. Leisure and lifestyle staff develop a program to match those interests and ensures each resident has information about the program. Staff encourage residents to participate to the extent they wish and conduct regular reviews of the program. Staff adjust the program to meet residents' changing needs and interests and review residents' individual plans regularly. Residents stated they are satisfied with the lifestyle program.

### **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

Management and staff value and foster the customs, beliefs and cultural backgrounds of care recipients in the home. Staff gather information about resident's culture, language and spiritual beliefs on entry to the home and develop care plans in consultation with residents and representatives. Clinical staff support and encourage residents to discuss and document end of life wishes. The home provides religious services for residents who wish to participate. The Chaplain coordinates and provides individual spiritual support. Staff stated they include cultural elements in activities and have access to interpreter services if required. Residents and representatives expressed satisfaction with the cultural and spiritual life provided by 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

The home has a system for residents and representatives to participate in decisions about the home's services and their lifestyle. Management provides opportunities for resident feedback during resident and representative meetings and residents have access to comments and complaints forms and advocacy information. Staff seek information about residents' preferences across all care and lifestyle areas. Management has information on residents' powers of attorney. Residents and representatives expressed satisfaction with the opportunities for choice and decision making available to them.

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

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

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

The home meets this expected outcome

The home has a system to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. There is a process to ensure prospective care recipients receive an information package regarding services available. Management provides each new resident an agreement which outlines information on security of tenure, care and service entitlements and rights and responsibilities. Any change of room occurs after consultation with the resident and their representatives. External complaint information along with the Charter of residents' rights and responsibilities is on display. Residents and representatives stated residents have secure tenure and are aware of their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- As a result of a staff incident the home has introduced a new resident laundry delivery system. New trolleys have been purchased which include provisions for resident clothing to be placed in individual baskets. Management stated the new system is safer for staff and has reduced instances of lost resident clothing.
- Regarded as obsolete, the home recently replaced an old oven with a 20 shelf oven and a food ‘blast chiller’ has been installed. The new equipment has increased production and efficiencies as well as enhanced food handling and work practices for staff.
- Management identified the opportunity for four staff members to participate in the work place safety representative training program. Management stated the aim of this approach is to provide improved overall staff health and safety awareness and support, should it be required.

### 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

Please refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

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



### **4.3 Education and staff development**

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

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

The home meets this expected outcome

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

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

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

- infection control
- workplace bullying prevention
- practical use of fire extinguishers.

### **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 actively works towards providing a safe and comfortable living environment with ongoing improvements including painting, purchasing new furniture and upgrading the dining room and gardens. The home provides mainly single rooms with ensuites and some shared rooms with shared bathrooms. There are communal dining and sitting areas for residents and visitors. The home has secure courtyard areas easily accessed by residents. Residents' rooms reflect individual preferences and residents report temperatures are well controlled. The safety of the environment is maintained through hazard reports and maintenance requests as required which staff report are dealt with promptly. Residents expressed a high level of satisfaction with the 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 pursues occupational health and safety to ensure a safe working environment which meets regulatory requirements. There is a system of policies and procedures, incident and hazard reports, an occupational health and safety representative and

committee with representation from all work areas and mandatory staff training. The home provides a range of equipment to minimise the risk of injury to residents and staff.

Occupational health and safety is monitored through environmental audits, analysis of incidents and hazards, from observation of practices and feedback from staff. Secure storage and material safety data sheets support the safe use of chemicals. Staff demonstrated knowledge regarding hazard and incident reporting and confirmed their attendance at annual manual handling training.

#### **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

The home has systems to manage fire, security and emergencies and minimise risk. Fire equipment, floor plans and fire procedure instructions are located throughout the home. Evacuation packs contain a current resident evacuation list and equipment. Emergency exits are clearly marked and provide clear access and egress. Specialist contractors regularly test and maintain fire detection and firefighting equipment. The home has a process for testing and recording the safety of electrical appliances. The home provides staff with education on fire and emergencies during orientation and the mandatory fire and emergency training program. Staff follow security procedures to ensure a safe home environment. Staff demonstrated knowledge and provided examples of what to do in fire or other emergencies. Residents stated they feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program, which detects, manages and monitors infections. Management collects data on resident infections and uses this to identify any infection control issues. Policies and procedures guide staff to manage infection outbreaks and there are facilities and equipment for staff to use for hand hygiene and standard precautions as needed. Kitchen, cleaning and laundry practices follow current infection control guidelines, there is a food safety program and the home has regular pest control inspections. Mandatory training includes infection control and hand hygiene and residents and staff are all offered annual influenza vaccinations. Residents and representatives stated staff identify infections and manage them appropriately.

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

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

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

The home meets this expected outcome

The home provides hospitality services in a way to enhance care recipients' quality of life. The home operates a four week rotating menu which has been reviewed by a nutrition service. Meals are prepared fresh daily on site with resident allergies, likes and dislikes documented and taken into account. Cleaning staff perform their duties in line with documented schedules with provisions for ad hoc cleaning needs. Designated staff process linen and residents' personal laundry and ironing on site. There are provisions for labelling residents' clothes to assist in the prevention of lost items. Management monitor catering, cleaning and laundry services through meetings, internal and external audits and surveys. Residents and representatives stated they are satisfied with the home's hospitality services.