



Aged Care  
Standards and Accreditation Agency Ltd

## **Adventist Residential Care**

RACS ID 7852  
31 Webb Street  
ROSSMOYNE WA 6148

Approved provider: **Seventh-day Adventist Aged Care (Western Australia) Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 20 November 2016.

We made our decision on 11 September 2013.

The audit was conducted on 13 August 2013 to 14 August 2013. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

### Standard 2: Health and personal care

#### Principle:

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

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

**Standard 3: Resident lifestyle****Principle:**

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

Expected outcome		Accreditation 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		Accreditation 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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

## Adventist Residential Care 7852

**Approved provider: Seventh-day Adventist Aged Care (Western Australia) Ltd**

### Introduction

This is the report of a re-accreditation audit from 13 August 2013 to 14 August 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation 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:

- 44/44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 13 August 2013 to 14 August 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

## Assessment team

Team leader:	Steven Allison
Team member:	Ann-Marie Phegley

## Approved provider details

Approved provider:	Seventh-day Adventist Aged Care (Western Australia) Ltd
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## Details of home

Name of home:	Adventist Residential Care
RACS ID:	7852

Total number of allocated places:	80
Number of residents during audit:	80
Number of high care residents during audit:	61
Special needs catered for:	Nil specified

Street	31 Webb Street	State:	WA
City	ROSSMOYNE	Postcode:	6148
Phone number:	08 9354 4133	Facsimile:	08 9354 3977

## Audit trail

The assessment team spent 2 days on site and gathered information from the following:

### Interviews

	Number		Number
Chief executive officer	1	Residents	7
Clinical nurse	1	Representatives	6
Quality systems coordinator	1	Financial controller	1
Human resource manager	1	Enrolled nurse	1
Maintenance supervisor	1	Receptionist	1
Care staff	6	Laundry staff	1
Clinical nurse educator	1	Cleaning staff	1
Registered nurse	1	Physiotherapist	1
Occupational therapist	1	Cleaning franchise manager	1
Chef manager	1		

### Sampled documents

	Number		Number
Residents' files, assessments and care plans	17	Medication charts	25
Restraint authorisations	13	Personnel files	7
Residents' agreements	6		

### Other documents reviewed

The team also reviewed:

- Activity programs
- Audits and surveys
- Cleaning manuals
- Clinical observation files
- Communication books
- Dietary profiles and files
- Equipment servicing list
- Family conference schedules
- Fire and safety maintenance and service reports
- Food safety program documentation
- Hazard reports
- Incident and accident reports
- Job descriptions
- Maintenance request file and books
- Material safety data sheets

- Meal selection sheets
- Meeting minutes
- Menus
- Pest control reports
- Plan for continuous improvement and suggestions for improvement
- Policies and procedures
- Register of reportable incidents
- Residents' information handbook
- Residents' meals feedback book
- Review schedules
- Staff handbook
- Staff rosters
- Therapy statistics
- Toolbox training file
- Training matrix and education feedback file
- Visitors' information book
- Weight charts and summaries
- Wound management register and file.

### **Observations**

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Cleaning in progress
- Equipment and supply storage areas
- Infection control 'outbreak box'
- Interactions between staff and residents
- Living environment
- Main kitchen
- Meal and refreshment services
- Notice boards and displayed information.

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

### Standard 1 – Management systems, staffing and organisational development

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home pursues continuous improvement through an established continuous improvement program which is coordinated and managed by key personnel. A quality committee meets monthly to oversee the continuous improvement system, and multiple methods for collecting information are monitored and reviewed at this time. Opportunities for improvement are identified through audits, surveys, clinical indicators and hazard and incident reporting. Staff, residents and representatives contribute to the home's continuous improvement plan via scheduled meetings, surveys and through the completion of suggestion forms displayed throughout the home. Steps to rectify gaps identified through the monitoring processes are actioned immediately or managed by the committee and added to the continuous improvement plan when appropriate. Management provides feedback to relevant stakeholders through reports and meetings or by individual response to specific comments or complaints. Staff are aware of the plan for continuous improvement and residents and representatives stated they receive feedback from management following the submission of written suggestions.

Examples of current or recent improvement activities related to Standard 1 are described below.

- Management noted gaps in the recording of relevant information when a resident left the home and data required archiving. An information pack and checklist for deceased residents has been developed to assist staff. Management stated a formal evaluation of the initiative will be conducted once staff have the opportunity to use the new forms several times.
- Management reviewed the orientation process for new staff and has implemented an individual rather than group orientation system. Management stated new staff now have the opportunity to meet with a representative from each area in the home and the human resource manager monitors the process through the review of an orientation checklist used for each new employee. Management reported they will seek feedback from staff to evaluate this.



## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home has established systems to ensure information related to legislation, regulatory requirements, professional standards and guidelines are made available to all relevant stakeholders. The chief executive officer receives updates on legislative changes from various government agencies, departments and industry groups. The home’s management is notified of any changes and these are disseminated to staff and other stakeholders via memoranda, meetings, newsletters and training sessions as appropriate. Results from audits, surveys, incident reporting and individual feedback assists management to monitor compliance with legislation and the home’s policies and procedures. Staff stated they are informed of changes to regulatory compliance via regular meetings, and memoranda that is placed into their individual ‘pigeon holes’. Residents and representatives reported they were notified of the re-accreditation visit and invited to meet with the assessors.

## **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 effectively perform their roles. An external education provider is contracted by the home to assist with the development and implementation of an education program, including self directed learning packages. An annual training calendar includes mandatory and non-mandatory training and attendance at education sessions is monitored along with individual evaluation and feedback. Data from surveys and feedback forms is used to plan and improve future training sessions. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, clinical indicators, comments and complaints and the use of regular quizzes. Staff are encouraged to take responsibility for their own education and staff requests for training are discussed at performance appraisals and staff meetings. Staff are informed of upcoming training events through displayed fliers, memoranda, meetings and individual letters. Staff expressed satisfaction with the opportunities offered in accessing continuing education. Residents and representatives are generally satisfied with the knowledge and skills displayed by staff.

Examples of education and training relating to standard 1 are listed below.

- Elder abuse
- Managing complaints
- Mandatory reporting.

#### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents and representatives have access to internal and external complaints and advocacy services via feedback forms, direct access to management and resident and representative meetings. Information regarding comments and complaints mechanisms are provided via the resident information handbook, brochures, posters and resident and representative meetings. Management addresses complaints in a timely manner and written feedback is provided to the complainant as appropriate. Confidentiality, and anonymity if applicable, is maintained throughout the complaints' process. Staff reported they understand the components of the complaints mechanisms and stated they can and do act as resident advocates. Residents and their representatives reported they are confident to voice their concerns and are generally satisfied with the responsiveness of management to their comments and complaints.

#### **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 organisation has documented and displayed their mission, vision and values throughout the home, including in employee manuals, resident information packs and visitor books. The organisation's philosophy forms part of a 'future directions plan' which is explained to staff at orientation and referred to throughout their employment. A checklist is used to monitor the provision of quality throughout the service by individuals, including an assessment of staff attitude and behaviour during appraisals. A recent review of the organisations' mission statements has occurred following consultation with staff and management.

#### **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 a system to ensure the provision of appropriately skilled and qualified staff. An electronic rostering system is used to plan daily staffing levels and appropriate skill mix. New staff are orientated to their role on an individual basis under the direction of the human resource manager. Two or three supernumerary shifts are allocated to staff, with the option to allocate more as required. An online education package is used for new staff until they can attend the next mandatory training day. Staff provide evidence of initial police certificates and professional registrations as appropriate, and renewal dates are monitored via the electronic rostering system. Staff absence is covered by internal or temporary relief staff. Staff are informed of changes to the roster via an electronic short message service. Staff performance is monitored through annual appraisals with the relevant head of department, or as required following issues raised by comments and complaints, audits and verbal feedback. Staff

reported they have sufficient time to complete their duties and have appropriate skills to conduct their roles effectively. Residents and representatives generally reported satisfaction with the care and services provided by staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. Preventative and corrective maintenance systems ensure equipment is maintained, repaired or replaced as needed. Specific staff have clear responsibilities for maintaining adequate stock and equipment levels. Ordering is undertaken by relevant personnel in each department through a list of preferred suppliers. Regular audits and environmental inspections are undertaken to ensure goods are maintained at sufficient levels and equipment is stored and used safely and effectively. Stock items are rotated and there is the provision for the secure storage of chemicals. Staff, residents and representatives reported satisfaction with the amount of supplies and the quality of the 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

The home has information management systems for both hard copy and the electronic storage of data. Policies and procedures are available to guide staff in their daily practice and these are reviewed annually according to a policy review schedule. The home has a system for the flow of information to relevant individuals and committees and the subsequent dissemination of that information to other relevant parties. Communication is undertaken through handovers, meetings, memoranda, newsletters and communication books. Electronic data is hosted externally and backed up every 24 hours. Hard copy information is stored securely on site and an archiving process is in place to ensure documents are retained for the legislative timeframe or destroyed appropriately. Staff reported they are provided with sufficient information to enable them to deliver appropriate care to residents.

### **1.9 External services**

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

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

The home meets this expected outcome

The home uses externally sourced services and has a process to monitor the provision and quality of those services. External services are used to provide catering, cleaning, laundry and preventative maintenance programs for the home. A list of preferred suppliers and contractors assists in the purchasing of goods and services. External service providers have signed service agreements that are formally negotiated and monitored. Service providers are

informed of the home's expectations and regular audits and meetings are built into these service agreements in order to monitor quality.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

Examples of current or recent improvement activities related to Standard 2 are described below.

- Management noted staff were not always aware when other staff were providing personal care to residents in their bedrooms. 'Care in progress' cards are to be attached to doors now to alert staff and representatives. Management stated residents are currently decorating and personalising their cards as part of an activity project.
- Management stated the handover process has been reviewed and a combined handover for the registered nurses is now in place to improve overall communication across the home. Management stated staff meetings are used to discuss initiatives that impact on staff processes and they will review the changes after the next staff meeting.

### **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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 2. Residents are provided with care and services according to the assessed level of care they require. Initial and ongoing assessment and care planning of residents requiring a high level of care is carried out under the direction of a registered nurse. Medication is administered and stored safely and correctly. Professional registrations are monitored by the human resource manager and maintained for currency. There are policies and procedures for managing unexplained absences of residents and a register of reportable incidents is maintained by the chief executive officer.

### **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 Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of recent education and training related to Standard 2 are listed below.

- Asthma management
- Continence awareness
- Hearing loss
- Indwelling catheter management
- Medication competency.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. The multidisciplinary team assess residents’ clinical needs when they move into the home using information from their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home’s policy and in consultation with residents and representatives via care conferences. Processes are in place to monitor and communicate residents’ changing needs and preferences, including regular review of residents by their general practitioners, six-monthly care plan reviews and shift handovers. Clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Residents and representatives generally reported satisfaction with the clinical care provided to residents.

### **2.5 Specialised nursing care needs**

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

#### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure registered nurses and enrolled nurses identify and review residents’ specialised nursing care needs. Residents’ specialised nursing care needs are assessed when they move into the home and these are documented in a specific nursing care plan and reviewed six-monthly or as required. The home has registered nurses rostered on duty at all times to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Residents and representatives reported residents’ specialised nursing care needs are met.

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

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Residents are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs a physiotherapist and an occupational therapist who assess all residents when they move into the home and develop therapy care plans that are reviewed six monthly and as required. A podiatrist visits the home regularly and attends to the needs of residents requiring high care and, on request, residents requiring low care. Referrals are made to other health specialists as the need is identified, including a speech therapist, dietician and dentist. Residents and representatives reported satisfaction with residents’ ongoing access to a variety of health specialists.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered nurses, enrolled nurses and competent care staff administer medications via a pre-packed system as per general practitioners’ instructions. Specific instructions concerning the administration of residents’ medications and topical treatments are documented in their medication care plans. Medication audits and recorded medication incidents are used to monitor the system. A registered pharmacist conducts reviews of residents’ medications and communicates findings to the general practitioners and the home. Residents and representatives reported residents’ medications are managed safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to identify, implement and evaluate each resident’s pain management strategies to ensure they remain as free as possible from pain. Pain assessments are conducted when residents move into the home and the currency of residents’ pain is reviewed and logged three to six monthly or more frequently if required. Care plans are implemented that detail pain management interventions, including alternative therapies and use of pain and pressure-relieving equipment. Ongoing pain is reported and where required, residents are referred to their general practitioners for review. Staff described their role in pain management including identification and reporting of pain. Residents and representatives reported staff are responsive to complaints of pain and residents’ pain is managed appropriately.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill residents. Residents or their representatives have the opportunity to complete an advanced care directive when residents move into the home or at any time throughout their residency. Residents’ general practitioners, the home’s pastor and clinical and allied health personnel support residents during their palliation phase. Residents and representatives expressed confidence that when required, staff would manage residents’ palliative care competently including the maintenance of their comfort and dignity.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Residents’ care plans outline their dietary requirements including the level of assistance required. The clinical nurse monitors residents’ recorded monthly weights and where weight loss is identified residents are placed on supplementary nutritional drinks. Swallowing assessments are conducted as required and residents identified as being at risk are referred to a speech pathologist for further assessment. Registered nurses direct residents’ nutritional management and this is supervised by the clinical nurse. Residents and representatives reported they are satisfied with the menu and associated support provided to residents.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Registered and enrolled nurses conduct regular assessments of residents’ skin integrity and formulate care plans that state preventative skin care interventions. Registered and enrolled nurses attend to residents’ wound care and wound evaluations are regularly recorded. The home employs a number of preventative strategies including pressure-relieving mattresses, repositioning and moisturising lotions. Care staff monitor residents’ skin care daily and report abnormalities to the registered or enrolled nurse. The home records and collates information regarding skin related incidents. Residents and representatives generally reported satisfaction with the home’s management of skin care.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate residents’ continence care needs when they move into the home and on an ongoing basis. Residents’ urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of assessed needs. Staff use bowel charts to track bowel patterns which enables the development of appropriate bowel management programs and registered nurses monitor the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage residents’ continence needs. Residents and representatives reported being satisfied with the management of residents’ continence needs.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ behaviour management needs are assessed when they move into the home and when clinically indicated. During assessments the triggers for a resident’s behaviours are identified and appropriate interventions are developed and documented into the plan of care. The effectiveness of behaviour management strategies are monitored via clinical indicators and observations. Residents are referred to therapy and mental health services when the need for further assessment of challenging behaviours is identified. Residents and representatives reported residents’ challenging behaviours are well managed and the impact of the behaviours on other residents is minimised.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s findings**

The home meets this expected outcome

A physiotherapist, an occupational therapist and registered and enrolled nurses assess residents’ mobility, dexterity and associated falls risks when they move into the home. Residents are encouraged to maintain their mobility and dexterity by participating in the home’s activity program that includes a range of group exercises and physical activities to improve independent movement. Residents who are unwilling or unable to participate are offered individual therapy sessions. Residents’ attendance at physiotherapy sessions is monitored. A range of seating and mobility aids are available to assist residents to maintain mobility and independence. Incidents related to mobility and dexterity are recorded and collated data is discussed at quality meetings. Residents and representatives reported satisfaction with the home’s management of residents’ mobility and dexterity needs.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

When a resident moves into the home, an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the resident’s care plan. An annual dental examination is offered to residents and follow up treatment is arranged with family consultation. Staff are aware of residents’ individual oral hygiene requirements. Residents and representatives reported satisfaction with the support provided to residents to maintain their oral and dental health.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

An occupational therapist assesses residents’ sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in residents’ care plans and are regularly reviewed by the occupational therapist. An optometrist and an audiologist visit the home annually and residents are encouraged to access these services. Residents are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. Residents and representatives reported satisfaction with the home’s management sensory of residents’ losses and needs.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

The home has established processes to assist residents to achieve natural sleep patterns. Sleep assessments are conducted for all residents to identify sleep patterns and disturbances. Interventions to assist residents to establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on residents’ sleep including noise, confusion, pain and continence issues. Residents and representatives reported residents are satisfied with the support provided for residents to achieve restful sleep at night.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system.

Examples of current or recent improvement activities related to Standard 3 are described below.

- Following external education for staff, the home’s dining area in the Freeman wing has been refurbished to reflect current recommendations of environmental improvements for residents with a diagnosis of dementia. Colours have been introduced to assist with residents’ spatial awareness and a larger table has been provided to improve interaction during group activities. Management reported they will evaluate this at a later date.
- Following a suggestion from residents, the occupational therapy department is assisting to create an organisational calendar featuring photographs selected by the residents. Management stated funds raised from the final product will be used for other resident activities.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 3. The Charter of residents’ rights and responsibilities is provided to residents and representatives via a resident agreement and is displayed in the home. Each resident is provided with a resident agreement that outlines fee and tenure arrangements, and residents are informed via case conferences and a formal letter if any changes arise. Specific issues regarding the meals provided by the home, and the requirements of its religious observances are discussed with residents and staff upon entry to the home and included in the preliminary documentation provided. A mobile polling station is organised during election periods to assist residents who wish to vote. Staff sign confidentiality agreements and were observed by the team to be mindful of residents’ privacy and dignity. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management 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

See Education and Staff Development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Customer service
- Privacy and dignity
- Residents' rights.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

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

The home meets this expected outcome

Processes are established to support residents when they move into the home and on an ongoing basis. A handbook is supplied to all residents giving comprehensive information about services provided. A social history is undertaken that includes each resident's background, significant life events and previous and current social and activity interests. A care plan is developed from information gathered and assessments are conducted by the occupational therapist. Residents are encouraged to personalise their rooms with photographs and personal effects. Residents and representatives stated they can visit the home at any time and are welcomed by staff.

### **3.5 Independence**

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

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

The home meets this expected outcome

The cognitive, physical and emotional status of each resident is assessed when residents move into the home and care plans are developed that identify interventions to encourage and assist residents to maintain their independence. Care plans direct staff regarding the level of assistance required and where appropriate, residents are prompted and encouraged to maintain their independence. Suitable aids and therapy programs support residents to maintain their mobility, cognitive status and dignity. Staff reported, and the team observed, staff assisting residents to attend activities within the home. Residents and representatives reported satisfaction with the assistance provided by the home in relation to residents' independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Systems are established to ensure residents' privacy is maintained including the secure storage of confidential records. Residents' right to privacy is reflected in the residents' handbook. Residents are allocated single rooms with an ensuite or shared rooms with communal bathrooms. Comfortable living and outdoor areas are available to residents and their family and friends to provide privacy and dignity during visits. Staff reported a clear understanding of their responsibilities with regards to the confidentiality of resident information. Residents and representatives stated staff are respectful and they are confident residents' private information is managed effectively.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

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

The home meets this expected outcome

Residents' current and past interests and activity preferences are identified when they move into the home. The occupational therapist develops a therapy and social care plan guided by the assessment information. The activity program is based on residents' needs and interests and is reviewed and changed according to resident participation, therapy assistants' feedback and resident satisfaction surveys. Residents have access to a range of activities with sensory and cognitive therapies and social and religious activities. The program includes art and crafts, bingo, concerts and bus outings. Staff reported they provide individual therapy for residents who prefer not to attend the group program. Residents and representatives reported staff encourage residents to attend the range of activities conducted 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

Residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered at the home. Church services are conducted weekly and prayer and hymn sessions are regularly conducted. Catholic and Anglican services are also conducted at the home. Culturally significant events and anniversaries are celebrated including Australia day, ANZAC day and Easter. Residents' birthdays are celebrated on the day they occur. Multicultural resources are available for staff to access as required. Residents and representatives reported they are satisfied with the way staff support residents' cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home has systems to enable residents and their representatives to participate in decisions about the services residents receive, and to exercise choice and control over residents' lifestyle. Residents and representatives have the opportunity to provide feedback through feedback forms, residents' meetings, informal discussions and surveys. Residents are supported and encouraged to maintain control over their lifestyle within their assessed abilities. Staff described some of the ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives stated they regularly provide feedback, and the choices and decisions of other residents and representatives do not infringe on the rights of other people.

### **3.10 Resident security of tenure and responsibilities**

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

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

The home meets this expected outcome

Systems are established to ensure residents have secure tenure within the home and understand their rights and responsibilities. Prior to moving into the home, residents and representatives are invited to tour the home and are provided with information about the services and care provided. The resident handbook, resident agreement and associated documentation outline residents' rights and responsibilities, accommodation bond and charges and security of tenure. Residents and representatives reported they have sufficient information regarding the residents' rights and responsibilities and feel the tenure is secure.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system

Examples of current or recent improvement activities related to Standard 4 are described below.

- Following negative feedback from residents regarding the range of meals provided, the catering company now provides menu selection cards to residents with three available options for each meal. A survey was conducted prior to the initiative being implemented, and management stated a follow up survey will be conducted after the system has been operating for six weeks.
- Management noted the ‘dignity cloaks’ used for transporting residents from the shower area were not being returned promptly from laundry. New ‘brightly coloured’ cloaks have been purchased to assist laundry staff in tracking the items and management stated they will be monitoring the change through staff feedback.

### **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 organisation has systems and processes to identify and ensure ongoing regulatory compliance in relation to the home’s physical environment and safe systems. Staff receive mandatory training in fire safety, occupational health and safety and infection control. The home has regular fire safety checks and information on what to do in an emergency is displayed throughout the home. There is a food safety program in place which is monitored through the contractor providing this service. External contractors are provided with service agreements that outline obligations and responsibilities, and their arrival and onsite performance is monitored by the maintenance supervisor. There are reporting mechanisms for accidents, incidents and hazards, and staff are provided with personal protective equipment appropriate to their role and the tasks they will perform. The contractor responsible for the provision of chemicals to the home supplies and maintains material safety data sheets for the chemicals used within the home.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively. See Education and staff development in Standard 1 for an overview of the education and staff development system.

Examples of education and training related to Standard 4 are listed below.

- Chemical awareness
- Fire safety
- Infection control
- Occupational health and safety.

### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

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

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with residents' care needs. The home offers both shared and individual accommodation and environmental provisions are made to assist residents with independence, comfort, privacy and security. Residents have the option to personalise their rooms with furniture, pictures and personal mementos from home. Residents and representatives have access to communal and private areas for social interactions and activities. The home has provisions for residents with a diagnosis of dementia requiring a secure environment, and management has recently refurbished the area taking into consideration professional guidelines and external recommendations. Environmental audits and inspections are undertaken and actioned by relevant staff. Operational maintenance, cleaning and hazard management programs are used effectively. Residents and representatives reported the home ensures a safe and comfortable living environment for residents according to their needs and preferences.

### **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

There are systems and processes to provide a safe working environment, in consideration of occupational safety and health (OSH) responsibilities. Management, maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms and workplace safety inspections. An OSH team meets monthly to review incidents and hazards as well as staff practices and environmental issues. OSH representatives provide weekly 'walkthrough' assessments of the working environment and respond to noted hazards as they arise. Residents receive a safety inspection of their



immediate environment and consultation one week after they move into the home. The organisation monitors the reviews of all incidents and safety matters, and communication with staff occurs via newsletters, meeting minutes and memoranda. Management commences improvement projects or action plans as required in response to safety and infection control issues. Staff reported they are aware of safety management processes through training and meetings, and that management is active in providing a safe working environment.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

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

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Approved professionals carry out regular testing of fire detection systems, fire fighting equipment and exit lighting. Evacuation maps showing orientation and information regarding exit routes and location of fire fighting equipment are located throughout the home, and are provided to visitors and contractors upon their initial entry to the home. Staff receive fire and evacuation training at orientation and at least annually thereafter. Staff described the home's security systems, including swipe card and keypad access to the home. Maintenance staff reported there are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Residents, visitors and contractors sign in and out to ensure awareness of who is in the building.

#### **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

There is an effective infection control program with infection control policies and procedures accessible to all staff. Staff are informed of current practices appropriate to their area of work at orientation, at the mandatory education sessions and as specific issues arise through the use of toolbox education sessions. The home has current information to guide all staff in managing infectious outbreaks, and an additional precautions kit is kept sealed to ensure sufficient protective equipment is available in the event of an outbreak. Staff reported strategies to minimise and prevent infections, including the use of personal protective equipment and hand washing. Residents are offered the opportunity to receive an annual influenza vaccination by the attending medical officer. Information on resident infections is collated and analysed monthly. Residents and representatives generally reported satisfaction with the home's infection control program.

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

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

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

The home meets this expected outcome

Prior to their entry to the home, residents and representatives receive information regarding catering, cleaning and laundry services offered. Documentation provided includes relevant information on the home's religious observances and how this impacts on the provision of menu choice. Meals are prepared on-site through an external contract service and the menu is approved by a dietician, providing residents with choice whilst meeting special dietary and religious requirements. There is a process for catering staff to receive information identifying residents' specific nutrition and hydration requirements, food allergies, food preferences and choices. The home has cleaning schedules managed by an external contractor that meet individual resident and service needs. An external contractor manages provision and laundering of linen. Residents' personal clothing is laundered on-site and there are processes in place to minimise loss of clothing, as well as a clothing repair service offered to residents. Management monitor the quality of services via feedback mechanisms such as comments and complaints, audits and surveys. Residents and representatives generally expressed satisfaction with the hospitality services provided.