



Aged Care  
Standards and Accreditation Agency Ltd

## **Aloaka Lodge**

RACS ID 5113  
52 Taylor Street  
KILCOY QLD 4515

Approved provider: Sundale Garden Village Nambour

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 8 December 2015.

We made our decision on 5 November 2012.

The audit was conducted on 3 October 2012 to 4 October 2012. 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



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# Audit Report

**Aloaka Lodge 5113**

**Approved provider: Sundale Garden Village Nambour**

## Introduction

This is the report of a re-accreditation audit from 3 October 2012 to 4 October 2012 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 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 3 October 2012 to 4 October 2012.

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:	Lynn Boundy
Team member:	William Tomlins

## Approved provider details

Approved provider:	Sundale Garden Village Nambour
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## Details of home

Name of home:	Aloaka Lodge
RACS ID:	5113

Total number of allocated places:	40
Number of residents during audit:	40
Number of high care residents during audit:	32
Special needs catered for:	Dementia and related disorders

Street/PO Box:	52 Taylor Street	State:	QLD
City/Town:	KILCOY	Postcode:	4515
Phone number:	07 5422 4500	Facsimile:	07 5497 2183
E-mail address:	alison.ham@sundale.org.au		

## Audit trail

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

### Interviews

	Number		Number
Site Manager	1	Residents/representatives	10
Care Director	1	Administration assistant	1
Chief Operations Manager	1	Activities officer	1
Quality Risk and Safety Manager	1	Catering staff	3
Registered nurses	1	Cleaning staff	1
Enrolled nurses	1	Maintenance staff	1
Care staff	6		

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Care plans	10	Personnel files	7

### Other documents reviewed

The team also reviewed:

- Action plan from residents' meeting
- Allied health referrals
- Audit schedule/audit tools/audit action plan
- Cleaner's schedule
- Clinical assessments and observation records
- Communication diary
- Competency tools
- Complaints register
- Continuous improvement summary report
- Dietary needs assessment forms and dietary profiles
- Elders emergency evacuation checklist
- eLearning evaluation questionnaire
- Employment agreement
- Equipment register
- Evacuation drill debrief
- Fire evacuation plan
- Fire panel operation checklist
- Food safety program

- Health and safety representative handbook
- Housekeeping manual
- Incident analysis
- Infection statistics
- Information booklet
- Interview form
- Job descriptions
- Lifestyle calendars, evaluations and participation records
- Maintenance requisition books
- Mandatory reporting register
- Mandatory training matrix/mandatory training planner
- Material safety data sheets
- Memorandums
- Menus/menu assessment
- Minutes of meetings
- New employee checklist
- New team member information pack
- Newsletter
- Outbreak management plan
- Performance planning
- Police certificates/blue card register
- Policies and procedures
- Preferred supplier contract/ preferred supplier certificate register
- Preventative maintenance program/report
- Probationary appraisal
- Reference checks
- Residents' information package and surveys
- Restraint authorisations
- Roster
- Staff handbook
- Supplier evaluation form /supplier non-conformance
- Temperature monitoring records
- Training completed report
- Training needs checklist
- Weight charts
- Work health and safety plan
- Work methods statements

- Wound treatment charts

### **Observations**

The team observed the following:

- Activities in progress
- Activity calendars
- Administration of medication
- Assembly areas
- Chemical storage
- Dry food store/cold food store
- Equipment and supply storage areas
- Fire detection/fire fighting equipment
- Fire panel/fire exits
- Hospitality services
- Infection control signage and equipment
- Interactions between staff and residents
- Internal and external living environment
- Maintenance shed
- Meal and beverage service
- Medication storage
- Mobility aids and dietary assistive devices
- Notice boards
- Outbreak kit
- Personal protective equipment in use
- Pressure relieving equipment
- Resident laundry
- Suggestion box



## 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

Aloaka Lodge (the home) has a continuous improvement system for identifying improvement opportunities, implementing solutions and monitoring and evaluating outcomes. Residents and staff have input via various feedback mechanisms, including making suggestions verbally, submitting improvement request forms, raising issues of concern at meetings, completing satisfaction surveys or through the complaints mechanisms. Continuous improvement records are maintained and an internal auditing schedule regularly reviews the service areas within the home. Incidents, accidents, hazard reports and maintenance requests are further sources of improvement opportunities. Outcomes of audits are analysed to identify further areas for improvement and to monitor the outcomes of improvements made. Results of continuous improvement activities and progress of actions taken are communicated to residents and staff through meetings, notices, memoranda, newsletters and one-on-one communication.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- To encourage staff to become more actively involved in the improvement process, management now posts staff suggestions in large print on the wall in the staff room. The progress of this idea is then plotted in large print across the wall with places for staff to comment on the idea, management approval or otherwise, implementation, resident reaction and finally evaluation. Staff stated they now feel more involved and a part of each improvement. Management is now considering moving the idea to a wall in the lounge area so residents and visitors can become similarly involved.
- Staff requested all carers be issued with keys to the nurses' station so valuable time was not lost looking for the team leader to get a key. With other staff suggestions added, a keypad entry was installed instead and staff feedback has been that much time has been saved and confidentiality of resident information has been maintained.
- A list of "do's and don'ts" of how things happen at the home and what is expected of staff has been developed by staff. These and the last twelve months of toolbox talks were recently added to the folder given to new staff and feedback from recent employees has been it was very useful as part of their orientation.

## **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

There are systems to capture changes to relevant legislation, regulatory requirements, professional standards and guidelines. These systems include membership of the peak body representing aged care, subscriptions to organisations providing information on such changes, access to internet websites, attendance at professional seminars and education sessions, liaison and subscriptions to professional journals. These changes are monitored within the provider's corporate office and communicated to staff through emails, meetings, noticeboards, education sessions where required and can be accessed at any time via a regulatory compliance intranet site and updated policies and procedures. Police certificates for staff are monitored along with annual licence registrations and residents and relatives had been notified of the forthcoming re-accreditation audit. Staff stated they are provided with adequate information on changes to legislation and regulatory requirements relevant to their work area; compliance with these changes are monitored via the audit process and supervisor observation.

## **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 range of strategies to ensure staff have appropriate knowledge and skills, including incorporating these requirements into the key selection criteria at recruitment. The staff performance planning system identifies general educational needs, supported by a review of incidents and accidents, audits, staff practices, new technologies and methodologies and specialised resident needs. The home has a library of self-directed learning packages, access to the aged care channel, the use of toolbox talks on locally relevant topics and is at present trialling an online system available for staff to access offsite. Competency assessment also forms part of the audit of staff skills and is commenced at orientation for new staff and is an ongoing process. The organisation offers a range of training opportunities both on site using senior and other local experts, suppliers, or through other external providers. Traineeships over various qualifications and designations are offered to staff and staff stated they are satisfied management is responsive to their learning needs. Examples of education provided relevant to Standard 1 include e-learning systems, documentation, computer systems use, missing persons reporting and nursing and the law.

## **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 their representatives are informed of internal and external comments and complaints mechanisms on entry to the home, through the residential care agreement, the resident handbook and at resident meetings. Information leaflets and a secure suggestion

box with information displayed and forms available are situated in a convenient place within the home. Staff are aware of the complaints process and how to assist residents to lodge a complaint when required. Management has an open door policy and accepts the responsibility to log and action complaints through to resolution; any complaints are discussed at executive management level on a monthly basis. Residents and their representatives feel comfortable bringing issues of concern to staff and management and they receive feedback.

### **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

Management has documented the home's vision, mission and values; these are displayed in the residents' handbook, the staff handbook and on the walls of the home and discussion of them forms part of the orientation sessions. The quality statement forms part of a staff member's conditions of employment and management's strategic vision. The organisation's strategic plan is published as a one page document, distributed to all residents and displayed for visitors and relatives for their information and interest.

### **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 ensures appropriately skilled and qualified staff through its human resource procedures, which include key selection criteria at recruitment, reference checks, contracts of employment, position descriptions, performance reviews and training and education opportunities and requirements. Roster reviews taking into account resident acuity, staff changes and staff needs ensure the correct skills mix and staff sufficiency are maintained. Roster gaps on a daily basis are filled using a casual pool. New staff have buddy shifts as required and supervisors to guide them through the three months probationary period. Staff are satisfied there are sufficient staff numbers rostered for them to complete their duties and attend to residents in a reasonable time. Resident surveys and interviews indicate residents are satisfied with staff responses to requests for assistance.

### **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

There is a purchasing process for consumables and capital budget items, ensuring sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. Staff, residents and representatives have the opportunity to contribute ideas to the capital expenditure budget. Key personnel are responsible for ordering and

maintaining stock levels of specialised health and personal care products, catering items and other housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There are preferred suppliers and contracts are negotiated as appropriate, reviewed as required or when there are concerns and stakeholders are asked for their input. There is a planned maintenance program to ensure ongoing reliability of equipment and infrastructure and a corrective maintenance program to attend to minor items needing attention. Residents and their representatives and staff are satisfied with the availability and appropriateness of the goods and equipment provided.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

There are systems to enable staff and management access to sufficient and reliable information for appropriate decision making. The home uses computer systems for care and other management processes and staff have password access at the appropriate level. Staff files are stored in locked cabinets and residents' clinical files are accessible electronically to those needing the information. Staff indicated the information necessary to perform their jobs is readily available and regular staff briefings keep them informed on a range of relevant topics. Documentation relating to residents' clinical needs is completed and generally contains accurate information to guide staff practice. Staff can access information about happenings at the home, staff newsletters and training information through their work email address on their personal computers at home. Records are archived electronically or physically on site for a period, then removed to contract storage from where they are destroyed under contract. Residents and their representatives and staff are satisfied with information management, including communication, at the home.

## **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's management has written preferred supplier contracts with various external services to ensure all areas of residential care needs are met. These agreements detail the home's quality expectations and the type and frequency of service provided by the contractors. Where contractors do not have a police certificate on file or have not received emergency orientation, management ensures a staff member remains with them while they perform their task. All contractors are required to sign in and out of the home when they visit. Residents and staff indicated satisfaction with the services provided.

## **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

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- Staff were concerned care delivery to residents, especially in the area of continence aid changes and toileting in the late evening, was being compromised by the arrangement of shift hours. The suggestion was the afternoon team leader start 30 minutes later, meaning a staff member was available for a further 30 minutes at the end of the evening shift. Staff feedback has been this has been successful and care delivery has improved.
- Following a complaint from a family member regarding the lack of assistance for their resident at mealtime, a change was made to indicate those residents requiring assistance. Different coloured placemats now indicate those residents requiring full assistance, those requiring partial assistance and those requiring no assistance. Staff stated this not only helps the dignity of residents but ensures their nutrition and hydration needs are being met.
- Clinical management suggested because there is only one registered nurse on staff, endorsed enrolled nurses and senior carers be trained to look after particular portfolio areas and be the source of information for other staff for those areas. Eleven portfolios areas have been listed and individuals trained to fill those areas. Staff feedback has been “it is good to have someone to go to for assistance” and management stated care delivery in these areas has improved.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

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

In relation to expected outcome 2.2, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff demonstrated knowledge of their legislative responsibilities under Standard 2 expected outcomes.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided relevant to Standard 2 include, (but are not limited to), medication administration, continence management, pain management, recognise healthy body systems, wound management, nursing care and management of serious infection. Staff demonstrated their clinical and care knowledge and responsibilities under Standard 2 expected outcomes.

### **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 assesses residents’ clinical needs when they move into the home, using the residents’ medical history and a range of clinical tools. Care plans are developed electronically based on the assessed needs and reviewed in consultation with residents and representatives. Medical practitioners regularly review residents according to their needs and on nursing staff and family members’ request. Ongoing clinical audits ensure the provision of clinical and personal care is reviewed and evaluated. Staff described how they receive updates on residents’ changing needs through handover, the diary, face to face communication, changes to summary care plans or mobility records and through reading electronic progress notes and care plans. Residents, representatives and staff reported processes used ensure residents receive appropriate clinical care.

### **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

Registered nursing staff conduct initial and ongoing assessments to identify residents’ individual specialised nursing care needs. Processes are established to assess, implement, review, evaluate and document specialised nursing care needs. Examples of specialised nursing care include complex wound care, catheter care, oxygen management, pain management, palliative care and behaviour management. Changes are made in consultation with healthcare professionals, when required. Residents and representatives reported there are trained staff available when they are making enquires relating to health issues.

## **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

The home refers residents to health specialists in accordance with their initial and ongoing assessed needs and preferences. The physiotherapist and registered nurse carry out mobility assessments when residents move into the home and care plans and exercise plans are generated. A podiatrist visits the home six weekly and attends to residents’ needs. Referrals are made to other health specialists as the need is identified including a speech pathologist, dietician, dentist, optometrist, hearing services and the mental health team. 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. Competent trained nursing and care staff administer medications via a pre-packed system, as per medical officers’ instructions. Medication incidents are identified and actioned and the data is reviewed by senior management. 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 medical officers and the home. Residents and representatives reported being satisfied 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

Processes are established to ensure residents’ pain is identified, assessed, managed and reviewed when residents move in to the home and on an ongoing basis. Pain assessment documents include the identification of non-verbal cues to assist staff to identify pain in residents with cognitive and/or communication deficits. Management strategies involve both pharmacological and alternative therapies such as repositioning, heat packs and massage; ongoing monitoring takes place to ensure treatment is effective. Referrals are made to other health professionals as required. 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

The home has processes to meet the medical, physical, spiritual, emotional, dignity and comfort needs and preferences of residents who are at the end stage of their life. Residents’ end of life wishes and/or advanced directive are discussed with residents and representatives on entry to the home or as the resident’s health status changes. Palliative care plans are developed and regularly updated to meet the resident’s needs at this time. Support during residents’ palliation is provided by their medical officer, the home’s clinical and allied health personnel and external services, if required. Residents and representatives expressed confidence staff would manage palliative care competently, including the maintenance of residents’ comfort and dignity, when required

## **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

Processes are established to assess, record, review residents’ special dietary requirements, likes and dislikes and any assistance required for adequate nutrition and hydration. Residents are weighed monthly and observations are undertaken by staff of food consumption, health and dental status and charts and care plans identify assistance or assistive devices required to maintain an adequate nutritional intake. Dietary supplements, modified diet and thickened fluids are utilised in consultation with residents/representatives and health professionals to ensure adequate nourishment and hydration is maintained. Residents and representatives stated they are satisfied residents receive adequate food and drinks.

## **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

Processes are established to assess residents at risk and to document, review and evaluate interventions used to manage residents’ skin care needs. Care plans state preventative skin care interventions and residents identified at high risk have specific care plans in place. The home employs a number of preventative strategies, including pressure-relieving mattresses and cushions, massage, re-positioning and moisturising lotions. Nursing staff attend to residents’ wound care and record evaluation of the healing process. Referrals to external services take place, where/if warranted. Care staff monitor residents’ skin integrity daily and report abnormalities to the registered nurse. Skin integrity incidents are identified, reported and treated and the information analysed to identify trends and improvement opportunities. Residents and representatives are satisfied residents receive care promoting and assisting them maintain to their skin integrity.



## **2.12 Contenance 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 with toileting times reflective of the identified need. Staff use bowel charts to track bowel patterns and enable the development of appropriate bowel management programs; nursing staff monitor the effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage residents’ continence needs. Residents and representatives are satisfied with the management of residents’ continence needs and advised staff support their privacy and dignity when attending to their hygiene requirements.

## **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’ behavioural management needs are assessed when they move into the home and when clinically indicated. Residents who are at risk of wandering are accommodated in the secure wing. Monitoring processes assist with the identification of triggers for a resident’s behaviours and appropriate interventions are developed and documented in the care plan. Effectiveness of behaviour management strategies is monitored by incident data, restraint reviews and observations. The daily activity program supports behavioural management interventions and this has been extended to later in the evening in the secure wing when residents are unsettled. Referrals are made to behavioural and mental health services if required. Nursing and care staff are aware of mandatory interventions and the reporting responsibilities they may need to implement in the event of a behavioural incident. Residents and representatives reported staff manage residents’ challenging behaviours and the impact of the behaviours on other residents has been minimised since the introduction of the secure wing.

## **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

The registered nurse and physiotherapist assess residents’ mobility, dexterity and associated falls risk. The mobility plan highlights equipment and individual assistance required. Staff advised residents are encouraged to maintain their mobility and dexterity by participating in the home’s activity program, including a range of group exercises and physical activities to improve independent movement. The physiotherapist monitors the implementation of the exercise program, with feedback from the staff and the program is reviewed and modified as necessary. 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

Residents’ oral function, hygiene and dental care needs are identified on entry to the home, through interview and assessment of their oral health status. Care plans include strategies to assist residents to maintain their oral and dental health and identify the presence of dentures or natural teeth. Care staff monitor residents’ ability to self-manage their oral care and assist when required. Dental referrals are coordinated by staff when the need is identified and representatives are contacted to assist residents to attend external appointments. Stocks of equipment and products to meet residents’ oral hygiene needs are monitored and maintained. Residents and representatives are satisfied with the level of support provided to assist residents with the maintenance of oral hygiene and their access to dental health services.

## **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

The registered nurse assesses residents’ sensory abilities and needs when they move to the home. Interventions for managing sensory losses are documented in residents’ care plans and are regularly reviewed by therapy and care staff to ensure assistance is provided through personal care and the activity program. An optometrist and hearing services visits the home if required and residents are encouraged to access this service. Alternatively, the home provides support to access external specialist appointments. Residents and representatives reported satisfaction with the home’s management of sensory 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

Consultation with residents and representatives regarding settling routines and bedtime rituals are assessed and recorded when residents move to the home. Care plans document interventions to assist residents to establish appropriate sleep routines. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks, repositioning and night sedation. Staff described how they address factors that can impact on residents’ sleep, including noise, confusion, pain and continence issues. Residents reported they are satisfied with the support provided 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

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

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle, include:

- Staff suggested a picture collage of residents’ previous interests outside their rooms, particularly those with memory loss, could assist staff who are entering to have something meaningful to discuss with residents. These picture collages have been completed by lifestyle staff and volunteers and feedback from residents and their families has been positive for this improvement.
- In response to a staff suggestion, resident preferences including showering times and music, are now displayed on the residents’ walls. Staff reported this informed their practice.
- Staff suggested as some residents did not own an overnight bag the home purchase a couple so that residents going into hospital could have something to take their belongings in. Two black wheeled-overnight bags were purchased and staff have commented it is “lovely to send residents off with a decent suitcase”.
- Staff suggested to preserve residents’ dignity and confidentiality, a hook be installed behind each resident’s door to hang the continence bags. This has been done and feedback from staff and families has been residents’ dignity and privacy has been enhanced.
- Staff suggested a microphone be purchased for use at resident meetings and other activities. Staff report not only are residents able to hear better at meetings, if they have a comment or a question this can be better delivered and can be heard by other residents.
- There is a child care centre associated with the home under the umbrella of the same provider. For some time children have been coming into the home to be involved in activities with residents. At the suggestion of staff, residents now visit the child care centre once a week, where they are served morning tea by children who have participated in cooking the morning tea on offer. The feedback from residents has been very positive.

### **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

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

In relation to expected outcome 3.2, management maintain and monitor the mandatory reporting register, residents' privacy and ensure residents' security of tenure, in line with legislative requirements. Staff demonstrated knowledge of their legislative responsibilities under Standard 3 expected outcomes.

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

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

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

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples of education provided relevant to Standard 3 include elder protection, resident rights and Eden alternative. Staff demonstrated their knowledge and responsibilities under Standard 3 expected outcomes.

### **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 to assist new residents to adjust to life in the new environment include the provision of information regarding the home's services, an orientation and welcoming process and encouraging family and friends to visit. After a settling-in period, relevant staff conduct assessments to identify residents' social and emotional needs and care plans and individual programs are developed and reviewed. Staff refer residents to allied health professionals as required; volunteer and activity programs further assist residents with emotional needs. Staff reported providing extra support for residents to help them through the transition process and on an ongoing basis in response to critical episodes. Residents and representatives reported, and compliments received by the home showed, the support provided meets residents' needs and preferences.

### **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 home has a system and process to identify and record residents' current and previous social interests and any assistance required. Staff undertake assessments, observation and provide feedback to clinical staff to implement changes to residents' care. Activity and care staff promote and assist residents to maximise independence, maintain friendships and participate in the life of the community, both within and outside the home. Walking aids, handrails and the mobility program assist residents to maintain independence. Care plan strategies and interventions guide and support staff to assist residents to maximise their physical and mental health options. Residents and representatives reported they are satisfied with the assistance provided by the home in relation to residents' independence and participation in the life of the community within and outside the home.

### **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

The home has processes to ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. An initial and ongoing assessment process identifies the resident's need for privacy, dignity and confidentiality, including cultural, continence and cognitive considerations. The home's environment promotes privacy, including the provision for quiet indoor and outdoor areas for residents to meet with family and visitors. Staff described strategies for supporting personal and clinical care protecting residents' dignity and privacy. Residents and representatives reported the home respects residents' privacy, dignity and confidentiality.

### **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

There are processes to encourage and support residents to participate in a wide range of interests and activities of interest to them. When residents move in the activity staff conduct assessments on residents' leisure and recreation needs, with assistance from family members. The home develops a focused activity program to accommodate individual and group needs and other areas of care and planned sessions throughout the week optimise residents' participation and encourage social interaction. Activity staff provide one-on-one activities for those residents who are unable to, or who choose not to, participate in group activities. Processes are in place to evaluate the residents' lifestyle and activity program via residents' feedback, meetings, surveys/audits and review of care planning and attendance records. Residents and representatives reported residents are satisfied with the range of activities offered to them.

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

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

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

The home meets this expected outcome

The home assesses residents' individual interests, customs, cultural and ethnic backgrounds when moving to the home. The home reviews and communicates this information to relevant staff via care plans and dietary sheets. The home holds regular and various religious services and residents who wish to access representatives of other denominations receive assistance from the staff. The home celebrates religious, ethnic and cultural days of significance and supports cultural groups and community associations to access as part of the activity program. Residents and representatives reported satisfaction with the cultural and spiritual support provided by the home.

### **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

Residents' individual choices and decisions are encouraged and supported by management and staff. There are processes to assess residents' individual needs and abilities, preferences, wishes, consent and authorisations across all areas of care and service delivery when moving into the home and thereafter. The home conducts meetings and case conferences to provide residents and representatives with a forum to express views and participate in decisions about care and service. Authorised representatives make decisions on behalf of residents who are unable to act for themselves when moving into the home and as required thereafter. Staff reported strategies for supporting residents' individual preferences, including choice of doctors, meals, sleep routines, refusal of care or intervention and participation in activities. The home uses feedback mechanisms and surveys to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported residents are supported to make choices in all aspects of their daily life.

### **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

The home has processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. On moving to the home, residents and representatives receive a residential care agreement covering the residents' level of care assessed and exit criteria; the Site Manager explains the agreement to the resident and representatives. The agreement includes information regarding complaint mechanisms and advocacy groups, financial matters, residents' rights and responsibilities and associated schedules. Management provides residents and representatives with consultation prior to room and secured unit transfers within the home. Residents and representatives reported they are satisfied residents have security of tenure at the home.

## **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

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

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems, include:

- Following a review of the organisation’s readiness to manage in a crisis, a catering pack was designed to be in place on each site. This comprises seven boxes, one for each day, containing the ingredients to feed the residents on that site for the three meals of that day. It also contains directions on each recipe and catering management is confident any person could “be the cook”. Management stated these supplies gave the site more food security, especially if they had to vacate the site.
- Staff suggested as there is only one hand washing station in each wing, alcohol hand cleaner dispensers be installed in various points throughout each wing. This has been done and management stated staff are using them frequently, which saves staff time and improves the infection control outcome.
- Training for fire emergencies has recently been enhanced by the purchase of a system which has a fire on a television/radiator type screen. The trainee uses a normal extinguisher (weight and size) which emits laser beams when used. Different types of fires can be simulated and staff stated it was an effective way of learning “as well as being fun”.
- Staff were concerned hoists were not always easily found when required and staff may act without the aid of hoists. It was suggested areas be marked out with masking tape on the floor where particular hoists are to be stored when not in use. This has been done and feedback from staff has been positive; management stated if the need to store hoists in different areas changes because of resident needs, then the marked area is easily changed.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to expected outcome 4.2, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 expected outcomes.

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

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

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

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure residents' have a safe and comfortable living environment supporting the quality of life and welfare of residents, staff and visitors. Examples of education provided relevant to Standard 4 include (but are not limited to), fire and emergency training, manual handling, infection control, safe food handling, restraint, tag out procedure, chemicals and incident reporting. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 expected outcomes.

### **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 living environment and resident safety and comfort needs are assessed and reviewed through scheduled audits, visual inspections, risk assessments, incident/hazard reports, maintenance requests, feedback from residents and staff observations. The home consists of single en suited rooms and residents are encouraged to take ownership of their environment by personalising their room. The environment provides safe access to clean and well maintained internal and external areas, with appropriate furniture sufficient for residents' needs. Preventative maintenance and cleaning schedules are adhered to by staff. Any additional maintenance requirements are reported by staff or residents and are attended to by maintenance staff and/or external contractors in a timely manner. Security measures are in place to ensure overnight security in the home. Residents are satisfied with the safety and comfort of their living environment.

### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and its education programs. A three-monthly meeting across the organisation covers issues of work health and safety and the topic is a standing agenda item at all staff meetings. Audits of the internal and external environment are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times by observation of safety representatives and supervisory staff and by annual mandatory training programs. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in a safe working condition. New equipment



is risk assessed and trialed prior to purchase and staff are trained in its safe use. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

#### **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

Procedures have been established and staff are trained in the processes to follow in the event of fire or other emergency. Training sessions are available on a regular basis and training records indicate all staff have completed their annual statutory fire training requirement. Fire drills are carried out regularly and across each shift quarterly and debriefs are held to discuss improvements possible. Fire detection and fighting equipment such as smoke and heat detectors, fire blankets, exit lights and fire extinguishers are maintained on a regular basis. Evacuation plans are displayed throughout the building and the assembly areas are signed and easily accessible. A certificate of maintenance regarding fire is held. Security measures are in place to ensure overnight security in the home. Residents are notified of the safety procedures to follow when they enter the home and through resident meetings and stated they are satisfied with the safety of their environment.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management demonstrated its infection control program is effective in identifying, containing and preventing infection. Information on resident infections is collected and analysed for additional actions. Hand washing facilities, microbial gel, a food safety program, personal protective equipment, effective waste management, disposal of sharps and pest control measures are in place. Regular audits and observation of staff practices provide routine monitoring on an ongoing basis. Staff demonstrated awareness of infection control guidelines and described how the home contained an infectious outbreak in May 2012. Residents and representatives reported satisfaction with the actions taken by the home to control the risk of infection.

#### **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

Catering services are provided to meet residents' dietary needs and preferences identified on entry and on an ongoing basis. All meals are prepared fresh on site and served in the two dining rooms or the resident's own room if desired or necessary. Residents have input into the menu through resident meetings, direct daily feedback to catering and care staff and annual surveys. The menu is a six-weekly rotating menu and allows choice if the resident does not wish to have the served meal. The kitchen has monitoring systems to ensure food is stored at the correct temperature; stock is dated and rotated and food is served within safe

temperature ranges. Cleaning schedules are used to ensure residents' rooms, common areas and service areas are cleaned regularly, with care staff assisting with emergencies over the weekend. Laundry is done locally under contract and a residents' laundry is available if anyone wishes to do their own. Staff demonstrated knowledge of the importance of infection control principles to their roles, knowledge of chemicals used and the needs of individual residents. The home monitors the effectiveness of hospitality services through resident feedback and regular environmental and infection control audits and identified deficiencies are actioned in a timely manner. Residents are satisfied with the catering, cleaning and laundry services provided by the home.