



Aged Care  
Standards and Accreditation Agency Ltd

## **Aruma Lodge**

RACS ID 0028

Beryl Street

BROKEN HILL NSW 2880

Approved provider: Southern Cross Care (Broken Hill) 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 two years until 31 March 2014.

We made our decision on 2 February 2012.

The audit was conducted on 3 January 2012 to 4 January 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



Aged Care  
Standards and Accreditation Agency Ltd

# Site Audit Report

**Aruma Lodge 0028**

**Approved provider: Southern Cross Care (Broken Hill) Ltd**

## Introduction

This is the report of a site audit from 3 January 2012 to 4 January 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 a site 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 3 January 2012 to 4 January 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:	Jeane Hall
Team member:	Judy Aiello

## Approved provider details

Approved provider:	Southern Cross Care (Broken Hill) Ltd
--------------------	---------------------------------------

## Details of home

Name of home:	Aruma Lodge
RACS ID:	0028

Total number of allocated places:	58
Number of residents during site audit:	53
Number of high care residents during site audit:	38
Special needs catered for:	Residents with dementia or related disorders

Street:	Beryl Street	State:	NSW
Town:	BROKEN HILL	Postcode:	2880
Phone number:	08 8088 1630	Facsimile:	08 8087 1425
E-mail address:	acarter@southerncrosscarebh.org		

## Audit trail

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

### Interviews

	Number		Number
Management – organisational	4	Residents/representatives	13
Management – facility	2	Lifestyle staff	2
Nursing and personal care staff	10	External contractors - staff	2
Maintenance staff	1	External contractors - management	2

### Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
On-line care plans	6	Wound care charts	8
Lifestyle assessments, care plans, progress notes	8	Personnel files	7
		Resident agreements	3

### Other documents reviewed

The team also reviewed:

- Accident and incident data and analysis reports
- Audit schedule, audit tools and various audit reports
- Comments and complaint data
- Continuous improvement documentation
- Emergency procedure flip charts
- Fire maintenance and testing records
- Fire safety certificate
- Infection incidence records
- Job descriptions
- Material safety data sheets
- Memos, letters, emails, newsletters
- On-line clinical assessment tools
- Resident handbook, admission package
- Staff and volunteer police clearance register
- Staff rosters
- Staff training needs analysis, certificates, records, evaluations, competency assessments and registration records
- Survey results and action plans
- Various meeting minutes
- Various on-line policies and procedures

### Observations

The team observed the following:

- Activities in progress
- Activities photographic evidence
- Charter of residents rights on display
- Comments and complaints information on display

- Comments/suggestion box
- Equipment and supply storage areas
- Information stands
- Interactions between residents, representatives staff and volunteers
- Internal and external living environment
- Luncheon service
- Medication rounds
- Staff and resident noticeboards
- Storage of medications

## Assessment information

This section covers information about 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

Aruma Lodge is one of three aged care facilities operated by Southern Cross Care (Broken Hill) Ltd and is provided with ongoing support from Southern Cross Broken Hill corporate office. Opportunities for improvement are identified by a variety of processes, including benchmarking, planned audits and surveys. Continuous improvement forms are generated when opportunities for improvement are identified. Progress is monitored by the Continuous Improvement committee and continuous improvement is a standing agenda item at resident and staff meetings. Copies of all meeting minutes are forwarded to the organisation’s chief executive officer and the executive manager of care providing corporate staff with the opportunity to monitor the home’s progress with continuous improvement initiatives. Residents and their representatives stated they have used the quality improvement system and that they are satisfied with the home’s response to suggestions they have made. The home demonstrated recent results of improvements relating to management systems, staffing and organisational development including:

- A review of the continuous improvement system identified that staff and residents were not using the existing feedback forms. A user friendly ‘good ideas’ form has been developed to promote greater use of the feedback system. The form is printed in green for ease of identification. Staff and residents report that the form is easier to use than the formal feedback form and is readily identifiable. Suggestions for improvement have increased since the introduction of the form.
- Residents’ knowledge of the home’s comments and complaints system has been improved following survey results. A resident survey identified that not all residents were aware of how to make a complaint. The home responded by reviewing the resident handbook and adding details for the National Care Advocacy Program and The Aged Care Rights Service. In addition comments and complaints have been added to the resident meeting agenda as a constant reminder to residents. A follow up survey and discussion at resident meetings showed that residents are now aware of the internal and external comments and complaints mechanisms available to them.

#### 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 uses corporate and site systems, including planned auditing and monitoring of staff performance to identify and manage regulatory compliance. The organisation subscribes to relevant industry and peak bodies for legislative updates and there are policies



and procedures to guide the flow of information relating to legislative changes that affect the home. Relevant legislative changes are made available to staff through the intranet, staff noticeboard and staff meetings. Staff are required to acknowledge that they have read and understood information provided on-line. Legislative change is a standing agenda item at all staff meetings and education sessions are held as required. The organisation has systems and processes to monitor and record police clearances for relevant personnel, advising residents and representatives of the accreditation site audit within the legislated timeframes and maintaining an updated asset register. Staff interviewed stated they understand and use the system.

### **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

Staff surveys and performance appraisals are combined with resident and representative feedback to inform the annual training calendar. Planned audits monitor staff knowledge and skills for performing their roles effectively and specialised education is accessed as required. Staff are actively encouraged and supported to apply for scholarships and grants and have ready access to the internet and intranet for information and education needs. The home uses site and corporate human resource systems to identify prospective staff who meet resident preferences and organisation philosophy. Governance training has been facilitated for Board members and education and development has been provided to front line managers and administrative staff over the last twelve months in a variety of topics, including accreditation, continuous improvement and comments and complaints. Staff interviewed were satisfied with the training and education provided by the home.

### **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 stated they are aware of the home's complaint mechanisms and that they are comfortable in approaching staff or management with any concerns. Residents are provided with information about their rights and the internal and external complaints mechanisms available to them by a variety of methods. These include the resident handbook, discussions at resident meetings and information posters that are prominently displayed in the home. Resident surveys, staff and resident meetings and informal discussions are combined with feedback forms to identify areas of concern. The home has a resident exit interview process. Residents and/or representatives are contacted following the exit of a resident from the home to gather feedback about the care and services provided. Complaints are trended and reported each month to the Board, chief executive officer and executive manager of care. The organisation's chairman of the Board volunteers in the home and is readily available to speak with residents and representatives. Staff assist residents to use the system when required.

### **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 its mission, vision and values statements. These are included in resident and employee handbooks and displayed in the home.

### **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

Residents and representatives stated they are satisfied with staff response to residents' care needs. Surveys, audits and reporting activities across the four Accreditation Standards monitor that there are sufficient skilled staff available to deliver the care and services required. The facility manager uses a formula based on resident care needs combined with staff feedback and external benchmarking to determine the number of appropriately qualified and skilled staff required to provide direct resident care. Registered nurses are generally rostered on all day shifts. Enrolled nurses undergo annual competency assessments and registered nurses at the home's nearby sister site are available to provide back up for enrolled nurses should this be required. The home maintains a pool of casual staff and additional hours are accessed as needed to meet residents' changing needs. Planned training, performance appraisals and the staff mentoring program support skills development. Staff interviewed stated they have sufficient time for their duties.

### **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

Residents and representatives reported they are satisfied that goods and equipment are provided to meet residents' needs. Purchasing and supply management is conducted according to corporate policies and procedures. Department managers order and maintain supplies, with purchasing approval endorsed by senior managers, relevant to authority levels. Equipment is ordered according to resident need, planned replacement programs and identified requirements from resident and staff requests. Equipment cleanliness and serviceability is monitored through worksite inspections, corrective and preventive maintenance programs and audits. Equipment trials, training and safe operating procedures assist safe equipment use by staff.

## **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

Residents and their representatives stated they are satisfied with the level and amount of information provided to them before entering the home and that ongoing communication and information is clear. The home has systems to ensure staff have access to the necessary information required to carry out their role in the provision of care and services, including care guidelines and flow charts. Policies, procedures and legislation guide and direct the home in records management and information technology. Processes, such as memos, newsletters, diaries and the email are used to communicate with staff, residents and representatives. Current and archived resident and staff information is stored securely. Computer access is restricted to authorised personnel through passwords and emergency back-up measures are in place. Staff indicated they are satisfied with their access to, and quality of, information they receive to assist them as needed.

## **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

Residents and representatives indicated they are satisfied with externally contracted services. Contracts are negotiated and monitored through corporate management, in consultation with the facility manager. Contracts, required registrations and police clearances are managed at corporate level and generally include required standards of service. Contracted services are regularly monitored through scheduled meetings, audits, resident surveys, resident meetings and established feedback processes.

## **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

Residents, representatives and staff indicated they are aware of the home's quality management system and how they can contribute to continuous improvement. Resident incident data is analysed and combined with clinical indicators to identify contributing factors and trends to provide opportunities for improvement. The home is using a variety of methods to evaluate continuous improvement activities and demonstrated results of improvements relating to health and personal care including:

- Medication management has been improved following audit results. It was identified that the home was not using best practice medication management processes. An external provider was contacted for information and advice on best practice in medication management. A new system has been purchased and is in the process of being introduced across the home. Benefits to residents to date are the introduction of photographs on each resident's medication blister pack and on each medication signature sheet. This has improved medication administration and reduced the risk of medication administration errors.
- Residents' access to physiotherapy services has been improved following a recent initiative. The home identified the benefit of joining the Riverina Division of General Practice and Primary Health care group. This has provided ready access to allied health, including physiotherapy services. Previously physiotherapy assessments were conducted on an as needed basis. Residents now have a physiotherapy assessment and physiotherapy plan developed on entry to the home. Existing residents have had a physiotherapy assessment and physiotherapy plan developed. These are included in residents' care plans for staff to follow.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has systems and processes to identify and manage regulatory compliance relating to residents' health and personal care including the provision of prescribed care and services, medication management and the registration of nurses and allied health providers. Information technology and links with appropriate peak bodies monitor legislative updates. These are reviewed by the Clinical Care committee and passed on to staff using a variety of methods. Education sessions are held as required. Staff interviewed stated they understand and use the system.

### **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

Staff requests, surveys and annual performance appraisals are combined with resident feedback and residents’ changing needs to plan the annual training program. Annual competency programs support skills maintenance and skills development and staff are actively supported to access ongoing training and development relevant to their roles. Staff have ready access to the internet and intranet for information and education needs and specialised education is accessed as needed. Education and development in health and personal care has been provided to nursing and personal care staff over the last twelve months in a range of topics, including duty of care and negligence, continence management, wound care and pain management. Staff interviewed were satisfied with the training and education provided by the home.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents and representatives indicated they are satisfied with care provided. Care plans are developed in consultation with residents and their representatives. Care, nursing and allied health staff contribute to this process using a range of evaluated observations and on-line assessment tools. Computerised care plans and progress notes are accessible to staff, who are advised of changes to resident care needs through handovers, on-line care alerts, and communication books. Staff access intranet based policies, procedures and report forms and are provided with care guidelines and flow charts. Staff practice and care is evaluated and monitored through daily personal care records, regular care reviews, incident reporting, audit and observation processes and resident feedback.

### **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

Residents said they receive specialised care and support according to their needs. Specialised care needs are identified through care planning and review processes and documented in technical care plans. Care planning and review processes are endorsed by a registered nurse and there is a registered nurse on call for support and advice. There are care policies and procedures, on-call guidelines and staff training relevant to residents’ specialised care needs. Complex specialised care may be referred to external nursing services or the resident transferred to a related high care facility. Specialised care and staff practice is monitored through documented resident observations, care reviews, audits, on-line care alerts and competency assessments.

## **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 indicated they are informed about health and related services available to them and that services are accessed relevant to their needs and preferences. Assessment and regular review processes identify the requirements for resident referral or screening services. An allied health folder advises staff of services available and their contact details. A transfer form provides relevant resident information when external referrals or acute care is required. Progress notes and updated care plans provide information about referral outcomes and changes in treatment. Resident surveys and care reviews, audit processes, and clinical care indicators assist monitoring of the effectiveness of referral processes.

## **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

Residents reported they are satisfied that their medications are managed safely and correctly. Medication management policies and procedures are accessible to credentialed care staff who administer medications. Medications are supplied in pre-packed dose aids by contracted pharmacy services and safely and appropriately stored. Medication charts generally provide relevant administration information and are regularly reviewed by the prescribing general practitioner. There are procedures for registered nurse authority to administer ‘as required’ medications. Medication management is monitored through signature omission tracking, process audits, medication incidents, pharmacy profiles and supply audits. A medication review committee reviews monitoring outcomes, considers changes to therapy consistent with current practice, and monitors management processes.

## **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

Residents reported satisfaction with the home’s approach to managing their pain needs. Assessment of residents’ pain management needs includes observation of residents’ pain experiences and responses to therapy and medication. Tools assist this process for residents with cognitive impairment and resident responses are documented on pain flow charts and in progress notes. Pain management guidelines are accessible to staff who have also received training in identifying and assisting pain relief. Pain management processes and staff practice are monitored through regular care reviews, audits, evaluation of ‘as required’ medication use and resident consultation.

## **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

Residents and their representatives stated they are satisfied with the home’s approach to supporting residents’ end-of-life choices. On entry, residents and their representatives are provided with information to assist discussion and decisions about terminal wishes. These are generally documented in clinical files. When end-of-life care is required external services assist assessment and care planning or the resident is transferred to an alternative facility. The home has resources to support resident and family comfort and pastoral care service visits are arranged according to resident need. Staff have access to palliative care guidelines and procedures and receive relevant training. Following residents’ end of life, an interview with the resident’s family is conducted to assist evaluation of palliative care processes.

## **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 indicated they are satisfied with the home’s approach to meeting their nutrition and hydration needs. Identified nutrition needs, risk levels and meal and drink preferences are assessed and plans documented according to the home’s nutrition management procedures. Relevant information is communicated to catering including required utensils, food textures and supplements. Referral to speech pathology or dietitian services is arranged if necessary. Nutrition and hydration plans are regularly reviewed relevant to monitored weight and intake levels and include reference to the impact of sensory deficits. Weight assessment intervals vary. Staff receive training in the management of swallowing difficulties and nutrition management processes are monitored through resident feedback processes, on-line care alerts, audits, care reviews, and regular menu assessments.

## **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

Residents indicated they are satisfied with the care provided to maintain their skin integrity. Skin care plans and preventive strategies are documented following risk assessment and resident consultation. Strategies to protect skin or reduce pressure may include moisturisers and pressure relieving mattresses. Wound care is planned and reviewed by registered nurses. Staff receive training in wound, skin and nail care and podiatry and hairdressing services are provided. Skin integrity management and staff practice is monitored through the incidence of skin tears, wounds and pressure areas, process audits, personal care daily records, regular care reviews and wound assessments.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents indicated they are satisfied that their continence needs are being met. Functional continence assessments identify voiding and bowel patterns. Toileting plans, required aids and plans to support normal bowel patterns are documented according to the home’s continence management procedures. This process may be assisted by the continence advisor and includes required hydration and diet support plans. Staff receive continence management and catheter care training. Continence management is monitored through regular care reviews, process audits, daily bowel pattern recording and personal care records. The incidence of urinary tract infections is also monitored by the clinical care team and there are protocols for the identification and management of infections.

## **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 did not report any concerns about the behaviours of other residents. Behaviour assessment tools assist staff to monitor residents’ behaviour patterns and triggers to behaviour changes. Behaviour management plans and relevant diversional activities are documented and regularly reviewed relevant to observed and reported behaviours. A secure area accommodates residents with a tendency to wander. No other form of restraint is used. Behaviour policies and procedures guide staff practice and staff have received a range of training to assist their understanding of behaviours and dementia care. Behaviour management is monitored through behaviour incident reporting, audits, and regular care reviews.

## **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

Residents reported that the home provides support and opportunities to enhance their mobility and dexterity. Physiotherapy and registered nurse assessments also identify falls risk. These assist in planning daily exercises, mobility and transfer needs, support equipment requirements and falls prevention strategies. Lifestyle plans also support mobility and dexterity through regular exercise sessions, outings, crafts, cooking and a range of active games. Staff practice is supported by manual handling training and assessments, and falls prevention training. Regular mobility reviews, the incidence of falls, process audits and resident feedback and observation assist the home to monitor the effectiveness of mobility and dexterity plans.



## **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 indicated that their oral and dental care is managed to their satisfaction. Oral and dental assessments are conducted according to the home’s procedure and on-line assessment tools. Residents’ preferred dental care and required support is documented, including their preferred dental service. Dental review is arranged for residents who do not nominate a preferred service. Better practice in oral care training has been provided to staff and oral and dental care is monitored through regular care reviews, daily personal care records, audits and resident feedback.

## **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

Residents reported that their sensory needs are supported. Assessment processes identify any deficits in all five senses and are conducted according to the home’s procedures. Care plans document assessment outcomes and strategies to support and enhance residents’ sensory experiences, including the use of aids. Residents’ daily lifestyle activities support their sensory needs and may include gardening, crafts, cooking, and various outings. Screening service preferences are recorded or referrals made as required. Sensory management is monitored through personal care records, regular care reviews and audit processes.

## **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

Residents reported that they are able to achieve adequate sleep and rest. Sleep and rest needs are assessed and observed on entry, to establish preferred patterns. Settling plans and preferred rising times are documented and regularly reviewed relevant to observed changes in resident preferences or comfort. Established use of sedation is respected and monitored. Sleep management is guided by the home’s procedures and monitored through care reviews, audit processes, resident feedback and incident monitoring.

## **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

Feedback mechanisms and information systems assist residents and staff to contribute to continuous improvement in resident lifestyle. Management and key staff encourage suggestions for improvement and these are used to make changes to resident care and change staff work practices. Issues identified are added to the continuous improvement plan and prioritised in response to needs identified. Processes, including resident meetings and regular surveys are used to monitor and evaluate improvement initiatives in resident lifestyle. The home demonstrated results of improvements relating to resident lifestyle including:

- Residents’ welcome to the home has been improved following a staff suggestion. Lifestyle staff identified the need to improve the welcome process for new residents. Existing residents were consulted and a welcome committee consisting of residents in the home was formed. This group welcome residents to the home and takes on a mentoring role during the settling in process. A welcome basket and card made by the residents’ craft group are placed in the new resident’s room. Residents report that friendships have formed as a result of this process and residents on the welcome committee are enjoying their role.
- Following education in the Eden alternative philosophy of care, staff identified the need for an improved way of farewelling residents who pass away. A memorial service is held each year, however, staff and residents wanted a more immediate way of saying goodbye. A process has been introduced whereby a memorial candle and a photograph of the recently deceased resident are placed in the dining room immediately following the resident’s passing. Residents have commented positively on the new initiative and that it assists them in remembering the resident and celebrating their life.

### **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

There are effective systems, including planned auditing and regular review of policies and procedures to identify and manage regulatory compliance in resident lifestyle. Links with appropriate industry bodies provide for regular update of relevant legislative changes. The home provides lifestyle and activity programs consistent with Quality of Care and User rights Principles 1997, protecting residents’ privacy, maintaining confidentiality of resident information and providing resident agreements that assist them to understand their rights and responsibilities. Staff interviewed stated they understand and use the system.

### **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

Regular performance appraisals are combined with staff and resident feedback to inform the annual training calendar. The home accesses external funding sources to maximise training opportunities for staff and paid training time provides staff with ongoing training and development opportunities relevant to their roles. Education and development has been provided to lifestyle staff in the last twelve months in a range of areas, including the Eden alternative, pastoral care and exercise for elders. Education and development has been provided to all staff in the last twelve months in the area of dementia awareness and privacy and confidentiality. Staff interviewed were satisfied with the training and education provided by the home.

### **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

Residents and their representatives stated they are satisfied with the level of emotional support given on entry and on an ongoing basis. Representatives are encouraged to spend time in the home and join in activities. A welcome card and basket is placed in each new resident's room and the welcome committee introduces them to their fellow residents. Lifestyle care plans record strategies that guide staff when providing ongoing emotional support. Strategies are developed to assist residents during times of grief, including providing one-to-one support with lifestyle staff and referral to the clergy and pastoral care staff. A variety of methods are used to evaluate the effectiveness of the support provided, including feedback at resident meetings and resident surveys. Staff interviewed were aware of residents' emotional support needs and confirmed the availability of care plans to provide ongoing information on residents' emotional support needs.

### **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

Residents and their representatives stated they are satisfied with the way staff assist residents to retain their independence and maintain meaningful relationships. Assessment processes identify the physical, emotional, social and financial support residents may need to retain independence and friendships. Lifestyle care plans include strategies that encourage residents to retain their independence. The home has a large contingent of volunteers. This is combined with family support and the organisation's bus to assist residents maintain community associations such as continuing swimming classes at the nearby swimming pool. State and local newspapers are delivered daily on resident request and the mobile library calls at the home each week. Ongoing reviews monitor the effectiveness of strategies implemented. Staff gave examples of assisting residents to retain their 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

Residents and representatives stated they are satisfied with strategies staff use to respect residents' privacy and dignity. Staff are aware of residents' right to privacy and dignity during personal care, including the use of privacy capes in shared bathrooms. Staff, residents and volunteers are informed of the home's privacy and confidentiality processes through resident and staff information booklets. All staff sign the organisation's code of ethics that includes privacy and confidentiality. Ongoing audits and satisfaction surveys monitor compliance with policies and procedures and there are processes in place to address any breaches of privacy. Residents can have a key to their room and all rooms have a lockable cupboard for valuables. Resident's records are stored appropriately to preserve confidentiality. The Aged Rights Service attends the home each year to provide information for staff and residents.

### **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 and representatives stated they are satisfied with the wide range of activities available to residents. Residents' individual interests and preferred activities are documented on entry to the home and strategies to assist in participation are documented in their care plan. Residents are encouraged to remain active in the home and in their local community by participating in activities such as knitting items for charity and exhibiting art and craft items at the local show. The home's memory support unit has a dedicated lifestyle staff member who provides specialised programs in the unit. Monitoring processes, including observation, discussions at resident meetings and program evaluations are generally used to determine the effectiveness of activities provided. Staff interviewed were aware of their responsibilities in assisting residents with their lifestyle program and were able to demonstrate knowledge of residents' activity care plans.

### **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 and their representatives stated they are satisfied with the level of spiritual and cultural support offered. Lifestyle planning and review processes identify practices that are significant to residents. These include attending the Anzac service in the town, participating in Christmas and New Year celebrations and attending the home's happy hour cocktail afternoons. Religious services are held in the home and staff liaise with other religious orders to cater for residents' spiritual needs. Pastoral carers cater for residents' spiritual support needs and residents have access to the clergy at all times, including after hours and weekends. The home holds cultural theme days and residents assist in preparations for these events by making appropriate items for use on the day. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed were aware of residents' cultural

and spiritual support needs and confirmed the availability of care plans to provide ongoing information as required.

### **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 and their representatives stated they are satisfied with the choice residents have around issues that affect daily life in the home. Surveys, resident meetings and informal discussions assist residents to have input into services provided. Resident files include information on residents' capacity to make informed choices and representatives who can assist with care and lifestyle decisions if needed. Information on residents' rights and responsibilities is included in the resident handbook and resident agreement. Ongoing reviews monitor the effectiveness of strategies implemented. Staff interviewed were aware of residents' right to make informed choices and confirmed they support residents to make choices where appropriate.

### **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

Residents and their representatives stated they are satisfied with the information provided and processes used to assist them to understand their rights and responsibilities. The home's policies and procedures support residents' right to safe and secure tenure and staff responsibilities to protect these rights. The resident agreement and resident handbook provide information about residents' rights and responsibilities, fees and charges, security of tenure and resident decision making forums. The organisation's trust officer meets with each resident and/or their representative prior to entry to assist them in understanding the issues that affect their tenure in the home. Ongoing reviews monitor the effectiveness of strategies implemented. The home is an ageing in place facility and staff access external support agencies to provide additional short term care as needed to enable residents to remain in the home. Any change in resident's status and/or accommodation is discussed with residents and their representatives. Although these discussions are recorded in progress notes the home does not confirm the discussions in writing.

## **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

Resident, representatives and staff stated they are aware of the home’s continuous improvement system and how they can contribute to improvement in the home. A variety of processes are used to identify issues and suggestions for improvement in physical environment and safe systems. Issues identified are added to the plan for continuous improvement and actioned according to planned timeframes. The home has a variety of systems to monitor and evaluate continuous improvement and demonstrated measurable results for stakeholders including:

- Television viewing in one of the small lounge areas has been improved following residents’ complaints. Residents complained that the sun was shining on the television screen in the afternoons and impairing their view of the screen. Tinting has been installed on the windows to reduce sun glare. Residents who use the room report that the tinting has reduced sun glare and they are able to clearly see the television screen.
- Residents’ living environment has been improved with the creation of an outdoor area in the memory support unit. Shade cloth sails, artificial turf and appropriate fencing has been installed and suitable furniture purchased. Residents are observed to be using the area often and enjoying the increased access to the outdoors. Staff report that the ability to have the door open in fine weather enhances the ambience of the unit by providing free flowing fresh air.
- Staff working conditions have been improved following staff feedback. Selected staff had a key to the locked treatment room and other staff commented on the difficulty of having to locate senior staff each time they needed to enter the locked treatment room. A coded keypad has been installed on the door removing the need for keys. Staff feedback is that they appreciate the convenience of being able to enter the room when needed and that it saves time in locating staff for a key.

### **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

Corporate and site processes monitor and maintain regulatory compliance relating to physical environment and safe systems, including implementing occupational health and safety regulations, managing chemicals and monitoring fire safety systems, food safety and equipment maintenance. Legislative change is a standing agenda item at all staff meetings. Staff at the home said they understand and use the system.

### **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

Surveys and audits are combined with competency assessments to monitor staff knowledge and skills required to perform their duties in physical environment and safe systems. Staff have ready access to the Aged Care Channel and are encouraged and supported to access the wide range of training opportunities available to them. Mandatory training attendance is monitored by the organisation's administration staff and staff who miss mandatory training are directed to attend sessions at the home's sister sites. Education and staff development relevant to physical environment and safe systems has been provided to all work groups in the last twelve months in a range of areas, including manual handling, fire and emergency procedures, infection control and food safety. Staff interviewed said they were satisfied with the training and education provided by the home.

### **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

Residents indicated they appreciate the comfort of the living environment provided by the home. Regular environmental inspections, maintenance programs, incident and hazard reporting and cleaning audits assist the home to monitor the safety and comfort of the living environment. Residents are accommodated in single rooms with bathroom access. Rooms are furnished and decorated according to resident preferences and there is access to private and communal spaces and secure external courtyards. A secure accommodation area and key pad operated entry to the home supports the safety of residents who tend to wander. No restraint is used in the home and there is monitored call bell access. Staff receive training in safe work practices and their responsibilities for reporting incidents and hazards.

### **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 management processes to provide a safe working environment and meet legislative requirements. Staff induction and regular training support staff knowledge of safe work practices and occupational health and safety responsibilities. Staff have ready access to relevant policies and procedures. An occupational health and safety committee is representative of staff work groups and monitors occupational health and safety systems and opportunities for improvement. Staff interviewed were aware of their occupational health and safety responsibilities and accident and hazard reporting processes.

#### **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

There are procedures and monitoring processes to reduce the risk of fire, security and emergencies. Staff induction, ongoing training and drills provide staff with the knowledge and skills to respond to emergencies. There is access to emergency response charts, evacuation procedures and plans and resident transfer and identification documents. Residents and their visitors do not always understand their required response to fire alarms. Internal maintenance and contracted services monitor fire equipment and systems and electrical equipment safety. There is a smoking policy that restricts staff smoking and includes processes for assessing resident risk and providing supervision. Disaster contingency plans are in place and staff understand their responsibilities in the event of a fire.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an infection control program monitored by the corporate infection control coordinator. National guidelines, outbreak management plans and resources assist staff to manage and prevent infections, supported by training and hand washing competency assessments. Infection incidence is monitored through clinical care meetings. There is an immunisation program for both staff and residents and contracted hospitality services provided according to infection control guidelines. There is an audited food safety program and infection control audits to monitor staff practice and processes.

#### **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

Residents said that hospitality services are provided to their satisfaction and staff report that the services are effective in supporting a comfortable working environment. Hospitality services are provided by external contractors. Residents' nutrition needs and preferences are communicated by the home to the catering supervisor. Menu choices are selected each day and served in the residents' dining room, which is supervised by staff. Laundry services include labelling of residents' clothing and ironing. Cleaning services consider resident requests and privacy needs, and are provided according to monitored schedules. The services have established processes for monitoring resident satisfaction, auditing service standards and staff practice and regularly communicating with the home's management. Staff training is provided by the contractors in addition to staff attendance at the home's mandatory training sessions.