



Aged Care  
Standards and Accreditation Agency Ltd

## **Barongarook Gardens**

RACS ID 3608

8-32 Murray Street

COLAC VIC 3250

Approved provider: Aged Care Services 21 (Barongarook  
Gardens) Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 30 July 2015.

We made our decision on 12 June 2012.

The audit was conducted on 8 May 2012 to 9 May 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

# Audit Report

## Barongarook Gardens 3608

**Approved provider: Aged Care Services 21 (Barongarook Gardens) Pty Ltd**

### Introduction

This is the report of a re-accreditation audit from 8 May 2012 to 9 May 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 8 May 2012 to 9 May 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:	David Barnett
Team member:	Jennifer Thomas

## Approved provider details

Approved provider:	Aged Care Services 21 (Barongarook Gardens) Pty Ltd
--------------------	---

## Details of home

Name of home:	Barongarook Gardens
RACS ID:	3608

Total number of allocated places:	60
Number of residents during audit:	57
Number of high care residents during audit:	37
Special needs catered for:	Nil

Street:	8-32 Murray Street	State:	Victoria
City:	Colac	Postcode:	3250
Phone number:	03 5243 6733	Facsimile:	03 5243 9836
E-mail address:	barongarookgardensdon@acsagroup.com.au		

## Audit trail

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

### Interviews

	Number		Number
Facility manager	1	Residents	16
Director of aged care services	1	Representatives	6
Registered nurses	1	Catering operations manager	1
Care staff	7	Catering assistant manager	1
Quality manager	1	Chef	1
Administration assistant	1	Domestic manager	1
Occupational health and safety representative	1	Laundry staff	1
Diversional therapist	1	Cleaning staff	3
Physiotherapists	3	Maintenance manager	1
Dietitian	1	Maintenance staff	1

### Sampled documents

	Number		Number
Residents' files	7	Medication charts	14
Summary/quick reference care plans	7	Weight charts	30
Resident agreements	6	Personnel files	7

### Other documents reviewed

The team also reviewed:

- Activities calendar
- Annual essential safety measures report
- Approved repairer list
- Audit schedule, results and analysis
- Care planning and review procedures
- Cleaning schedules
- Clinical assessments and related care management plans and guidelines
- Communication diary
- Compulsory reporting register
- Corrective action request log
- Daily cleaning request register
- Daily maintenance log
- Dietary change notification form

- Direct care handover folders
- Duty lists
- Education calendar
- Emergency lighting log
- Emergency manual
- Employee work-right spreadsheet
- Employment contracts
- Fire and emergency equipment testing logs
- Food safety plan and associated kitchen documentation, logs and certification
- 'Have your say' forms
- Infection control policy
- Infection control surveillance folder
- Interim care plans
- Lifestyle evaluation and participation folders
- Material safety data sheets
- Medication management forms and registers
- Medication self administration assessments
- Meeting terms of reference, schedules and minutes
- Memorandum
- Menus
- Newsletters
- Nursing registrations
- Palliative care plans and care wishes
- Pest control records
- Police check and statutory declaration register
- Position descriptions
- Preventative maintenance schedule
- Priority action workplans
- Privacy/confidentiality consent forms
- Progress notes
- Policies and procedures
- Referral folder – allied health services
- Refrigerator temperature check records
- Registered nurse and night shift duties and checklists
- Regulatory compliance folder
- Resident consent forms
- Resident evacuation list

- Resident surveys and newsletter
- Charter of residents' rights and responsibilities
- Residents' dietary needs / preferences information system
- Residents' information package and handbook
- Risk assessments – falls
- Rosters
- Self directed learning packages
- Specialised care plans
- Staff handbook
- Staff induction record and questionnaire
- Staff newsletter
- Testing and tagging log
- Training matrix, evaluations, feedback and summaries
- Vision and mission statements
- Visitor / resident in / out books.

### **Observations**

The team observed the following:

- Accreditation visit notices displayed
- Activities resources and activities in progress
- Allied health professionals in attendance
- Archiving and secure document storage
- Biohazard spill kits
- Charter of resident rights and responsibilities displayed
- Cleaning cupboards and cleaning in progress
- Emergency exits and paths of egress
- Equipment and supply storage areas
- Evacuation pack
- Fire and emergency equipment
- Food register
- Hairdressing / doctors room
- Hand basins and sanitisers
- Infectious outbreak kits
- Infectious waste storage
- Interactions between staff and residents
- Internal and external complaints scheme and advocacy information displays
- Internal and external living environment
- Kitchen and food storage practices



- Kitchenettes
- Laundry
- Living environment
- Meal service
- Medication administration, trolleys and storage practices
- Medication and pathology refrigerator
- Occupational health and safety information displays
- Personal protective equipment stocks and usage
- Pharmacy return bins
- Resident / representative information displays and noticeboards
- Residents interacting
- Staff room and noticeboards
- Staff smoking area
- 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

The home has a systematic organisational continuous improvement system driven by 'have your say' forms, corrective action requests and priority action work plans. Improvement opportunities are identified through regular meetings, audits, surveys, stakeholder input from comment/complaint processes, incident reports, maintenance and management and organisational processes and observations. Interviews and documentation confirm stakeholders are encouraged to contribute to continuous improvement. Documentation confirms timely actioning with appropriate feedback, follow-up, completion and review of improvement opportunities. Identified improvements are cross-referenced enabling tracking and regular monitoring of the system is completed by the home and the organisation. Continuous improvement is a standard agenda item for the home's meeting and reporting processes.

Improvements identified and completed in this standard include:

- The development and implementation of a monthly corrective action request report to assist with trending and analysis of the continuous improvement system. The new reports are beneficial and working well.
- Introduction of a full-time seven-day-a-week registered nurse position in response to the increasing care needs of residents. The role has proved to be highly effective and beneficial for both residents and staff.
- Following management observations, the introduction of incentives for staff to attend staff meetings. This has resulted in improved attendances with a positive reaction from staff.
- The implementation of an electronic message system for staff to assist with the filling of vacant shifts, education session reminders and meeting times. The system has proved highly effective with a range of clear benefits for staff and management.
- Following identified needs, the establishment a new archive area and improvements to the filing system for resident and personnel files. The improvements have assisted with timely and secure information access and storage.

## **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 and the organisation have systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. Regulatory compliance information and changes are received from a legislative update service, peak industry and government bodies. Information and changes are appropriately actioned and disseminated by senior staff through the organisation's and the home's information systems and processes. Regulatory compliance is a standing agenda item for meetings and a relevant information folder is in place for staff. Regular audits and staff training monitor and maintain compliance and the home's policies are regularly reviewed and updated. Residents and representatives are informed of accreditation audits. Systems in place ensure all relevant persons have and maintain a current police check and required statutory declarations.

## **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 systems in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. Training needs are identified through annual training needs analysis, audit results, meetings, incident reports, staff requests and the comments and complaints system. An annual organisational education plan is developed and additional training specific to the home is included as required. An education calendar is in place, attendance records are maintained and a training matrix monitors mandatory education, competencies and self directed learning packages completed. Training feedback and summaries are completed and education incentives are offered to staff. Staff report they have access to sufficient internal and external education when appropriate and undertake regular competencies. Training completed relevant to this Standard includes frontline management, bullying and harassment, continuous improvement, new equipment training, funding instrument training and incident and mandatory reporting.

## **1.4 Comments and complaints**

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

### **Team's findings**

The home meets this expected outcome

The home demonstrates residents and their representatives are effectively informed of the complaints processes, are encouraged to contribute and have access to internal and external complaints mechanisms. Appropriate forms, forums and a suggestion box are readily available. Management encourage and maintain an open-door policy and a 'have your say' comments / complaints register documents timely and appropriate response and action with formal and informal follow-up appropriately provided. Management and the organisation monitor the effectiveness of the complaints mechanisms with organisational support where

required. Comments and complaints are able to be made anonymously. Residents and representatives stated satisfaction with the home's comments and complaints processes.

### **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

Information displays and documentation including resident and staff handbooks consistently document the home's and the organisation's mission, vision and values. The statements confirm the home's commitment to excellence through innovation and continuous improvement and high quality care and services responsive to the needs of residents.

### **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

Management demonstrates and staff confirm there are appropriately skilled and qualified staff in the home. The organisation assists with human resource management processes. Systems are in place to ensure types and numbers of staff are maintained at all times. Staff rosters are in place with systems to ensure vacant shifts are appropriately filled. A registered nurse is on site or on-call at all times, annual leave is managed, nursing registrations are maintained, regular training is provided and all staff are supplied with position descriptions. Recruitment systems and orientation packs and programs are in place for new staff with performance appraisals completed at the end of the probationary period and as required. The home demonstrates staff numbers and skill mixes are reviewed and monitored to meet changing resident needs. Residents say they are satisfied with the responsiveness of staff and the level of care provided.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has suitable goods and equipment and monitors stock regularly to ensure sufficient stock levels appropriate for the delivery of services. Departmental ordering processes are in place and the organisation assists with asset and purchase management, preferred suppliers / repairers and preventative maintenance schedules. The home has sufficient and appropriate storage and maintenance documentation confirms equipment is appropriately repaired and maintained. Stock is checked on delivery, rotated and equipment is trialled before purchase. The team observed and staff confirmed sufficient supplies of stock and equipment to meet residents' needs. Residents confirmed adequate supplies and equipment are available at all times.

## **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

Effective information systems are in place in the home. An organisational document control and review process is in place ensuring current, consistent and accurate information is available for management and staff. Regular meetings, audits, surveys and organisational reporting processes are completed according to schedule. Resident and staff newsletters are regularly published in the home, memo's and meeting minutes available, noticeboards in place and relevant handbooks distributed. Observations and interviews confirm information is appropriately maintained, secured, archived and retrievable in a timely manner. Residents confirm access to appropriate information to assist them in decision-making.

## **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 organisation manages the home's external services, including local contractors. Robust systems and processes in place assist the home to ensure the services meet the home's needs and quality goal. These include regular organisational contract reviews and contractor performance monitoring through the home's audits, stakeholder input and regular management reports and meetings. A preferred suppliers list is in place with service agreements and contractor police checks maintained and monitored. Contractor sign-in and identification processes are in place in the home. Residents and staff state satisfaction with the home's externally sourced services.

## **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

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

Improvements identified and completed in resident health and personal care include:

- In response to an identified deficit, laminated cards developed for meal trays to alert staff if residents are fasting for medical tests or in hospital. The system is working effectively.
- Following management and staff observations, individual containers purchased for resident wound product storage to ensure the products are only used for that resident and improved infection control management. The improvement is effective.
- Commencement of a wound champion course for a staff member and establishment of the portfolio for the member of staff, to assist with continuity of appropriate care for residents and with benefits for both residents and staff.
- The purchase of a range of clinical and care equipment for residents to meet individual care needs. The equipment and associated training for staff has been beneficial in appropriately meeting resident care needs.

### **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 system and processes.

The home demonstrates regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management requirements and systems in place for the required reporting of absconding residents.

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

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

#### **Team’s findings**

The home meets this expected outcome

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

Education completed on health and personal care included but was not limited to dementia and behaviour management, wound management, nutrition and hydration, dysphagia and safe swallowing, continence management, palliative care, care documentation training, diabetes management and assessing sensory loss.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents receive clinical care in accordance with their assessed needs and preferences provided by registered and enrolled nurses well supported by personal care staff. Care plans are developed, implemented, reviewed and evaluated by registered nurses via a comprehensive monthly review process. Staff are able to demonstrate their knowledge of resident care needs and preferences. Ongoing care consultation is evident in each resident’s reviewed files and progress notes. Residents and representatives confirmed they are consulted regarding their care and are satisfied with the high level of care provided.

### **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 and enrolled nurses provide, review and supervise the provision of specialised care required by residents, with registered nurse support available 24 hours per day. Detailed care plans are in place and contain additional information for staff to assist them to deliver contemporary specialised care to residents. Staff have access to acute specialist services as care needs dictate. Residents with specialised care requirements have documented reportable ranges recorded and treatment strategies available for staff. Residents said they are satisfied with the specialised care they receive.

### **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 has a number of other health and related services that are available according to residents’ needs and preferences. Services accessed include dietitian, speech pathology,

wound management and a community palliative care team. These services are available either internally or externally and progress notes document these referrals. Residents and representatives confirmed they can access these health related services and are kept informed of the outcomes of any referrals by staff.

## **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

Registered and enrolled nurses and medication competent personal care staff administer medication from blister packs. Care staff involved in administering medication confirmed undertaking recent medication management competencies and stated medication is managed safely and correctly. We observed staff administering medication in a correct and safe manner. Medication charts are clearly identifiable with photographs of residents and specific information detailed on optimum ways to administer medication to each resident. The medication area is locked as required and medication trolleys are stored securely and correctly. Residents who self administer all or part of their medications are assessed and reviewed regularly. Residents said they are satisfied with their medication management.

## **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 have pain assessments and, if needed, have specific pain management care plans implemented. Residents, staff and progress note entries confirm the use of non-medication strategies to relieve pain. Staff have access to ‘as required’ analgesic medication orders and give these to residents as required and / or requested. Staff document the effectiveness of these interventions in the residents’ progress notes. An external physiotherapist attends four sessions per week and coordinates a ‘pain clinic’ treating and reviewing residents with specific pain management issues, stating this program has a positive impact on residents with chronic pain. Residents said they are satisfied with the assistance given to them by staff to be as pain free and comfortable as possible

## **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 representatives inform staff of their preferences for end of life care and this is documented. When required a palliative care plan is implemented and this care is provided by registered and enrolled nurses and personal care staff, with the diversional therapist also involved in supporting residents and families at this time. Staff told us about the complimentary therapies available to assist in keeping residents comfortable. External palliative care services are available and entries in files reviewed confirmed frequent reviews by the resident’s doctor in relation to pain management. Staff said they respected resident’s wishes at this time and representatives said they had seen examples of staff giving exceptional palliative care and support to residents and families.



## **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

On entry to the home residents are asked for their dietary likes, dislikes, food allergies and preferences. This information is recorded on each resident’s nutrition and hydration care plan and we confirmed that this dietary information is sent to the kitchen. Residents are weighed regularly and if a significant change in a resident’s weight is identified the doctor is notified and a review by a dietitian and / or speech pathologist undertaken. Food supplements are available and we observed residents being encouraged by staff to eat their meals and being offered additional food and drinks throughout the day. Residents and representatives interviewed said there is always enough to eat.

## **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 have skin assessments that identify potential or actual skin integrity issues. Staff use this information to develop detailed care and management plans. Individual skin care products such as creams, protective devices and wound dressings are available for residents. Staff attend education on wound and skin care and confirmed they have adequate supplies to provide consistent skin care. We observed residents skin to be clean, with residents confirming they are happy with the skin care they receive.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Documentation confirms assessment and charting for bowel and bladder continence is collected on entry to begin developing continence management plans. Each resident’s continence history is recorded. Staff use this information to develop continence management plans that are effective in meeting residents’ needs. Toileting schedules and aid allocation information assists staff to provide residents’ with individualised continence management. Registered nurses monitor the effectiveness of continence management through the care plan review process, documentation and observation. Staff report continence aids are available to meet assessed needs. Residents confirmed that staff manage their continence effectively and maintain their privacy and dignity when providing assistance.

### **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’ behaviours are assessed and charted, this information assists staff to develop behaviour management plans. Documentation reviews confirm assessments include observations of verbal, physical and wandering behaviours over designated periods. Triggers are identified and behaviour management strategies are individualised and evaluated routinely and as needs change. Staff report they attend training on dementia and challenging behaviours and described a range of interventions used to manage residents’ behaviours. Residents report they are satisfied with the home’s approach to managing the needs of residents with challenging behaviours.

### **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 have their mobility status assessed by the physiotherapist, then an individual exercise plan is developed and implemented. Care plans detail the number of staff and equipment required to safely transfer and mobilise each resident. Care staff said they assist residents to mobilise and to undertake their individual exercise program. Modified equipment such as cutlery and plate guards are available to enhance dexterity. The team observed residents walking around the home with staff assistance and using mobility aids. Residents stated they attend exercises and appreciate the assistance given to them by staff to optimise their mobility and dexterity.

### **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

The home has processes to assess, plan, document and review residents’ oral hygiene care plans and needs and to identify when a referral to a dental service is required. Staff consult with the resident or representative before appointments are made and stated they assist residents by arranging a domiciliary service to visit the home or organise an external appointment and transport. Staff said that stock is always available to enable oral and dental care to be provided. Residents confirmed they have access to dental services and are satisfied with their oral and dental care.

## **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

All residents have sensory assessments undertaken during their time in the home. A care plan is implemented detailing individual needs such as hearing aids and glasses and preferences in relation to wearing these sensory aids and records the care required to maintain resident aids. Staff said they consult with residents and representatives if the resident requires a sensory loss review and will organise a referral to an appropriate allied health practitioner. Resident feedback was positive regarding the sensory loss care they receive.

## **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

On entry to the home all residents have their preferred night routines documented. This information is incorporated into the residents sleep care plan. The care plan outlines the specific requirements for each resident when settling at night. Staff use these plans to assist residents to settle into bed and achieve a natural nights sleep. Residents commented to the team that the environment is calm and quiet at night and said that if they are unable to settle to sleep staff will sit with them and offer hot drinks, a snack and /or medication to assist them to settle back to sleep. Residents confirmed these interventions help them to settle.

## **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 system and processes.

Improvements identified and completed in resident lifestyle include:

- Following an observation and suggestion, the introduction of coloured lifestyle programs for residents to stimulate further interest in the program. Anecdotal evidence confirms the improvement is effective.
- The introduction of an active community involvement program with stories in the local paper regarding life at the home and in conjunction with the community. Evidence suggests the stories are enjoyed by and beneficial for a range of stakeholders in the home and through the community.
- The purchase of a range of lifestyle equipment in response to management suggestions and observations and residents’ care needs and interests. The resources and equipment are enjoyed by residents.
- The purchase of a microphone to ensure residents can hear clearly at meetings and when participating in activities. The improvement is effective.

### **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 system and processes.

The home demonstrated compliance in relation to resident lifestyle with privacy and dignity policies and practices, security of tenure, residents’ rights and responsibilities and the appropriate maintenance of records and reporting requirements for elder abuse/mandatory reporting.

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

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

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

The home meets this expected outcome

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

Education completed in this standard included elder abuse, privacy and dignity, choice and decision making, grief and loss and leisure activities for residents with dementia.

### **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

The home has systems and processes to support residents' emotional needs in adjusting to their new home and on an ongoing basis. Residents and their representatives are given an information package, shown around the home, have an initial meeting with the diversional therapist and are monitored closely by staff to ensure they adjust to their new home. In-depth resident lifestyle profiles, care documentation, staff interviews and general observations demonstrate that staff are aware of and address residents' individual emotional needs. Residents and their representatives reported high levels of satisfaction with the emotional support provided by staff at the home.

### **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 demonstrates that residents are supported to achieve optimal independence, maintain friendships and community links. The home's assessment and care planning process identifies residents' abilities and preferences for social interaction and community participation. Community links are encouraged, by welcoming local entertainers, church groups and other community organisations. Residents are provided with equipment to enhance independence. Staff are aware of the home's focus on maintaining or increasing residents' independence levels and encouraging them to be as independent as possible. Residents are satisfied their individual independence needs are identified and supported.

### **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

There are systems and processes for residents' privacy, dignity and confidentiality to be recognised and respected. Information about residents' rights to confidentiality, privacy and dignity is discussed on admission and information/brochures are on display around the home. Care staff informed the team that they discuss personal details of residents in private areas, knock before entering residents' rooms and address residents by their preferred name. Each resident has their own bedroom and bathroom with additional private areas available if they would like to meet with their friends and family. Residents reported and we observed residents being treated with respect and dignity.

### **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

The home's lifestyle program encourages and supports residents to participate in a wide range of interests and activities. Residents' physical, emotional, cognitive and social strengths are identified and used to develop comprehensive lifestyle plans that reflect residents' individual personalities. Lifestyle staff provide individual sessions and also facilitate group activities. Individual attendance and refusal records are collected daily to assist with evaluating residents' individual lifestyle plans. Residents and their representatives spoke highly of the lifestyle program and we observed residents engaged in activities throughout the visit.

### **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 has systems and processes to identify, respect and respond to residents' individual interests, customs, beliefs and cultural backgrounds. Residents are assessed on entry to the home and specific information on their individual interests is recorded in their care plans. Religious services are offered in the home for several denominations and resources are available to meet the needs of residents from culturally diverse backgrounds if required. The home celebrates significant cultural and religious days with activities and meals and monitors their effectiveness through resident surveys and meetings. Residents confirm that their cultural and spiritual life is maintained and respected by staff.

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

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

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

The home meets this expected outcome

The home is committed to promoting and respecting residents' choices and their decisions. Residents' preferences are recorded on entry to the home and reviewed regularly through care consultations. Residents presenting with reduced decision-making capacity are identified and their authorised representatives are involved with making decisions on their behalf. Resident's and representatives stated that they are provided with enough information to make informed decisions. Residents confirmed that they are encouraged to make their own choices about their daily life including care, meals and attendance at activities.

### **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

Prospective residents are given a tour of the home and an information package, including a handbook. Information supplied to the resident includes: security of tenure, their rights and responsibilities, services provided and the complaints system is explained. Agreements are available and signed copies are kept on file in the home with residents/representatives retaining a copy as well. Resident/representatives meetings are held regularly and the Charter of residents' rights and responsibilities is clearly displayed. Notice boards around the home contain general information relating to the day-to-day operation of the home. Residents expressed their satisfaction with how well their initial entry into the home was handled and for the continuing information they receive.

## **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 system and processes.

Improvements identified and completed in relation to this standard include:

- In response to residents’ comments, shade cloth was installed on high windows in the dining room to eliminate sun-glare. The improvement has been highly effective and appreciated by residents.
- Following management observations, new bench seats were installed in garden areas to improve seating and assist with resident enjoyment and use.
- Following comment and observation, the purchase of a plate warmer for residents meals to assist with the correct meal temperature and the enjoyment of the meal by residents. The improvement is effective with positive feedback recorded.
- A change to the process of the provision of fresh fruit for residents with all residents now served individual fruit at lunchtime to encourage the eating, enjoyment and health benefits of the fruit. The new process is effective with more fruit now regularly consumed and enjoyed by residents.

### **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 system and processes.

The home demonstrated compliance in relation to the physical environment and safe systems through the building and living environment, fire / safety and emergency regulations, an annual essential safety measures report, occupational health and safety policies and requirements, infection control guidelines and a food safety program with related kitchen documentation and current certification in place.



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

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

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

The home meets this expected outcome

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

Education completed in this standard included occupational health and safety / manual handling, fire and emergency, infection control / hand hygiene, needle-stick injury prevention, food handling and chemical safety.

### **4.4 Living environment**

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

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

The home meets this expected outcome

The homes' environment reflects the safety and comfort needs of the residents. The home provides single personalised rooms with en suite bathrooms for residents; each room has an attractive outlook and terrace. There are spacious communal areas as well as smaller private areas, sufficient and appropriate furniture and a comfortable temperature is maintained. Residents have access to call bells and are able to safely and easily move around the environment. There are pleasant and well-maintained outdoor gardens and walking paths and the home's internal environment is calm, clutter-free and filled by natural light. The home has a minimal restraint policy with no restraint in place during the visit. Regular audits monitor the living environment. We noted a high standard of cleaning and maintenance with the home's systems, schedules and culture ensuring effective identification and actioning of cleaning and reactive and preventative maintenance tasks. Residents stated high levels of satisfaction with the home's environment and said they feel safe and comfortable.

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

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

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

The home meets this expected outcome

Management demonstrate a safe working environment in line with regulatory requirements. Organisational occupational health and safety systems and processes in the home include an appropriately trained representative, regular meetings and follow-up, regularly reviewed policies and procedures, occupational health and safety information displayed, incident and hazard management, audits, risk assessments and a return to work program. Documentation confirms stakeholder input and regular organisational reporting, monitoring and data analysis. Initial and on-going occupational health and safety training is mandatory for all staff. Chemicals are safely and securely stored and material safety data sheets in place. Interviews and observations confirmed staff awareness of and satisfaction with occupational health and safety and a safe environment in the home.

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

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

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

The home meets this expected outcome

The home has systems for detecting and acting on fire, security and other emergencies and required safety certification is in place. Fire detection and fire fighting equipment is regularly checked by approved professionals. Organisational and the home's audits, checking and monitoring processes ensure safe systems are maintained and contractor work is completed as required. Security systems for locking and monitoring external doors are in place, an emergency lighting log and electrical equipment is tested and tagged according to the organisation's policy. Current emergency manuals are readily available, evacuation maps in place and an evacuation pack with a current resident list and appropriate details. Emergency exits and paths of egress are clear and unobstructed. Staff complete mandatory annual fire and emergency training. Residents said they feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program that includes education, provision of personal protective equipment and infection information surveillance. Individual resident infections are recorded and collated monthly. Staff stated they have attended infection control education in the past 12 months and confirmed they have adequate stock supplies to maintain infection control practices when providing resident care. The home has biohazard spill kits, yellow infectious waste disposal units, infectious outbreak kits with guidelines and lidded soiled linen bags. We observed staff following infection control practices prior to and after carrying out resident care activities. Practices in the kitchen, laundry and cleaning services are in line with infection control policies.

#### **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

Hospitality services are provided in a friendly and generous manner for residents. Meals are freshly prepared in the kitchen in line with the home's and the organisation's food safety program, rotating menu and residents' needs and preferences. Meals are served in accordance with residents' individual nutritional and hydration requirements, likes, dislikes, and allergies. Alternatives are available to the set meal. Cleaning staff provide a high standard of cleaning over seven days with detailed and effective work practices and schedules. Regular high-cleaning is completed by maintenance. All laundry is completed on site with clean / dirty separation in a well-organised laundry. All hospitality staff interviewed confirmed awareness of the infection control program and displayed proper related work practices including appropriate use of personal protective equipment. Residents and staff stated high levels of satisfaction with the home's hospitality services in enhancing residents' quality of life and the working environment.