



Aged Care  
Standards and Accreditation Agency Ltd

## **Benetas @ Dowell Court**

RACS ID 3127

159 Lower Heidelberg Road

IVANHOE EAST VIC 3079

Approved provider: Anglican Aged Care Services Group

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 22 August 2015.

We made our decision on 28 June 2012.

The audit was conducted on 5 June 2012 to 6 June 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

**Benetas @ Dowell Court 3127**

**Approved provider: Anglican Aged Care Services Group**

## Introduction

This is the report of a re-accreditation audit from 5 June 2012 to 6 June 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 5 June 2012 to 6 June 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:	Deanne Maskiell
Team member:	Lorraine Davis

## Approved provider details

Approved provider:	Anglican Aged Care Services Group
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## Details of home

Name of home:	Benetas @ Dowell Court
RACS ID:	3127

Total number of allocated places:	44
Number of residents during audit:	36
Number of high care residents during audit:	19
Special needs catered for:	Nil identified

Street:	159 Lower Heidelberg Road	State:	Victoria
City:	Ivanhoe East	Postcode:	3079
Phone number:	03 9497 1887	Facsimile:	03 9499 2514
E-mail address:	dcman@benetas.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management	3	Residents/representatives	14
Clinical, care and lifestyle staff	10	Allied health	2
Hospitality, environmental and safety staff	5		

### Sampled documents

	Number		Number
Residents' files	13	Medication charts	9
Summary/quick reference care plans	13	Resident agreements	6

### Other documents reviewed

The team also reviewed:

- Activity calendars, documentation, evaluation and attendance records
- Admission pack including resident handbook
- Annual safety measures report
- Appraisal schedule
- Audits, schedule matrix, audit tracking schedule and reports
- Building certification assessment
- Cleaning records and manuals
- Clinical and lifestyle assessments, plans of care and documentation
- Clinical observations and reportable limits
- Continuous improvement plan, trend analysis, reports
- Contractors manuals, service agreements and review documentation
- Data analysis and reports
- Dietary needs and lists
- Education schedules, plans and records
- Emergency management manual
- Essential safety measures manual and records
- Family/resident consultation records and schedule
- Food safety program and external third party food audit
- Incident reports and analysis
- Infection control records and reports
- Job descriptions/duty lists
- Laundry records and associated documentation

- Maintenance register, preventative maintenance records and schedule
- Material safety data sheets
- Medication records and drug of addiction register
- Memorandums
- Menu and dietetic reviews
- Newsletters
- Orientation and recruitment records
- Policies and procedures
- Professional registration data and audits
- Recruitment policies and procedures
- Resident of the day documentation
- Restraint policy and associated documentation
- Risk assessments
- Specialist and allied health referrals, recommendations and care plans
- Staff and volunteer police check data base including statutory declarations
- Staff handbook
- Surveys
- Temperature records - catering and clinical.

### **Observations**

The team observed the following:

- Activities in progress
- Activities programs and daily schedules advertised
- Advocacy and complaints information including suggestion box
- Archive storage
- Cleaning in progress
- Emergency exits, fire fighting equipment, fire panel and location maps
- Equipment and supply storage areas
- Evacuation kits and equipment
- Interactions between staff and residents
- Internal and external living environment
- Maintenance in progress
- Meal and refreshment service
- Menus and alternative menus advertised
- Notice boards and resource information
- Re accreditation notification signs
- Resident transfer equipment
- Storage and administration of medications

- Waste systems
- Weight scales and clinical equipment
- Wound trolley.



## 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

Management, through the organisation's governance system actively pursue continuous improvement. Staff, residents and representatives participate in the continuous improvement processes and there are improvements in the home across the Accreditation Standards. The audit schedules at a local and organisational level, 'Improvement Forms', monthly clinical governance data, surveys and a schedule of planned meetings drive the program. The home conducts audits across the four standards and organisational scheduled audits, second and third party audits and additional audits as necessary compliment the system. Clinical data obtained from infections and incidents is monitored, analysed and trended. Evaluations of improvements occur through verbal feedback, re-auditing, surveys, observation and data analysis. Staff said they are informed and actively participate in the improvement activities and residents and representatives confirmed they have the opportunity for input and are aware of improvements occurring in the home.

Examples of improvements in Standard 1 include:

- Following extensive audit of residents' care documentation a staff handover booklet was developed that contains accurate and current information cross referenced to care documentation enabling staff to reference when attending to residents' individual care needs. There is an automated system to ensure regular updating of information in the booklet. Evaluation of the new handover document has identified from staff feedback that they have a quick reference point and ensures they are always aware of any changes to residents care needs.
- Staff unease and analysis of night hour incidents resulted in a change to staffing roster. There is now two stand up staff rostered each night and staff have reported that the change has resulted in increased security, improved work practices and increase of monitoring of residents during the night.
- Audit processes identified oxygen equipment was located in two separate areas of the home, which had the risk of delaying emergency assistance to residents. The home immediately put actions in place and designated an area to store oxygen with associated equipment at the readiness. The home implemented a monitoring system with designated staff responsible to undertake checking on a daily basis. This has resulted in equipment being readily available at all times.
- Observations identified that there was no prominent area for residents to lodge any concerns. A secure box, clearly labelled is now in place in the foyer for lodgement of any concerns. Residents and representatives state that they are aware and feel the availability of the suggestion box is conducive to communicating concerns with management.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. The home’s corporate structures and management identify and action relevant regulatory compliances. Management review and amend policies and procedures accordingly with any required changes. There are processes to monitor compliance and to manage required changes to practice. Management receive information from peak bodies, legislative update services and government information. Stakeholders receive information through meetings and memoranda.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- Management maintain a current staff and volunteer police register, including statutory declarations as appropriate.
- The home has a continuous improvement system.
- Management maintain a database of registered and enrolled nurses’ annual professional registrations.
- Notification of accreditation audits to stakeholders.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

Management ensures staff have appropriate skills and knowledge through observations, review of audit information, incident reviews and performance reviews. The home has an education planner to inform staff of upcoming educational opportunities. The home has schedules topics in response to staff requests, review of resident needs and management observations. Education attendance records are completed. Management and staff confirm satisfaction with the type, frequency and availability of education provided. Residents and their representatives are satisfied staff have appropriate knowledge and skills.

Recent education relating to Standard 1 includes:

- bullying and harassment
- duty of care
- staff roles and responsibilities
- management skills.

#### **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 comments and complaints mechanism is part of the continuous improvement system. It is accessible to residents, representatives, staff and visitors. Improvement forms are used for comments, complaints, compliments and suggestions for improvement and a lodgement box is provided to deposit these forms. Information regarding internal and external complaints systems is contained in documentation including the resident occupancy agreement, handbook and brochures available in the foyer of the home. Complaints are actioned and management strive to resolve any complaints. Staff, residents and representatives said they are encouraged to voice any comments and complaints that may arise and feel comfortable doing so.

#### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has documented vision mission and values statements that include the home's commitment to quality care and services. This document is on display within the home and included in information packages provided to stakeholders.

#### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has reviewed staffing levels in response to resident care needs; review of audits and in response to staff feedback. The home has recruitment and selection policies and procedures that guide management in the selection of appropriate staff in relation to the home's needs. On recruitment, staff receive information packages with position descriptions, duty lists and orientation information. The home alters staffing levels and mix to meet residents' changing needs and the needs of the home. Residents and representatives expressed satisfaction with access to staff, the skills and knowledge of staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home and the organisation have systems to ensure there are adequate stocks of goods and equipment for quality service delivery. There is a preventative maintenance program to ensure all equipment is in working order and review of maintenance records indicates there is an appropriate response to staff requests. There are stock rotation processes and designated staff are responsible for ordering and restocking perishable items and stock is stored appropriately in clean and secure areas. Staff, residents and representative said there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The home has systems to ensure stakeholders have access to current information about the processes and activities of the home. The home gathers information through the clinical assessment and care planning process, confidential financial and contractual information, staff employment, continuous improvement activities, meetings and organisational correspondence. Resident and personnel files are stored and archived securely and electronic information is password protected. Meetings, staff handovers, noticeboards, handbooks and newsletters ensure effective communication with stakeholders. Meetings include terms of reference, an agenda and minutes. Password protection and regular back up of computers maintain security of information. Residents and representatives confirm information of events and improvements in the home are available. Staff also expressed satisfaction with communication and management systems in fulfilling their duties.

### **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 contracts with a wide variety of external service providers including chemical supply, fire protection, continence products, podiatry and pest control services. Signed service agreements kept at corporate office set out the scope and standard of the services provided and there is an external provider spreadsheet in place. External service providers are contractually obligated to ensure the currency of police record checks for their staff. There is a system to monitor the quality of services through formal feedback processes at a local and corporate level. Staff and residents are satisfied with the services provided by external contractors.

## **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

The home conducts continuous improvement activities for all aspects of residents' health and personal care. Residents and representatives are complimentary of the care provided by staff at the home. Refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 2 include:

- Following information regarding the risks to residents using some types of bed poles, management reviewed the bed poles in use in the home and in consultation with residents and representatives removed all bed poles. The home now has nil physical restraint in line with the organisational policy on restraint.
- Staff completed falls risk assessments with all residents and review occurs every time a resident falls or has a near miss. Following risk assessments, preventative interventions are in place and there has been a significant reduction in falls since.
- A laminated reference sheet on crushed medications is now available for staff reference that has resulted in safer medication administration systems.
- Delegation of staff responsibility of clinical monitoring has resulted in improved clinical care documentation and outcomes for residents.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident health and personal care. Systems to ensure and monitor compliance are in place. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Medications are stored and administered according to legislated processes and guidelines.
- Registered nurses oversee provision of care and specialised nursing needs for residents.
- Policies and procedures are in place for the event of an unexplained resident absence.

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

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

#### **Team’s findings**

The home meets this expected outcome

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

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care.

Examples of education and training provided in relation to Standard 2 include:

- medication management
- palliative care
- wound care
- falls prevention
- catheter management
- managing dysphagia.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Registered nurses, enrolled nurses and care staff complete initial and ongoing assessments according to documented schedules and their scope of practice. Registered nurses review care needs of residents and review care plans appropriately. Nursing staff initiate reassessment of residents in response to changes in their health status and refer residents to general practitioners, specialists and appropriate allied health practitioners as needed. Nursing staff document care consultations after consulting with individual residents or their representatives. Residents and their representatives stated they are satisfied with the clinical care provided and how staff consult them about resident care issues.

### **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 nurses and enrolled nurses complete specialised nursing care assessments on residents and provide care according to their knowledge, experience and scope of practice. General practitioners, consultants and specialists review residents with specialised care needs as necessary with recommendations documented on care plans and communicated to appropriate staff. Registered nurses and enrolled nurses confirm they provide this care to residents as needed. Residents and their representatives stated they are satisfied with provision of specialised nursing care and confirm staff refer to specialists as needed.

## **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

Nursing staff and residents’ general practitioners refer residents to allied health and other health professionals based on the resident’s individual needs and preferences. Staff complete care plans that include recommendations from visiting professionals and allied health staff. Nursing staff complete regular care reviews and ensure reassessment of residents by specialists occur as necessary. Staff stated they receive information and recommendations from specialists. Residents and their representatives stated staff assist residents to access health specialists who visit the home or in the local area, based on the resident’s individual preferences.

## **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 nurses, enrolled nurses and personal care staff administer medications to residents according to their scope of practice, legislation, regulations and documented procedures. Registered nurses, general practitioners and pharmacists regularly review residents’ use of medications including the use of analgesics and sedation type medicines. Each resident has an individual care plan describing their needs and preferences relating to medication management. Management of the home monitor the administration and storage of medications through audits and the home’s incident reporting system. Residents and their representatives stated they were satisfied with how staff manage resident medications.

## **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

Registered nurses and residents’ own general practitioners monitor and review residents on an ongoing basis to ensure appropriate management of resident discomfort and pain. Staff stated they provide pain relief interventions to residents based on individual resident assessments and recommendations, which include analgesics, physiotherapy, gentle exercises and heat therapy. Residents and their representatives stated staff promptly respond to any incident of resident discomfort and provide interventions as needed.

## **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 are encouraged to discuss their individual preferences regarding end of life on entry to the home and as the resident’s health status alters. Registered nurses and general

practitioners document these preferences to ensure that staff meet these needs and those residents' receive appropriate interventions relating to comfort and dignity. The home is able to access specialist palliative services when needed and appropriate equipment is used. The home has regular visits from pastoral care workers who are available to support residents and their families during this stage of life. Residents and their representatives stated staff are aware of resident preferences in regard to end of life care.

## **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

Staff assess each resident for their needs and preferences regarding meals and drinks including likes/dislikes, cultural needs and allergies relating to food and fluids. Staff provide texture modified meals and drinks as needed and refer residents who require modified diets or supplements for assessment by visiting general practitioners and appropriate specialists. Nursing staff monitor residents for weight loss or gain and where appropriate provide dietary supplements and initiate referrals. Catering staff and staff who assist with meals are provided with appropriate information to ensure resident preferences are respected and appropriate food and fluids given. Residents and their representatives stated staff are aware of resident preferences and offer snacks and drinks throughout the day.

## **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

Nursing staff assess residents for risks relating to skin integrity and care plans are available to staff to guide them in providing care. Management of the home ensures staff are able to access appropriate pressure relief equipment, protective garments, wound products and diet supplements based on residents' assessed needs. Dietitians, podiatrists, and wound consultants review residents as needed. Staff confirm access to pressure relief equipment and wound products. Registered nurses and enrolled nurses attend to and document wound care. Residents and their representatives stated they are satisfied with wound and skin care management at the home.

## **2.12 Continence management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

Staff assess each resident for their continence needs and preferences on entry to the home and on a regular basis. The home provides residents with appropriate continence aids based on resident's individual needs. The home provides equipment including raised toilet chairs and handrails to assist residents in maintaining their independence where possible. Staff confirm they have access to equipment and knowledge of each resident's individual needs relating to continence management and assist residents to maintain their dignity. Residents



and their representatives stated they are satisfied with how staff manage and assist residents with continence care.

### **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

Each resident undergoes behaviour assessments for any individual behaviour of concern. Nursing staff write care plans that include recommendations from general practitioners, mental health specialists and allied health practitioners where applicable. Staff monitor residents for ongoing and new behaviours and communicate effective interventions to members of the care team. Staff attend education sessions to assist them in providing appropriate interventions for residents demonstrating challenging behaviours. Residents and representatives stated co-residents with behaviours of concern do not disturb them.

### **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

Nursing staff and visiting physiotherapy staff assess residents for their individual needs and risks relating to mobility, dexterity and rehabilitation. Staff offer group and individual exercise programs to each resident based on their needs, abilities and preferences. The home’s physiotherapist assesses each resident for their individual needs relating to level of assistance and for use of assistive devices such as comfort chairs, wheel chairs and walking aids. Staff refer residents to the physiotherapist when residents’ health status alters. Care plans reflect individual interventions, type of aids and level of assistance each resident may require. Residents and their representatives stated they are satisfied with physiotherapy services provided at the home and assistance provided to residents to mobilise.

### **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

Staff provide oral and dental care to residents based on individually assessed needs and preferences. Staff are able to refer residents to general practitioners and providers of dental services as necessary. Staff provide residents with oral care products, equipment and assistance based on their needs and preferences. Residents and their representatives stated staff assist residents with oral hygiene 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

Staff assess each resident for sensory loss associated with vision, hearing, touch, taste and smell. The home has well lit corridors that are fitted with handrails to assist residents to mobilise safely. Interventions required to minimise risk of injuries associated with sensory loss are included in care plans. Residents and their representatives stated staff assist residents with the fitting, cleaning and maintenance of sensory aids and refer residents to specialists as needed.

## **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

Staff assess residents for their individual needs and preferences relating to rest and sleep to assist residents to maintain or achieve natural sleep patterns. Residents receive supper and hot drinks throughout the evening according to their wishes. Residents’ individual preferences for settling routines including their choice of clothing, rising and settling times are included in residents’ care plans. Staff state they provide refreshments as per resident requests and needs. Residents stated they are not disturbed overnight and that staff provide assistance as needed.

## **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

The home conducts continuous improvement activities in relation to residents’ lifestyle. Residents and representatives are satisfied with the communication processes and feedback they receive from staff. Refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 3 include:

- The home has provided a ‘quiet room’ for residents that enables them to have private time away from communal areas to undertake activities of interest including access to a computer. The room is also utilised by volunteers offering hand massage to residents on a weekly basis. Residents and staff report frequent use of the room and express appreciation of the private space.
- Following expression of interest from residents, the home has installed pay television service that has resulted in resident accessing sporting events of their choice.
- Specialised cutlery sourced for residents’ with identified dexterity needs has resulted in increased independence with meal service. Staff report that residents with specialised cutlery eat more, sleep better and are more independent.
- Feedback from residents and requests for lifestyle activities has resulted in hand massage being offered twice weekly by a volunteer in the quiet room. Residents have reported satisfaction with the interventions.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- There is a system and compulsory staff education for mandatory reporting of elder abuse.
- Management offer residents an agreement on entry to the home.
- There are policies and procedures to ensure maintenance of residents’ privacy and confidentiality.

### **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.

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to resident lifestyle.

Examples of education and training provided in relation to Standard 3 include:

- elder abuse and compulsory reporting
- use of art and music in lifestyle programs
- improving lifestyle programs for residents living 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 effective systems and processes in place to ensure residents receive initial and ongoing emotional support in adjusting to life in the home. Emotional support commences from initial contact with the home and is supported by corporate pastoral care programs involving assessments and interactions with residents and representatives on entry to the home. Residents and representatives are welcomed, orientated to the home and introduced to staff and residents to facilitate adjustment. Through assessment practices staff identify where residents may require additional support such as difficulty adjusting to the home, bereavement and other critical times. Staff complete referrals to pastoral care support staff and this may include one on one time with staff, volunteer visits or further referral to professional external support programs. Staff assist residents to maintain and build friendships of their choosing both within and outside the home. Residents and representatives confirm initial and ongoing emotional support and state staff are kind and caring.

### **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 facilitates and encourages residents to achieve maximum independence and maintain community ties. Care plans are in place that identifies each resident's assistance needs to participate in specific interests, maintain their independence and retain ongoing community associations. Interviews, lifestyle social calendars and observations confirm maintenance of residents' independence. Residents are encouraged and supported to participate in, enjoy and maintain a range of individual interests in the home and broader

community. Staff facilitate voting for residents who choose to maintain this choice. A range of mobility and dexterity aids assist resident independence. Residents state staff assist them to be independent.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home recognises and respects each resident's privacy, dignity and confidentiality. Residents' files include signed privacy consent forms for care and lifestyle activities. Signage supports maintaining privacy and dignity in shared en suite facilities. Quiet sitting areas are available for residents to meet privately with friends or visitors. Staff assist residents gently and respectfully when attending to activities of daily living and assisting with meals. Staff demonstrated awareness of resident privacy and dignity issues including knocking on doors when entering resident rooms and calling residents by their titles or preferred names. Resident information is securely and appropriately stored. Residents and representatives confirm staff provide privacy as required and treat residents with 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 encourage and support residents to participate in a range of activities and events both individually and in groups. 'My Life, My Choice' profiles capture past and current interests, preferences for social interaction and community links. Lifestyle plans document these choices and interventions that support interactions. Staff regularly review and update plans to reflect changes in the individual needs of residents. Volunteers are welcomed at the home and support the lifestyle program. Staff assist residents to go on outings, annual holidays, maintain individual hobbies, friends, and family are involved in their life at the home. The lifestyle program is responsive to resident input through surveys, monitoring of attendance records, program evaluations, meetings and informal discussions. Lifestyle staff have a high awareness of individual residents' lifestyle needs and preferences. Residents confirm staff invite them to the daily activities and they are satisfied with the variety of the lifestyle program.

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

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

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

The home meets this expected outcome

Practices in the home foster residents' individual customs, beliefs and cultural backgrounds. Initial assessments and care documents identify individual cultural and spiritual preferences. The home celebrates culturally significant days and staff support and value residents' individual spiritual and denominational needs. Residents have access to pastoral workers and spiritual advisors if requested. Residents have access to spiritual services scheduled on

a monthly basis within the home, weekly spiritual visits and assistance to attend services in the community if preferred. Staff have access to cultural and linguistically diverse information. Residents and representatives state satisfaction with the support provided to meet residents' cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home promotes and supports residents to exercise choice and decision making regarding clinical, lifestyle and social issues. Residents have input into the services they receive including rising and retiring times, food choices, dining preferences and level of participation in activities. Residents and representatives are encouraged to provide feedback about the care and services provided through meetings, surveys and consultation with management. Staff encourage residents to make choices and assist where possible to achieve them. Residents state they are satisfied with the opportunities to exercise choice and control over their individual lifestyle within the home and their decisions are respected. Residents and representatives confirm regular consultation occurs about all aspects of care and service.

### **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

Management of the home are able to demonstrate that residents have security of tenure while residing at the home. Management with corporate support offer all residents and representatives a residential care service agreement and provide support in understanding the contract. The agreement includes information on leave entitlements, fees and charges, specified care and services, internal and external complaint mechanisms and rights and responsibilities. Management provide residents with a resident handbook, which includes information relating to the services available. Management notify and consult with residents and representatives if there is a change to specified care and services. The charter of residents' rights and responsibilities along with external complaint and advocacy information is on display. Residents and representatives confirm they feel secure in their tenure.

## **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

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the living environment, laundry, cleaning and catering services. Refer to Expected outcome 1.1 Continuous improvement.

Examples of improvements in Standard 4 include the following

- Following identification from environmental audits that waste bins were an infection control risk due to size and absence of appropriate lids, the home replaced all bins with secure lids and larger size to accommodate waste. Staff report that the bins are more appropriate and there is mitigated risk for infection control.
- Resident feedback and identification of preference has resulted in an ironing service put into place by the laundry personnel. Residents’ who have chosen to take up the service express satisfaction.
- Audit processes identified refrigerator monitoring was not consistently undertaken. Night staff are delegated the responsibility for monitoring and surveillance of refrigerator temperatures, duty lists have been revised and this has resulted in consistency with appropriate monitoring of all temperatures.
- In line with renovations to accommodate the shift to ‘ageing in place’, a large assisted bathroom is now in place to enable residents with specific needs to undertake activities of daily living in a safe environment. Residents and staff stated that the large bathroom has been effective in providing an appropriate and safe environment for residents with specific needs and staff.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system, refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- The home has a food safety program audit annually by an external third party.
- Chemical storage is secure and current material safety data sheets are available.

- An external contractor provides regular monitoring of the home's essential fire safety 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

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

Management has systems and processes in place to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to physical environment and safe systems.

Examples of education and training provided in relation to Standard 4 include:

- fire and emergency management and response
- infection control and documentation
- food safety
- manual handling
- occupational health and safety
- hand washing.

#### **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' accommodation is single rooms with shared en suite facilities. Residents are encouraged to bring in personal items and furniture for their rooms. Internal and external communal areas are available and the home is clean and well lit. Appropriate systems ensure staff address and complete reactive and preventative maintenance in a timely manner. There is a system to address urgent maintenance on a 24-hour basis.

Environmental audits and checks are completed. The home's furnishings consider safety, creating a home like environment, maintaining consistent temperature and the comfort of residents. Residents state the home is clean, well maintained and they are happy in their home. Staff and residents confirm the environment is 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

The home's system and organisational structures support the provision of a safe working environment. Management promote occupational health and safety through the staff orientation process, policies and procedures, annual mandatory education and manual handling training. Processes support occupational health and safety including incident reporting mechanisms, maintenance requests, preventative maintenance and audits of the environment. Staff have access to appropriate inventory and equipment to promote safe work practice. The home has two occupational health and safety representatives and annual refresher training occurs to ensure currency of knowledge and skills. Meetings held within the home discuss occupational health and safety and staff demonstrated an understanding of the home's processes for ensuring a safe work environment.

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

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

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

The home meets this expected outcome

There are systems to support the home in working actively to provide a safe environment and minimise the risk of fire and other emergencies. Policies, procedures and emergency manuals are available for staff. Evacuation maps are located throughout the home and emergency assembly points clearly indicated. Staff attend annual mandatory fire and evacuation training as part of the education program. External contractors monitor and maintain fire prevention equipment and three monthly audits undertaken at the home ensure preventative maintenance is completed. Testing and tagging of electrical equipment occurs as part of managing risks and potential emergencies. Electronic key pads on egress doors provide secure entry to the home. Staff and residents demonstrated an appropriate knowledge of emergency and evacuation procedures and their responsibilities.

#### **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 infection control policies and procedures in place to minimise risk of infections and to manage/prevent outbreaks. Registered nurses review infection data and in consultation with the home's management identifies trends. Actions are recommended and implemented in response to analysis of infection data and include provision of additional education, equipment and review of individual residents to ensure appropriate interventions occur. There is adequate stock of personal protective equipment available and staff are able to explain the actions to take in the event of a suspected outbreak. Pest control services visit regularly and general/hazardous waste is disposed of appropriately. Residents and their representatives stated they are satisfied with how staff monitor and manage infections.

#### **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

Fresh food is prepared daily at onsite in line with the home's food safety program, menu rotation and residents' needs. Residents have access to snacks and preferred refreshments at all times. Cleaning staff perform their duties guided by documented checklists and schedules. Internal maintenance and external providers regularly maintain cleaning and laundry equipment. An offsite laundry service launders all linen with personal clothing laundered on site. Residents and their representatives expressed a high level of satisfaction in relation to the meal and laundry services provided at the home.