



Standards and Accreditation Agency Ltd

## **Decision to Accredit Castledare Retirement Village**

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Castledare Retirement Village in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Castledare Retirement Village is three years, until 17 April 2012.

The Agency has found that the home complies with 44 of the 44 Expected Outcomes of the Accreditation Standards. This is shown in the "Agency Findings" column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied that the service will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with continuous improvements and compliance with the Accreditation Standards.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and Approved provider details

### Details of the home

Home's name:	Castledare Retirement Village				
RACS ID:	7233				
Number of beds:	64	Number of high care residents:	29		
Special needs group catered for:	People with dementia and related disorders.				
Street/PO Box:	108 Fern Road				
City:	WILSON	State:	WA	Postcode:	6107
Phone:	08 9356 4100		Facsimile:	08 9451 2298	
Email address:	cathomes@ozemail.com.au				

### Approved provider

Approved provider:	Catholic Homes Incorporated
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### Assessment team

Team leader:	Phillip Lloyd-Murray
Team member/s:	Shirley Rowney
Date/s of audit:	10 February 2009 to 11 February 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

**Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

### **Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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### **Assessment team's reasons for recommendations to the Agency**

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	Castledare Retirement Village
RACS ID	7233

### **Executive summary**

This is the report of a site audit of Castledare Retirement Village 7233 108 Fern Road WILSON WA from 10 February 2009 to 11 February 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Castledare Retirement Village.

The assessment team recommends the period of accreditation be three years.

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 10 February 2009 to 11 February 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Phillip Lloyd-Murray
Team member/s:	Shirley Rowney

## Approved provider details

Approved provider:	Catholic Homes Incorporated
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## Details of home

Name of home:	Castledare Retirement Village
RACS ID:	7233

Total number of allocated places:	64
Number of residents during site audit:	62
Number of high care residents during site audit:	29
Special need catered for:	People with dementia and related disorders.

Street/PO Box:	108 Fern Road	State:	WA
City/Town:	WILSON	Postcode:	6107
Phone number:	08 9356 4100	Facsimile:	08 9451 2298
E-mail address:	deborah.hegarty@catholichomes.com		

**Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Castledare Retirement Village.

The assessment team recommends the period of accreditation three years

**Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

**Assessment team's reasons for recommendations**

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

**Audit trail**

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

**Interviews**

	Number		Number
Chief executive officer	1	Residents	8
Clinical nurse manager	1	Relatives	5
Facility manager	1	Infection control consultant	1
Care staff	6	Agency carer	1
Registered nurse	1	Catering staff	1
Enrolled nurse	1	Cleaning staff	3
Clinical nurse educator	1	Physiotherapist	1
Quality consultant	1	Physiotherapy assistant	1
Administration assistant	1	Occupational therapist	1
Human resource manager	1	Occupational therapy assistant	1
Pastoral support coordinator	1		

**Sampled documents**

List documents	Number		Number
Residents' files	7	Medication charts	9
Summary/quick reference care plans	7	Personnel files	6
Resident agreements	3		

### **Other documents reviewed**

- Activities planner
- Admission date base
- Approved supplier list
- Audit schedule and results
- Bowel observation charts
- Building certification records
- Cleaning schedules
- Communication books
- Comments/compliments file
- Consent forms
- Continuous improvement file
- Corrective and planned maintenance records
- Diabetic records
- Duty statements
- Education planner
- Emergency procedures manual
- Exercise program
- Food /fluid intake record
- Job descriptions
- Medication advisory committee file
- Meeting minutes file
- Memos
- Menus
- Mini nutritional assessment
- Moving on audit file
- Multicultural file
- Newsletter
- Oral and dental screening tool
- Orientation information for agency staff, agency personnel and volunteers
- Occupational therapy file
- Pain assessments
- Pastoral care service plan 2007/8
- Pharmacy consent form
- Physiotherapy file
- Policies and procedures manuals
- Quality committee file
- Recruitment policies and procedures
- Residents' information handbook
- Residents' information package including handbook
- Resident orientation program
- Residential care line information
- Resident, relative and staff surveys
- Rosters
- Self medication resident list
- Sensory loss assessments
- Service agreements
- Sleep sedation review form
- Staff handbook
- Temperature records
- Therapy care plans
- Volunteers file



- Walking activity file
- Wound care file
- Wound assessment guidelines

### **Observations**

- Activities in progress
- Equipment and supply storage areas
- Fire, security and emergency equipment
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living/working environment
- Kitchen and food storage areas
- Medication administration
- Notice boards, white boards, posted notes, and brochures
- Signage/ fire exits
- Storage of medications
- Vision and mission statement

## **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 recommendation**

Does comply

There are systems and processes in place that guide the continuous improvement of management, care, lifestyle and safety systems at the home. The quality system is guided by policy and procedure manuals, which are reviewed and updated by the organisation when changes are identified. An audit and survey program is established and information and data is collected to identify opportunities for improvement across all Standards. The facility manager coordinates the continuous improvement feedback system, and all staff, residents and representatives are encouraged to identify areas for improvement. Staff and residents were able to identify improvements which have been made over the past twelve months, including those outlined below.

- There is a new roster system which allows the manager and staff to easily identify any gaps and quickly see who is available for relief shifts. A colour-coded spreadsheet also assists in ensuring there is suitable mix of skilled staff on each shift.
- To obtain a more thorough medical history of residents and provide staff with current information for new residents, all new admissions now have a comprehensive medical assessment completed by the general practitioner.

## 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 recommendation

Does comply

There are processes in place at the home to ensure that all regulatory and legislative requirements are met. The home identifies and ensures compliance with professional standards, legislation, codes of practice and guidelines relevant to residential aged care. Updates are received from State and Commonwealth web sites, and the approved provider maintains membership with a peak industry body. The executive management team oversees the organisation's status of compliance, and policies and procedures are reviewed and updated. Audits and reviews of staff practices are in place to monitor ongoing compliance with regulatory requirements.

Examples of regulatory compliance relevant to this Standard are listed below:

- All staff sign a confidentiality form on commencing employment.
- All staff have a current police certificate.

## 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 recommendation

Does comply

There are systems in place to ensure that appropriately qualified staff are employed, staff educational requirements are identified, and that appropriate and responsive training is implemented to promote skills development. New staff are oriented to their roles and responsibilities through corporate and site-specific induction. Staff performance is appraised and used to identify training needs, and to ensure staff maintains the necessary skills for their roles. Compulsory training days are organised at a corporate level by the appointed nurse educator at Catholic Homes, other mandatory education sessions are conducted at the home. Staff interviewed confirmed that they receive appropriate education to enable them to perform their roles effectively, and residents and relatives interviewed reported that staff had the skills and knowledge to attend to their care needs.

Education that has been provided relevant to this Standard includes:

- Orientation of new staff on-site and at a corporate level.
- Management and clinical staff have attended education on the aged care funding instrument.

## 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 recommendation

Does comply

There are processes in place to ensure that residents and their representatives are informed regarding the internal and external comments and complaints systems available at the facility. These include discussions at the time of admission, the resident handbook and resident meetings. Forms used to make comments, complaints or suggestions are available in each of the five houses as well as secure lodgement boxes. Staff are aware of the internal and external complaint mechanisms, and of their role in acting as an advocate for residents. Residents and their representatives interviewed commented that they feel comfortable in approaching staff and management.

## **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 recommendation**

Does comply

The residential care service's mission, vision, principles and objectives that guide the quality of service provided at the home, are documented in service related literature, and are displayed at the home. The home's philosophy is discussed at the corporate induction and training days. Staff interviewed indicated that they are supportive of the home's vision, mission and principles.

## **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 recommendation**

Does comply

Policies and procedures are established that facilitate the selection, recruitment, induction, development, and management of staff. Position descriptions are available for all roles and certificate III in aged care is preferred for care staff. Staffing levels and skill mix are reviewed in relation to residents' changing needs and policies and procedures, flow charts and duty lists guide staff practice. Staff reported that they have sufficient time to undertake their roles within the rostered hours and feel supported by management. Residents and representatives advised that they are generally satisfied with the responsiveness of staff and the adequacy of care.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

Designated staff is responsible for checking stocks of goods in their area and advising of variations to amounts to be ordered for food, chemicals, and paper products. Imprest systems for food, chemical supplies and continence products have been developed at the home with the support of external contractors and

suppliers. Organisational policies and procedures support the evaluation, purchase and maintenance of equipment. Feedback from residents and staff indicated that there are adequate supplies of goods and equipment at the home.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Policies and procedures are in place to guide the collection, use, storage and destruction of information in accordance with regulatory requirements. A variety of documents are used to report results of quality management activities and various incidents and issues. Effective information systems include communication books, staff handovers, newsletters, maintenance reports, and training records. Authorised personnel have access to confidential information, and electronic information is secured, backed up and accessed via password. Confidentiality of information is assured and staff and residents are informed of their responsibilities relating to privacy of information. Feedback from staff, residents and relatives indicated that they are generally well informed about what is happening at the home.

## **1.9 External services**

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

### **Team's recommendation**

Does comply

A systematic process is in place to ensure that the home's needs and service quality requirements are identified and maintained. Staff at the home maintains a list of preferred suppliers, and the quality of goods and services provided is monitored on an ongoing basis, through audits, surveys and feedback from residents and staff. Service agreements describe the responsibilities of relevant parties, key performance indicators, insurance arrangements and the obligation to obtain a police clearance. Residents, representatives and staff reported satisfaction with the quality of services they receive from external service providers.

## **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 recommendation**

Does comply

See Continuous improvement in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of continuous improvement relevant to Standard 2 are listed below.

- The pain assessment tool used has been updated to improve the capturing of information from residents that may be cognitively impaired.
- Policies and procedures have been updated for the review of restraint authorisation by General Practitioners annually and three monthly reviews by the home's clinical staff.

## **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 recommendation**

Does comply

See Regulatory compliance in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the systems in place for identifying and ensuring regulatory compliance.

Examples of regulatory compliance relevant to this Standard are listed below.

- Mandatory reporting of elder abuse protocols are addressed in staff training and the staff handbook.
- All staff and residents are provided with information on privacy principles.

## **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 recommendation**

Does comply

See Education and staff development in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and training provided within the last 12 months and related to this Standard are:

- Wound management
- Diabetes management
- Infection control

## **2.4 Clinical care**

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

### **Team's recommendation**

Does comply

There are established policies and procedures to ensure that all residents are assessed to identify individual clinical care needs. Documentation reviewed indicated that processes for assessing, reviewing and evaluating care needs are undertaken in consultation with allied health professionals, nursing/care staff and the resident/representatives. Changes of care needs are reflected in progress notes. Staff feedback identified that they are notified of changes via the recorded dicta-phone tape, communication diaries and handover sheets. Residents interviewed stated that they have access to general practitioners on a regular basis and other health professionals as required. Clinical care incidents are reported and acted upon, and formal reviews and analysis are undertaken where trends are identified. Staff interviewed could describe resident care consistent with the care plans. Residents and representatives indicated that they were satisfied with the medical treatment given and the skills and knowledge of staff in providing clinical care.

## **2.5 Specialised nursing care needs**

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

### **Team’s recommendation**

Does comply

There are processes in place to ensure that residents with specialised nursing care needs are assessed on admission and on an ongoing basis to identify their specialised care needs. If required, specialised nursing care plans are developed by the registered nurse, with input from other health professionals such as the general practitioner or external specialists. The registered nurse monitors residents with special needs, including complex wound care, pain and dietary management. Care staff interviewed demonstrated awareness of reporting clinical incidents and critical events that they observe to the registered nurse for further intervention and follow up. Feedback from residents and representatives and documentation reviewed by the team indicated that residents receive the specialised nursing care they require.

## **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 recommendation**

Does comply

At admission, residents are able to discuss any ongoing needs that are being treated by an external service and these needs are able to be facilitated by the home. Residents are able to retain their own general practitioner if they are able to provide a domiciliary visiting service, or they may register with one of the local general practitioners. In the event that a need for referral to external medical services is identified after admission, this is initiated by the general practitioner. Referrals to other care providers such as dentistry, ophthalmology, speech pathology, and dietetics are made by the registered nurses. Preferences for external service providers are discussed with residents and representatives prior to referral. Following any external consultations, any amendments to care or prescriptions are communicated to the nursing/care staff and implemented. Residents and representatives confirmed that residents

are able to access external services if the need is identified or they request referral.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Provision is made for all medications, including controlled medications, to be securely stored and safely disposed of. Processes are established to ensure that the pharmacist and medical practitioner regularly review residents’ medications. Care staff deemed competent administer medications via pre-packed dosage sachets, while the registered nurse administers schedule eight patches and suppositories. Staff described the medication management process, including administering medication and reporting medication errors. Audits are regularly conducted to identify gaps in the medication management systems including signature and dose omissions, and pharmacy errors. Medication incidents are analysed for staffing and environmental trends, and appropriate action is taken as required. The team noted that residents’ medication was administered in a timely manner and as prescribed. Staff demonstrated a holistic approach to the investigation of incidents, routinely reviewing medications following falls and episodes of challenging behaviour. There is a process to assess each resident’s ability to self-medicate, including ongoing care reviews by general practitioners. Residents and representatives confirmed they are satisfied with how their medications are managed and administered.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

There are processes in place to assess residents’ initial and ongoing needs and preferences in relation to pain management. The team noted the comprehensive pain assessment tool identifies the possible cause, location, severity and the resident’s acceptable level of pain, and non-verbal cues to determine pain in residents with dementia or those with communication deficits. Documentation review of progress notes identified all medication pain relief interventions and outcomes are recorded to ensure pain is managed. Staff described the processes in place for responding to residents who have pain, including prescribed analgesia, repositioning and rest, passive exercise programs, and the provision and use of comfort devices. All residents and representatives interviewed provided feedback to indicate that they are satisfied with how their pain needs are managed.

## 2.9 Palliative care

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

### **Team’s recommendation**

Does comply

Shortly after admission, there is an opportunity for residents and representatives to state their terminal wishes for the end of life. This includes the level of treatment they desire in the event of them becoming unwell, and any funeral arrangements. The information is revisited during family case conferences or as required in accordance with changes in resident’s health care status. Clinical care needs and pain management issues are addressed by qualified staff, with support from the general practitioner. Palliative care resources within the home include aromatherapy, music selections and pastoral support. Staff interviewed confirmed the emotional support that is available for them, and spiritual support provided on request of the resident or representatives. The team noted letters of thanks from representatives expressing their appreciation for the palliative care given to former residents.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

Residents’ needs and preferences in relation to nutrition and hydration are assessed on admission, and the information is reviewed periodically or when resident’s needs change. The menu providing choice to residents is clearly evident. There are processes in place to communicate residents’ needs and preferences to care staff via care plans and the dietary form. Residents’ weights are monitored monthly and there are processes in place to action variances accordingly, including commencement of supplements and referral to health professionals. Modified eating utensils are provided as required to support residents in maintaining their independence. Residents and representatives expressed that they were satisfied with the choice of food and refreshments available.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

All residents are assessed on admission to identify actual or potential skin conditions, and those are continually monitored through staff delivering care. Residents at risk have care plans to guide staff in preventative measures to promote optimal skin integrity. All wound care is carried out by registered nurses, and competent care staff manage minor wounds such as simple skin tears. Consultation with external wound care specialists is sought as required. The general care plan outlines personal hygiene, including emollients and skin creams, as well as pressure area care. Staff described the wound care protocol



of reporting all incidents. Wound statistics are collated monthly and analysed to identify trends, healing times and contributing factors such as mobility, general health and medications. A range of pressure-relieving devices and interventions are utilised in consultation with residents and /or representatives and therapy staff. Staff demonstrated an understanding of the strategies, resources and equipment available to prevent pressure areas and other skin conditions of residents at risk. A podiatrist regularly visits the home who deals with new referrals and ongoing treatment. Residents advised that they are satisfied with the skin care they receive.

## **2.12 Continence management**

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

### **Team’s recommendation**

Does comply

As part of the admission process, all residents receive an assessment that monitors continence and toileting patterns. Continence interventions are present in all residents’ care plans and this may include continence aids, toileting schedules or the use of aperients. Continence needs are assessed annually or when required with the consultation of the resident and/or representative. Residents who require specialised support are referred through the general practitioner to health specialists. The effectiveness of continence management is evaluated through assessments, observations, and staff and resident feedback. A central stock of continence aids is maintained, with allowances for increased usage if resident needs increase. Residents and their representatives indicated that they are satisfied with the continence management provided.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Processes are established to identify and manage the challenging behaviours of residents and ensure their safety and comfort. Referrals to specialist services, including psycho-geriatric and mental health services, are made as required. The team noted a holistic, multi-disciplinary approach to managing behaviours of concern, resulting in favourable outcomes for residents, and effective minimisation of difficult behaviours. Staff interviewed described appropriately the strategies for managing episodes of challenging behaviours, including physical and verbal aggression. Documentation reviewed indicated consistent liaison with representatives for care planning of residents’ behavioural needs. The team observed that interaction between care staff and residents was caring and supportive. Residents and representatives expressed satisfaction with the management of any challenging behaviours at the home.

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

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

### **Team’s recommendation**

Does comply

Residents’ mobility, dexterity and rehabilitation needs are assessed on admission and annually thereafter, including a falls risk assessment. Specific mobility needs are documented on the care plan, including aids required, fall risk alerts and specialist instructions. The physiotherapist reviews residents as required and an individual exercise program is put in place. Residents are encouraged to maintain their mobility and dexterity by participating in the home’s activity program, which offers group exercises as well as activities that focus on fine motor skills. Assistive equipment such as walking aids, wheelchairs and modified crockery and cutlery are provided as required to maximise the residents’ mobility, dexterity and independence. Residents’ falls are documented and reviewed for trends, and residents identified as at risk are referred to the physiotherapist for further review. Residents and representatives expressed satisfaction with the way in which residents’ mobility; dexterity and rehabilitation needs are identified and promoted.

## **2.15 Oral and dental care**

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

### **Team’s recommendation**

Does comply

Residents’ oral and dental care needs are assessed on admission to the home and annually thereafter. Documentation review of care plans identified strategies to promote optimum dental and oral health, such as prompting independence and/or assisting with the cleaning of teeth/dentures. Staff interviewed described oral and dental care including observation for oral problems, pain and the investigation of ill fitting dentures. Dental review is provided by visiting dental services, and documentation indicates that, when necessary, follow-up treatment is arranged. Residents and representatives indicated they are satisfied with the assistance provided by staff to maintain residents’ oral and dental health.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

Does comply

Residents’ sensory losses are identified on admission and strategies are implemented to manage these effectively and maximise each residents’ independence and interaction in activities of daily living, lifestyle and leisure. Specific care interventions relevant to the residents’ needs are documented on care plans to guide staff in care provision. Staff interviewed demonstrated knowledge in identifying sensory loss by observation and resident feedback, and care interventions such as caring for spectacles and hearing aids. The

team noted assistive devices such as talking books, large print library books and videos are made available if needed. Residents and representatives advised that staff take appropriate measures to assist them when requested.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

There are systems and processes in place at the home to enable residents to maximise natural sleep patterns. All residents undergo a four day sleep assessment at admission and any subsequent interventions required are documented on the care plan to direct staff. All interventions to assist in residents’ sleep are formulated to the individual resident’s preferences. To promote an optimal level of sleep, staff are aware of the importance of maintaining a peaceful environment, including pharmacological and non-pharmacological interventions for sleep promotion. Medication used to assist with sleep is evaluated by the general practitioner during medication reviews. Residents and representatives state that the atmosphere created and the support of staff is conducive to a restful environment.

## **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 recommendation**

Does comply

See Continuous improvement in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of continuous improvement relevant to Standard 3 are listed below.

- A pastoral care program has been implemented that is coordinated by the pastoral care manager.
- There has been an increase in the funding allocated to occupational therapy for the home, resulting in an extra 32 hours per week of therapy assistant contact with residents.
- The corporate newsletter called ‘The Dove’ has been changed to have a more resident-focused content.

### **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 recommendation**

Does comply

See Regulatory compliance in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the systems in place for identifying and ensuring compliance with regulatory compliance.

Examples of regulatory compliance relevant to this Standard are listed below.

- The information in the resident agreement reflects the requirements set out in the *User Rights Principles 1997*.

### **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 recommendation**

Does comply

See Education and staff development in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and training provided within the last 12 months and related to this Standard are:

- Pastoral care
- Elder abuse

### **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 recommendation**

Does comply

The home’s admission process ensures that all residents and their representatives are welcomed and oriented to the home, and given the opportunity to discuss any issues. The emotional needs of residents are monitored on an ongoing basis through care plan reviews, individual resident interventions, and staff reporting mechanisms. . Staff described the strategies used to meet the emotional needs of residents, which include appropriate professional support when necessary. Residents’ families are encouraged to visit the home as often as they wish, and care conferences are available as and when required. The team observed staff speaking and interacting with residents in a supportive and respectful manner. Residents advised that they are satisfied with the emotional support offered 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 recommendation**

Does comply

The cognitive, physical and emotional status of each resident is assessed on admission, and reviewed regularly by the occupational therapist. Residents' previous histories, existing friendships, and cultural and spiritual needs are documented to ensure resident independence is maintained. Suitable aids and support from staff and volunteers ensure that each resident's mobility and communication levels are maximised. Staff demonstrated strategies in place to maintain residents' independence in all aspects of their lives, and encouragement of independence during activities of daily living, maintaining friendships and promoting residents' participation in the local community. Residents and representatives interviewed confirmed that they were encouraged to be independent and could use the service kitchens and quiet areas to entertain their family and friends. Residents and representatives interviewed advised that independence is actively supported and encouraged at the home.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

Does comply

There are systems and processes in place whereby each resident's right to privacy, dignity and confidentiality is recognised and respected. Residents' accommodation comprises of single rooms with en-suite facilities. Staff described practices such as signing confidentiality agreements, knocking before entering residents' rooms, maintaining security and confidentiality around residents' information, and treating residents with respect and dignity during care interventions. The team noted that all documentation is securely stored. Residents and representatives described how staff respects residents' individual needs and preferences using their preferred name, respecting their personal space, and assisting them to access private areas to meet with family and friends.

### **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 recommendation**

Does comply

Residents' social histories, including current interests and hobbies, are documented on admission to the home, and the information is used to complete individual therapy profiles. There is a monthly activity program developed by the therapy team which includes a range of cognitive, sensory and social activities delivered as a group and/or as individual sessions. All

resident participation is documented and analysed monthly, to identify residents at risk of social isolation, or the need to review residents' interests and preferences in relation to the activities program. Residents and representatives confirmed satisfaction with the variety of activities on offer and the assistance received from staff to facilitate participation.

### **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 recommendation**

Does comply

Residents' individual interests, customs, beliefs and preferences related to their cultural and spiritual life are documented on admission to the home, reviewed as required and communicated to staff via care plans, resident profiles and assessments. Residents have access to quiet areas and gardens for spiritual reflection. All denominations are represented in services available within the home. The pastoral care coordinator provides confidential support for staff, residents and representatives. The team were informed that a pastoral representative lives within the village complex who provides regular services and support when required. Staff demonstrated practices that foster and value residents' specific needs, including assisting residents to access community groups and pastoral care. Residents' birthdays, days of significance and cultural days are celebrated in the home. Resident and representatives interviewed indicated satisfaction with the support they receive to meet their cultural needs and preferences.

### **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 recommendation**

Does comply

Systems are in place to identify and record the preferences of residents, and information is disseminated to each resident regarding the services and support available to them. External support agencies are advertised within the facility and outlined in the resident handbook, which is distributed to all prospective residents.

The home assists and empowers residents and representatives to participate in decision making about care and service delivery through care conferencing, resident and representatives surveys and meetings, improvement logs, and an open-door policy for access to management. Staff are educated on the rights of all residents to exercise control over his or her lifestyle and to take risks, if they so desire. Staff interviewed outlined some of the ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives interviewed stated satisfaction that residents' choices and decisions are respected and that they have control over their lifestyle appropriate to their needs.

### **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 recommendation**

Does comply

Residents and representatives are provided with appropriate information on admission to the home via the resident handbook, resident agreement and conditions of occupancy, which outline security of tenure and their rights and responsibilities. Appropriate liaison with residents and representatives is undertaken regarding room transfers within the home and changes to the provision of services. Residents and representatives interviewed indicated that residents understand their rights and responsibilities and are satisfied that they have security of tenure within the scope of care provided at the home. The team noted that the residents' rights and responsibilities are displayed in the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team's recommendation**

Does comply

See Continuous improvement in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the continuous improvement system.

Examples of continuous improvements relevant to Standard 4 are listed below.

- A human resource officer has been recently appointed to assist facility managers and homes with the management of human resources, including workers' compensation cases.
- 'Fly zappers' have been purchased and installed in kitchens in each house; management has conducted an evaluation of their implementation and found them to be beneficial in controlling the number of flies in kitchen areas.

### **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 recommendation**

Does comply

See Regulatory compliance in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the systems in place for identifying and ensuring compliance with regulatory compliance.

Examples of regulatory compliance relevant to this Standard are listed below.

- Staff that work in catering services are aware of regulatory issues relating to food safety and maintaining of records to indicate compliance with food hygiene and safety standards.
- The home has met the building requirement in accordance with the 1999 Certification Instrument.

#### **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 recommendation**

Does comply

See Education and staff development in Standard 1: Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and training provided within the last 12 months and related to this Standard are:

- Manual handling
- Chemical awareness
- Fire and emergency

#### **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 recommendation**

Does comply

Assessments of the living environment relative to residents' care needs, safety and comfort are done by way of audits and surveys, and feedback from residents/representatives and staff. Residents have access to well maintained outdoor areas, call bells are installed in resident rooms and bathrooms, and handrails are installed in corridors and in resident bathrooms to promote safety. Comfortable ambient temperatures are maintained with the assistance of heating and cooling systems. All residents have a single room with large wheelchair accessible ensuite. There is a large centrally located communal area that is used for social and therapy activities, and each house has living, dining and kitchen facilities. One house is a secure unit with keypad entry and exit. Documentation reviewed by the team demonstrated an effective preventative maintenance program, and those residents with restraints in use are under regular review according to documented policies and procedures. All residents and representatives interviewed expressed a high degree of satisfaction with the quality of their accommodation.



#### **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 recommendation**

Does comply

Systems are in place to enable the home to effectively work towards providing a living and working environment that minimises safety risks. Environmental safety issues are identified through incident reports or the maintenance program. Accidents and incidents are recorded, investigated and followed up with corrective or preventative actions as required. The facility manager co-ordinates monthly quality meetings that have occupational health and safety as a standing agenda item. The newly appointed organisational human resource manager gives support to the home's administration and management team and co-ordinates the management of workers' compensation. Staff are trained in the use of appropriate equipment for resident transfers and personal protective equipment to minimise work-related injuries.

#### **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 recommendation**

Does comply

Processes for identifying, managing and minimising fire, safety and security risks are in place. The fire safety system includes a fire panel, fire hose reels, fire extinguishers, smoke detectors, emergency lighting, fire and smoke doors, and break glass panels. The program for scheduled maintenance of all fire and emergency equipment was observed by the team and is up to date. Emergency procedure manuals are strategically placed and were found to have a current list of residents attached with their mobility requirements. Compulsory annual education on fire and emergency procedures is in place for all staff and attendance is recorded. The home's records indicate that it has achieved certification of the building. Staff are able to describe what actions they would take in the event of discovering a fire or hearing the fire alarm.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

Processes are established to direct staff practice in minimising and managing actual or potential infection control risks. Staff are provided with infection control education at orientation, via the staff handbook, and annually thereafter. Personal protective equipment was observed by the team to be readily available throughout the home, and staff reported that it is used to minimise the risk of transmission of infection. The clinical nurse collects infection data and collates information for analysis and to identify trends. The home has an infection control consultant who regularly reviews their policies and procedures

and is available as a resource to staff. Catering records indicate that temperatures of cold storage units and plated food are monitored to ensure that food is stored and served at recommended temperatures. Residents and representatives described interventions the home uses to minimise the risk and spread of 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 recommendation**

Does comply

An external service provides on-site catering services for residents at the home. Processes are in place to obtain information regarding residents' catering needs and preferences on admission, which is reviewed as residents' needs and preferences change. Cleaning is undertaken by the home's staff, and personal laundry for residents is managed onsite by multi-skilled care workers. Linen laundry services are provided by an external provider. The home has several methods for consulting with residents regarding their satisfaction with catering, cleaning and laundry services, including surveys and verbal feedback. Processes are established to monitor the quality of services and to implement improvement or corrective activities. Feedback from residents and representatives indicated that they were generally satisfied with the catering, cleaning and laundry services at the home.