



Aged Care  
Standards and Accreditation Agency Ltd

## **Coolamon Villa**

RACS ID 0208

Azalea Street

MULLUMBIMBY NSW 2482

Approved provider: Catholic Healthcare Limited

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 15 July 2015.

We made our decision on 30 May 2012.

The audit was conducted on 2 May 2012 to 3 May 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

### Standard 1: Management systems, staffing and organisational development

#### Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

**Standard 3: Resident lifestyle****Principle:**

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

**Standard 4: Physical environment and safe systems****Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Coolamon Villa 0208**

**Approved provider: Catholic Healthcare Limited**

## Introduction

This is the report of a re-accreditation audit from 2 May 2012 to 3 May 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 2 May 2012 to 3 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 2 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:	Mark Rankin
Team member/s:	Beverley Wellington

## Approved provider details

Approved provider:	Catholic Healthcare Limited
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## Details of home

Name of home:	Coolamon Villa
RACS ID:	0208

Total number of allocated places:	55
Number of residents during audit:	53
Number of high care residents during audit:	35
Special needs catered for:	Dementia and related conditions

Street/PO Box:	Azalea Street	State:	NSW
City/Town:	MULLUMBIMBY	Postcode:	2482
Phone number:	02 6684 1252	Facsimile:	02 6684 3217
E-mail address:	manager.coolamon@norlink.com.au		

## Audit trail

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

### Interviews

	Number		Number
Residential Manager	1	Residents/representatives	9
Deputy Manager	1	Operations Manager	1
Services staff	3	Recreational Officer	1
Work Health and Safety Officer	1	Maintenance Manager	1
Nursing staff	4	Volunteers	1

### Sampled documents

	Number		Number
Residents' files	8	Medication charts	15
Care plans	8		

### Other documents reviewed

The team also reviewed:

- Activities calendars
- Allied Health referrals
- Assessment forms
- Audit results
- Brochures on display (complaints scheme and advocacy services)
- Care plans
- Clinical data records
- Continuous improvement register
- Day book
- Employee pack
- Floor evacuation diagram
- Food safety plan
- Improvement forms
- Incident analysis/forms
- Infection control documentation
- Job descriptions
- Learning and development plan
- Maintenance book
- Medication fridge temp monitoring
- Meeting minutes
- Memorandums
- Menu
- Mission statement
- Newsletters
- Nutritional supplement lists
- Orientation documentation
- Plan for continuous improvement
- Policies and procedures
- Reportable incident consolidated register
- Resident handbook

- Resident newsletters
- Resident observations - electronic documentation
- Resident/staff handbooks
- Residents' information package and surveys
- Risk assessments
- Staff handbook
- Staff roster
- Stores ordering and monitoring documentation
- Surveys and audits
- Weight monitoring charts

## **Observations**

The team observed the following:

- Activities in progress
- Designated smoking area
- Emergency exits and egress routes
- Equipment and supply storage areas
- Evacuation assembly point
- File and information storage areas
- Fire fighting equipment
- Hand cleaning facilities
- Interactions between staff and residents
- Laundry/cleaning and food preparation areas
- Living environment
- Meal service
- Medication administration
- Medication storage
- Mobility equipment
- Modified eating utensils
- Notice boards
- Personal protective equipment
- Pressure relieving devices
- Resident meal service
- Residents meal and diet lists
- Secure areas for residents
- Storage areas
- Storage of medications
- Temperature control of environment
- Utility areas

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

### Standard 1 – Management systems, staffing and organisational development

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has a continuous improvement system to capture, implement and review quality improvements against the Accreditation Standards through their intranet based quality system. Improvement forms are available to staff, residents and representatives, with verbal suggestions encouraged at meetings with management maintaining an open door policy. Improvements are captured and tracked on the action plan and improvement register; new suggestions and the progress of improvements are discussed at meetings with specific improvements added to the action plan. The system is monitored with audits and reviewed by the Residential Manager (RM) who gives feedback to those stakeholders who have made a suggestion. Staff and residents report knowledge of the process and access to opportunity for improvement. Residents report satisfaction with the level of access to staff and consultation on improvement activities.

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

- As a result of management, staff and corporate feedback, the organisation has introduced new uniforms for all staff. The new uniforms identify position and give the home a corporate approach. Staff and management commented that the new uniforms have a positive impact on staff moral and give a more professional looking environment and atmosphere.
- The organisation has developed a new intranet based quality system to be used at the home allowing for a decrease in communications and documentation between head office. Management informed the team that they can now complete a large amount of work related documentation on site instead of previously having to go through head office. Reporting and documentation can now be completed in a timelier manner.
- It was identified through a work load analysis report that day shift care staff were experiencing an increase in time needed to complete regular documentation. Management has added an extra staff member to the night shift with new documentation duties allocated to the night shift to ease the paper work on day staff. Staff commented positively on the additional staff member at night assisting with documentation.



## **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 systems to address regulatory compliance, identifying updates to legislation, regulatory requirements, professional standards and guidelines through involvement with professional bodies and industry memberships. Policies are written organisationally and reviewed by the RM who communicates the information to staff using meetings, memos and staff training sessions. Minutes of meetings are available to staff to ensure accurate knowledge as are copies of policy, procedure, professional guidelines and legislative requirements. Compliance is monitored through observation by key personnel, incident reporting, audits and via the home's quality systems. Staff reported information regarding regulatory compliance is communicated via memos, meetings and toolbox sessions.

## **1.3 Education and staff development**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure that management and staff has appropriate knowledge and skills to be effective in their roles through education and ongoing staff development. Education needs are captured using a needs analysis, staff requests, review of audit results and staff appraisals. Education programs are implemented organisationally and by management. Staff are informed of mandatory education and training records are kept on site with mandatory training sessions monitored organisationally. Additional education opportunities are advertised in the staff room on a range of topics designed to parallel mandatory training requirements. Evaluation of education is conducted via staff feedback to monitor the education and staff development program.

## **1.4 Comments and complaints**

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

### **Team's findings**

The home meets this expected outcome

Residents/representatives and interested parties have access to internal and external mechanisms to raise issues at the home. Initiators of comments and complaints are responded to and these are entered where appropriate in the home's improvement plan. Residents/representatives are able to raise issues with management using improvement forms and at meetings. Residents are informed of the internal and external comments and complaints mechanisms on entry to the home through verbal and written communication and at resident meetings and information is on display throughout the home. Residents/representatives reported they are familiar with the mechanisms to raise complaints and are satisfied that issues are resolved in a timely manner.

## **1.5 Planning and leadership**

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

### **Team's findings**

The home meets this expected outcome

Management incorporates documented organisational mission, vision and value statements into the home's daily activities. These statements are available to residents/representatives, staff and other interested parties via a variety of information documents. The home's visions are provided to resident/representatives in resident information documentation and to staff during orientation. The home's vision is displayed throughout the home.

## **1.6 Human resource management**

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

### **Team's findings**

The home meets this expected outcome

The home has human resource policies and a formal recruitment system that includes advertising, interviewing, appointment and orientation of staff. Police checks, evidence of qualifications, reference and registration checks form part of the recruitment process. Residents' changing care needs, staff availability and skill mix are monitored and form the basis for each shift. Employment contracts, position descriptions, the orientation process and participating in education sessions ensure new staff members are aware of the requirements of their positions. A range of strategies are used to manage staff performance and include a probationary period, ongoing performance reviews, annual staff development reviews, competency checks and supervision of staff. Residents/representatives are satisfied with the responsiveness of staff and the care they receive.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

The home has systems and processes to ensure that a stock of appropriate goods and equipment is available. Input from residents and staff through meetings and health professionals is included in the processes of maintaining and introducing new equipment. Storage for equipment and goods is available within the premises of the home and staff have access to these storage areas. Stocks levels are ordered and monitored by identified personnel and are rotated and monitored for expiry dates. Equipment is monitored through a preventative maintenance schedule and through daily maintenance requests by the Maintenance Manager. Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff are satisfied with the stocks of appropriate goods and equipment.

## **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 processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, resident and personnel files, locking of storage areas and offices and restricted password access to computers. Organisational back-up systems are in place to prevent the loss of information. Information is communicated to staff via meetings and meeting minutes, memoranda, notice boards, handover processes, intranet, communication books and resident progress notes and files, and staff have position limited access to electronic information. Management communicates with residents/representatives via newsletters, residents' meetings and one-to-one discussions. The home has organisational policies in place for archiving and destroying documents on site. Residents/representatives and staff are satisfied with information that management provides to them.

## **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

External service agreements are reviewed as required organisationally and by the RM. The home has contracts with external services including, but not limited to, air conditioning, allied health professionals, continence products, medical and chemical supplies. Feedback from identified key personnel is provided to management to ensure quality services are maintained; feedback on external services is also provided via resident and staff meetings. Service providers are supervised by relevant personnel when conducting services at the home with security sign in books located at the entrance to the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

## **Standard 2 – Health and personal care**

**Principle:** Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, staff record resident falls, skin tears, medications, behaviours and absconding residents and this information is then collated and analysed for trends. Residents and staff are satisfied that the home actively promotes and improves residents' physical and mental health.

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

- Management has introduced new shower allocation lists in consultation with staff and residents. The new list incorporates work load requirements for staff and is communicated to staff through the daily work sheets. Staff commented positively on the new system in that it allows showering of residents to be completed in a more relaxed and less rushed environment.
- It was identified that case conferencing was not effective in gathering or planning information regarding residents care needs and requirements. Management has established a new format for case conferencing that involves attendance by the resident/representative; medical officer, care staff and key personnel on a more formal basis to discuss care need requirements and changes. Management and staff reported to us that increased attendance by key persons has had a positive impact on care identification and planning for residents, with more detailed care plans as a result.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

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

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

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

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

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

The home's systems and processes that enable residents to receive appropriate clinical care are based on the identification and communication of residents care needs. Staff collect information from residents and their families using the home's assessment tools. This information and discussions with other members of the health care team provides the basis for the care plans developed and reviewed by the registered and enrolled nurses. The home has an electronic system to assist with assessment and care planning and staff have a summary care plan and extended care plan to guide their practice. Residents care needs are communicated in the electronic progress notes, the handover and the day book. The home monitors the care provided by observation of staff practices, audits and clinical indicator data. Residents are satisfied with the care provided at the home and their involvement in care decisions.

### **2.5 Specialised nursing care needs**

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

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

The home meets this expected outcome

Residents state that their specialised nursing care needs are met to their satisfaction. Relevant care plans developed and evaluated by the registered nurse document individual residents' specialised nursing care needs and required interventions. Delivery of specialised nursing care is undertaken by the registered and enrolled nurses and specially trained personal care workers as appropriate with a registered nurse on call for consultation at all times. The home consults with the general practitioner and with external specialist nurses within the health services area when necessary and in emergency situations residents are transferred to the local hospital.

## **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

As required, the general practitioner refers residents to medical and allied health professionals including physiotherapy, podiatry, dietitian, speech pathology, dentist and optical services and community mental health services. As most services are away from the home, the home provides assistance or arranges transport so residents are able to attend. Outcomes of referrals, including instructions for ongoing care are implemented and documented as required. Staff are aware of circumstances that prompt referral and of referral processes. Residents are satisfied that they are referred to a range of health specialists as required.

## **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

The home has an effective medication management system that ensures prescribed medication is managed appropriately ensuring that medications are dispensed, stored, administered and disposed of safely and correctly. Personal care workers with competency training assist residents with their medications. Residents wishing to self medicate have their competency to do so assessed by the resident’s general practitioner and the registered nurse, and have assistance provided in obtaining and storing their medications. The registered nurse oversees the administration of all ‘as required’ (PRN) medications and ensures that the administration, dose and effectiveness is recorded in the progress notes. The home monitors the medication system through the recording of medication incidents and regular audits conducted by the pharmacist and the home. Residents are satisfied with the medication management at the home.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Residents reported they are as free from pain as possible and that staff respond in a timely manner to their calls for assistance when they have pain. The registered nurse oversees pain management and consults with the resident, general practitioner and other health professionals as required. Residents’ pain is reassessed and all residents with ongoing pain management have regular monitoring of the nature and intensity of pain and the effectiveness of pain relieving strategies. Pain management strategies include gentle massage, positional change, use of pressure relieving devices, distraction, administration of analgesics, including topical analgesic patches and application of liniments/creams.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The terminal care needs and wishes of residents are identified on admission where possible and as residents’ needs change. Copies of advanced health directives and enduring power of attorney documents are located within the residents’ files for staff reference. Residents’ care plans are altered according to their needs and consider pain management and the promotion of comfort along with alleviation of other symptoms. Emotional support is provided to residents and their families by the chaplains, recreation and nursing staff and pastoral care workers. Alternative care options are discussed with the resident and their family as care needs increase and staff have access to organisational and external resources when required.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents are satisfied with their nutrition and hydration. Residents’ nutrition and hydration needs are assessed through the home’s usual assessment processes. Residents’ body weight is monitored and unplanned weight loss or gain is recorded and referrals are made to the general practitioner and following their advice to the dietitian and/or speech pathologist. Strategies recommended are implemented and include assistance with meals, provision of texture modified diets, dietary supplements and increased monitoring of food/fluid intake and weight. The menus utilised at the home are reviewed by the organisation’s dietitian, provide choice and variety and accommodate residents’ needs and preferences. Staff ensure residents receive adequate nourishment and hydration and have an awareness of individual resident’s needs and preferences.

## **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

The registered and enrolled nurse assess residents’ skin integrity through the home’s assessment processes and develop care plans based on these assessments. Staff assist residents with their hygiene needs and the application of emollients as required. Staff implement preventative strategies such as pressure relieving and comfort devices and frequent repositioning where necessary. Wound care is managed by care staff under the supervision of the registered nurse who develops wound management plans. Appropriate wound care material is available. The home receives support and education from external wound specialist services if required. The home monitors residents’ skin integrity through collection of incidences of skin breakdown and audits of skin care. Staff are trained in manual handling techniques and provide care to reduce and manage factors associated with risks to skin integrity. Residents are satisfied that the home ensures their skin integrity is maintained as necessary.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents are satisfied with the assistance by staff to maintain their continence. Residents’ continence needs are assessed on entry to the home and on an ongoing basis. Continence programs are developed and documented to guide staff practice. The home ensures residents have access to appropriate incontinence aids. Staff record bowel patterns and develop bowel management programs that include pharmacological and non-pharmacological interventions as required.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Residents/representatives are satisfied with the way challenging behaviours are managed and state that staff are discreet and supportive in their interventions. Residents are assessed on entry to the home and indicators of challenging behaviours are identified. Care staff monitor and chart challenging behaviour to enable assessment by the registered nurse and the development of care plans that identify appropriate interventions. Individual staff are knowledgeable about individual residents’ needs and triggers to behaviour. The activity and care staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when residents are unsettled. The home monitors incidents of aggression and the effectiveness of various strategies used by staff.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents are satisfied with the assistance the home provides to maintain mobility and maximise independence. Staff assess residents’ mobility, transfer and dexterity needs and falls risks and care plans and manual handling guides are developed and reviewed every three months and as required by the registered nurse. The home provides mobility aids such as hoists, wheelchairs and walking frames when required. Residents are referred to physiotherapy services by the general practitioner. Falls prevention actions include the use of floor mattresses, bed sensors and height adjustable beds to reduce the risk of further falls. Staff are provided with mandatory training in manual handling techniques.



## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Residents and their representatives are satisfied with the assistance given by staff to maintain residents’ oral and dental health. Staff assess residents’ oral and dental care needs on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required to maintain oral and dental hygiene is determined and this information is included in the resident’s care plan. Local dentists are accessed as available to residents and assistance is provided to residents to attend these visits. Resources such as mouth care products are utilised to meet residents’ oral hygiene needs

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Residents are satisfied with the care and support offered to minimise the impact of any sensory loss. Staff assess residents care needs and develop care plans in relation to vision, speech, hearing, taste, touch and smell on entry to the home and regularly through the home’s assessment and review processes. The home puts strategies in place to ensure residents with sensory loss are assisted to maintain their independence and have assistive devices according to their needs and preferences. Staff assist residents to fit and clean spectacles and hearing aids. The home arranges for residents to visit optometrists and hearing services. Staff assist residents to participate in appropriate recreational activities and the home has appropriate signage for residents

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Residents are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns. Staff identify residents usual sleep and rest patterns on entry to the home and monitor their sleep to ensure that residents maintain adequate sleep. Staff offer residents a range of interventions to assist with sleep such as supper, repositioning, pain relief and sedatives if prescribed.

## **Standard 3 – Resident lifestyle**

**Principle:** Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff encourage and support residents and others to provide feedback and suggestions.

Improvement activities implemented by the home relation to Standard 3 Resident lifestyle include:

- Residents requested more activities to be included in their monthly schedule. An increase in the number of activities has been added to the program with an additional activity officer attending for two additional days during the week to accommodate this. Residents commented positively on the additional staff and activities.
- As a result of residents’ feedback regarding difficulty in reading the bible, the home has now purchased the bible in CD ( audio format) format. Residents commented positively on the option to listen to the bible in audio format with the home looking at other options for books to be supplied in audio format.
- A suggestion raised by staff regarding memories of residents past, has resulted in the home preparing a resident memory photo album for families and relatives. Management reported that they have received positive comments from families who have received the albums.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

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

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

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

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

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 outcomes.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

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

The home meets this expected outcome

Residents are satisfied with the emotional support provided to them by staff and volunteers. Prior to entry to the home, where possible residents and their families are provided with a tour of the home and given opportunity to have their enquiries addressed. The new resident and their representative are given a resident handbook which outlines the services of the home. Once the resident has arrived staff commence processes to help the resident to feel welcome and to settle in. This includes orientation to the home and its services, introduction to the staff and other residents and support to participate in the life of the home. Residents' emotional needs are discussed at handover and the support of the pastoral care workers and volunteers is provided to residents who require it.

### **3.5 Independence**

*This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

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

The home meets this expected outcome

Residents are satisfied that they are able to maintain their independence and to maintain their relationships with family and friends. Residents are consulted to identify their preferences for all aspects of life within the home when they enter it. The recreation team document residents' social, cultural, spiritual and leisure and lifestyle preferences as a guide for providing appropriate services for each resident and staff identify residents' alternative decision-makers. Staff are aware of individual resident's preferences and limitations and provide additional support to residents with special needs to assist them to maintain their independence. Staff assist residents to pursue activities of preference, and encourage residents to maintain friendships and cultural/spiritual connections within the home and wider community

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents state that staff are courteous, respect their privacy and treat them with dignity when caring for them. Residents are given information about their rights on admission and strategies are implemented to ensure that residents' privacy and dignity are maintained during all aspects of resident care. Staff receive information relating to confidentiality and respect for residents at orientation, through meetings, handbooks and education sessions and systems are in place to identify and monitor staff practices. Residents' personal information is stored securely. Staff demonstrated strategies that maintained residents' privacy and dignity and interacted with residents respectfully.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

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

The home meets this expected outcome

Residents are satisfied that the home provides interests and activities that they enjoy. Recreation staff identify residents' past and current interests, social history, likes and dislikes, beliefs, customs, abilities and develop individualised activity plans. The activities program consists of group activities and individual sessions that are evaluated through resident feedback, review of participation rates and observations by the lifestyle team. The home utilises the services of a number of volunteers to assist with activities such as group and individual sessions. The monthly schedule is placed throughout the home, and residents are encouraged and assisted by the recreational officer and care staff to attend.

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

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

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

The home meets this expected outcome

Residents are satisfied with the home's approach to meeting their individual interests, beliefs and backgrounds which are identified on entry to the home. Provision is made for the celebration of significant cultural and religious days. Spiritual support is provided by the pastoral carer who visits residents according to their requests and the chaplain offers regular church services and provides additional counsel to residents if required. Staff demonstrate an awareness of residents individual beliefs and backgrounds and have access to cultural resources should they require additional guidance or support.

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

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

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

The home meets this expected outcome

Residents confirm that they are able to exercise choice and are satisfied with their involvement in decision making. Staff identify residents' individual care and lifestyle preferences and information regarding residents' alternative decision-makers is documented and accessed if required. Residents are given information about internal and external complaints mechanisms, advocacy services and their rights and are enabled to participate in decisions and exercise choices through direct discussions, satisfaction surveys, resident meetings and the comments/complaints process. Staff interactions with residents support residents' choice and decision making in the planning and provision of care.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

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

The home meets this expected outcome

Residents stated they feel safe and secure in their home. Residents and their representatives are given written and verbal information regarding service provision prior to entering the home. The documents provided contain information about security of tenure, internal and external complaint mechanisms, orientation processes as well as information regarding each resident's rights and responsibilities. The home ensures that all parties understand the terms of the agreement and prospective residents/representatives are encouraged to seek independent advice on the terms of the agreement prior to accepting the contract. The organisation ensures there is current information about specified care and service obligations, accommodation fees and charges.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, audits, hazard and incident reports, resident and staff meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all monitoring activities. Staff encourage and support residents, relatives and other stakeholders to provide feedback and suggestions.

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

- It was identified that outside contractors regularly visited the home late in the afternoons to attend to maintenance issues. It was identified at this time that no maintenance staff were on site. In order to facilitate and monitor the external contractors the home has altered the finishing hours of the on site Maintenance Manager to accommodate contractors in the afternoon. Management reported to us that this was now working well with increased monitoring and facilitating of work being done.
- Staff feedback on the increased time required to weigh and lift residents has resulted in the home purchasing two new lifters that have the function of weighing residents. Feedback from staff indicated to us that they are now able to weigh residents in a timelier and safer manner with the new lifters.
- Environmental audits indicated that internal bathrooms at the home were showing their age, however were still functional and safe. The home in order to improve the appearance of resident’s bathrooms has a refurbishment program in place to renovate selected residents bathrooms. We observed the new bathrooms completed at the home.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

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

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

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

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

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 outcomes.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has processes to provide a safe and comfortable environment both internally and externally, with residents encouraged to maintain their independence and have access to appropriate equipment. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning programs, cover all areas of the home with cleaning monitored by the RM, audits and surveys with deficiencies addressed. Identified hazards are risk assessed and actions taken through the plan for continuous improvement. Preventative, corrective maintenance is conducted by the Maintenance Manager or by external contractors including pest control monitoring. Residents are individually assessed for risk in relation to their safety and appropriate preventive and/or corrective actions are taken. Staff are aware of practices that ensure the safety and comfort of residents. Residents/representatives are satisfied with the living environment of the home.

#### **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

Work health and safety policies and procedures, risk assessments and audit tools are used to guide the home's safety system. The home has a designated work health and safety officer in liaison with the organisational Work Health and Safety Officer. The safety system includes hazard/incident reporting, risk assessments, staff training and maintenance activities; residents are informed about improvements to the home in writing and at resident meetings. Risk assessments are conducted and control measures are implemented by relevant staff. Incidents are documented and reviewed by the RM, the Work Health and Safety Officer and discussed at relevant staff meetings. Staff have access to hazard/incident reporting forms; safety training is provided to staff during orientation; workplace health and safety is part of the home's mandatory training program. Staff are satisfied that management provides a safe working 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

The home actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks through the use of an external provider monitoring all fire and safety processes. Emergency exits are clearly marked and pathways to exit were observed to be free of obstructions with fire doors and exit doors operating as designed. Electrical equipment is inspected by the Maintenance Officer with equipment tagged as required. The home maintains a smoking policy that applies to both staff and residents. Staff are provided with fire safety education at orientation and annually. Fire safety is part of the home's orientation and mandatory training programs and fire drills are conducted regularly. Staff have access to resident emergency lists, emergency plans/procedures and fire fighting equipment. Evacuation diagrams are displayed in public areas throughout the home. Work instructions for night duty staff include lock up procedures, and visitors/contractors are required to sign a register when arriving on-site. Staff and residents demonstrate knowledge of the home's fire and emergency procedures with residents feeling safe at the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has policies and procedures in place to guide staff practice regarding infection control. The infection control system is monitored by the RM and key personnel with information gathered from audits, training, and relevant staff meetings. Resident infections are recorded in a database and this information is collated, monitored and analysed for trends organisationally and on site. Staff are provided with infection control education at orientation and annually thereafter at mandatory training sessions. Colour coded equipment is used in the clinical, cleaning, laundry and catering service areas to minimize risks of cross infection. Temperature monitoring occurs for food receipt, production and storage. Schedules and work instructions guide cleaning practices in all areas of the home and a pest control program is maintained. The home has hand washing/sanitizing resources and stations located throughout the home; infection control strategies such as personal protective equipment, food safety guidelines, spill kits and sharps containers are available to staff. The home has a food safety program. Infection control information is communicated to residents and staff verbally and in writing. Residents and staff are satisfied with the home's infection control program.

#### **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

Meals are prepared on site with residents' needs/preferences identified through assessment processes and this information is used when serving and planning meals. Changes in residents' dietary needs are communicated to the kitchen in writing and records are updated accordingly. Residents have a choice of meals with a rotating menu in use which is reviewed



on a regular basis by a dietician. Resident feedback regarding meal satisfaction is sought through resident meetings and satisfaction surveys. Food safety processes have been established and are monitored.

Cleaning staff are on an established roster working in teams with cleaning programs used to guide staff in relation to cleaning requirements. Colour-coded cleaning equipment is used and work practices are designed to minimise infection control risks. Chemical safety is adhered to by staff in establishing effective cleaning procedures for the home with scheduled audits in place to monitor cleaning activities.

Residents' laundry is done on site with residents satisfied with the service. Monitoring of resident's name tags ensures that lost items are kept to a minimum with regular displays of lost clothing for residents to locate missing items. Laundry is delivered on a trolley in individual baskets promoting privacy and dignity to each resident with the quality of the laundry service monitored through the auditing process. Residents/representatives expressed satisfaction with catering, cleaning and laundry services.