



Aged Care  
Standards and Accreditation Agency Ltd

## **Domain South Valley**

RACS ID 3607  
209 South Valley Road  
HIGHTON VIC 3216

**Approved provider: Domain Aged Care (Services) Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 14 May 2015.

We made our decision on 15 March 2012.

The audit was conducted on 13 February 2012 to 14 February 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  
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# Site Audit Report

**Domain South Valley 3607**

**Approved provider: Domain Aged Care (Services) Pty Ltd**

## Introduction

This is the report of a site audit from 13 February 2012 to 14 February 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 13 February 2012 to 14 February 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

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

## Assessment team

Team leader:	David Barnett
Team members:	Jill Packham
	Carolyn Rogers

## Approved provider details

Approved provider:	Domain Aged Care (Services) Pty Ltd
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## Details of home

Name of home:	Domain South Valley
RACS ID:	3607

Total number of allocated places:	90
Number of residents during site audit:	85
Number of high care residents during site audit:	68
Special needs catered for:	Nil

Street/PO Box:	209 South Valley Road	State:	Victoria
City/Town:	HIGHTON	Postcode:	3216
Phone number:	03 524 44106	Facsimile:	03 524 44301
E-mail address:	Nil		

## Audit trail

The assessment team spent 2 days on site and gathered information from the following:

### Interviews

	Number		Number
Management / administration	6	Residents / representatives	23
Clinical / care / lifestyle staff	12	Hospitality / environment / safety staff	6
Medical / allied health	1		

### Sampled documents

	Number		Number
Residents' administration files	7	Medication charts	11
Care files, assessments and care plans	16	Weight charts	30
Personnel files	5	Wound management charts	6

### Other documents reviewed

The team also reviewed:

- activity program documentation
- allied health communication requests
- allied health professional police checks
- approved service provider list
- audit schedule, results and analysis
- blood sugar monitoring charts
- care manual
- cleaning schedules
- clinical protocols
- comments, compliments and complaints records
- communication diaries
- compulsory reporting flowchart and procedures
- compulsory reporting log
- consent forms
- consolidated record of compulsory reporting
- diabetes management plans
- dietary update forms
- drugs of addiction register
- emergency kit checklist and resident evacuation list
- emergency procedures manual
- end of life care pathway
- environmental checklist for individual rooms
- external service providers' induction program and contracts
- fire and emergency equipment testing logs
- flowcharts
- food and fluid intake charts
- food safety program
- handover sheet
- hazard alert forms

- hospitality and environmental manuals
- improvement form monthly register
- incident reports
- infection control guidelines and infection surveillance data
- inventory process and assets records
- kitchen certification documents
- material safety data sheets
- medication management manual
- meeting schedule and minutes of meetings
- memorandum
- newsletters
- nursing registrations
- nutritional supplement records
- occupational health and safety responsibility form
- organisational chart
- pest sighting reports
- petty cash records
- plan for continuous improvement
- police check and statutory declaration spreadsheet
- position descriptions and duty statements
- reactive and preventative maintenance records, schedule and matrix
- refrigerator temperature monitoring charts
- register of hazardous substances
- residents' agreements
- residents' information package and handbook
- roster
- security check report and incident report
- self-administration medication assessments
- staff and resident surveys
- staff education calendar, education evaluations and training records
- staff orientation documents and handbook
- testing and tagging log
- vision statements
- workplace safety audits

## **Observations**

The team observed the following:

- accreditation site audit posters
- activities in progress
- archive room and storage of confidential documents
- blood sugar monitoring trolley
- chemical storage
- cleaners' rooms and cleaning in progress
- clinical equipment and supplies
- designated smoking areas
- electronic and hard copy information systems
- emergency exits, paths of egress and signed assembly points
- equipment and supply storage areas
- external complaints and advocacy brochures
- feedback forms and suggestion box
- fire and emergency equipment, signage, packs and maps
- first aid kit
- food register

- hairdressing salon and hairdressing in progress
- hand washing facilities
- handover in progress
- internal and external living environments
- kitchen
- laundry
- meal service
- medication administration
- medication storage
- menu on display
- music therapist in attendance
- nightly contractor security check process
- notice boards and resource information
- nurses' stations
- occupational health and safety information displays
- outbreak management kit
- oxygen storage
- palliative care box
- personal protective equipment
- resident / representative noticeboards, brochure and information displays, suggestion box
- residents enjoying individual activities
- residents interacting
- residents receiving assistance
- residents access to call bells
- residents' rights charter posters
- sharps management
- staff and resident interactions
- staff room, resources, drop boxes and noticeboards
- visitor and resident sign in / out books
- wound management practices



## **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

Domain South Valley has a continuous improvement system driven by improvement forms. Improvement opportunities are identified through regular meetings, audits, surveys, stakeholder input through comments / complaints / suggestions, incident reports, maintenance and management and organisational processes and observations. Documentation confirms the identification and timely actioning of both short and longer term issues, appropriate discussion and feedback, follow-up, completion and evaluation of improvement opportunities. Monitoring and discussion of improvement opportunities is completed by the home through regular quality meetings.

Improvements identified and completed in this Standard include:

- Following the identification of issues relating to staff response to call-bells, pagers have been purchased for senior care staff to help identify and appropriately respond to call-bell alarms. Evaluation so far indicates an improvement in identification and response.
- Following staff observations and suggestions, changes have been introduced to shift times and hours to assist with afternoon tea and the toileting of residents. The changes have been beneficial for residents and are working well.
- The implementation of electronic incident reporting to assist in the reporting, response, monitoring, analysis and feedback of incidents in the home. The system is working well and the reporting, monitoring and data analysis has identified benefits to resident care.
- A new organisational contract supplier system has been introduced for medical and nutritional supplies. Evaluation confirms the new system assists ease of ordering with timely and more effective processes
- Following identification by the organisation for standardisation, new clinical documentation processes and guidelines have been introduced to assist staff and benefit resident care. Feedback is positive.

### **1.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home and the organisation have systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. Regulatory compliance information and changes are received through update services, industry and government bodies. Information and changes are actioned and disseminated by the organisation and the home’s senior staff to all staff through the home’s range of information systems and processes. Organisational monitoring and reporting, the home’s audits and staff training assist to maintain compliance. Systems are in place for the home’s policies to be reviewed and updated where required. Residents and their representatives are informed of

accreditation audits. Systems are in place to ensure all relevant persons have and maintain a current police check and required statutory declarations for staff.

### **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

Domain South Valley residents and their representatives say management and staff have the appropriate knowledge and skills to perform their roles effectively. Documentation and interviews confirm education and training is appropriately resourced, provided and monitored by the home. Staff training is responsive to changing resident care needs, staff performance appraisals, staff surveys, audit outcomes and training evaluations with feedback provided. Training needs, requirements and methods are planned and facilitated through a range of formal and informal processes by appropriately trained staff, educators and external providers through competencies, hard copy information, meetings and face to face training. All staff complete annual mandatory training requirements. The home encourages up-skilling of staff. Education completed in this Standard includes comments and complaints, documentation training, electronic incident system training, funding training and bullying and harassment.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home provides stakeholders with access to internal and external complaints handling mechanisms. Comments and complaints information is discussed with residents and representatives prior to entry and is documented in the residents' handbook and their formal agreement. External complaints and advocacy brochures are available in various languages and posters are displayed throughout the facility. Internal feedback forms and suggestion boxes are positioned in a number of areas, the home has an open door policy and regular meetings with staff, residents and representatives provides an opportunity to raise issues or concerns. Complaints data is monitored and identified trends feed into the continuous improvement system. Residents, representative and staff are aware of the process and documentation confirms matters are actioned appropriately and 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

The organisation's mission statement is displayed in the foyer and mission, vision and values statements are contained in staff and resident publications. The organisational chart displays the corporate and site management structures and a corporate strategic plan is in place for future development with relevant items documented in the home's plan for continuous improvement.

## **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 appropriately skilled and qualified staff to ensure care and services are delivered in accordance with regulatory requirements, professional guidelines, the home's philosophy and the current needs of residents. Staff recruitment is based on position descriptions, minimum qualifications, reference checks and police clearance. Successful applicants sign a formal contract and undertake an induction program. Staff appraisals, audits, competencies and management observations ensure staff skills and practices are maintained. Staff are supported to gain additional skills and knowledge through internal and external education opportunities and are required to attend annual mandatory training. Staffing levels are monitored to reflect changes in resident numbers and care needs. Staff confirm they are supported by management and residents are generally satisfied with the levels of staffing and the care provided at the home.

## **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 can demonstrate an effective system to ensure that appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels, an effective re-ordering process is in place and goods are sourced from an approved suppliers list. Effective maintenance and cleaning programs are adhered to and electrical equipment is tested and tagged for safety. Goods are reviewed and updated to reflect any special needs of the current resident population. New equipment is trialed prior to purchase with staff receiving appropriate training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Residents and staff state that adequate supplies of appropriate goods and equipment are available at all times.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

There are a range of strategies in place to ensure that staff have access to current information necessary for the effective delivery of services and for residents and representatives to be informed of activities and care management. Staff are provided with position descriptions, duty lists and procedural guidelines relevant to their departments. New information is distributed to them through meetings, memoranda, communication books, handover sheets, care plans and progress notes. Residents and representatives are kept up to date at their meetings, in newsletters, noticeboard displays and individual case conferences as needed. The home's computer system is password protected with restricted levels of access, resident and staff files are stored securely and documents are archived or destroyed according to regulations. Staff, residents and representatives are satisfied with their level of access to relevant information provided 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 findings**

The home meets this expected outcome

The home has effective processes that ensure the ongoing quality and responsiveness of externally sourced services. Formal agreements are in place that include insurance, police clearance, qualifications, confidentiality and expected service levels and these are reviewed regularly to monitor compliance. Suppliers undergo induction to the home and are provided with accreditation cards. Feedback is sought from staff, residents and representatives and satisfaction is also monitored through audits, surveys and observations. A list of preferred service providers is available and staff have access to after hours emergency contacts. Staff and residents are satisfied with the currently sourced external suppliers.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home demonstrates it actively pursues continuous improvement. Improvements are identified from a range of sources through the home's systems and processes and are planned, actioned, monitored, completed and evaluated in a timely manner. The home encourages and enables stakeholder input and provides regular feedback and discussion.

Recent improvements in health and personal care include:

- Following residents' complaints, changes have been introduced to the evening medication round to benefit resident care and well-being. The introduced changes have resulted in no further complaints and the process is working well.
- Following identification by staff, a new camera has been purchased and system introduced to ensure current resident photo's are in place on medication charts. Evaluation confirms the effectiveness of the improvement.
- Identified through the home's incident reporting process, limb protectors have been purchased for residents following re-current skin tears over a three month period. The improvement is effective and has reduced skin tears for those residents.
- Following an identified deficiency in a wound care audit, changes were introduced to the home's wound care systems and processes. Following audits indicate the improvement is successful, working well and benefits resident care.
- Following a complaint by residents, changes have been made to the home's podiatry services. Feedback from the change is positive from both residents and 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 findings**

The home meets this expected outcome

The home and the organisation have systems to identify and ensure compliance with relevant legislation and regulatory requirements in the home. Regulatory compliance information and changes are received, actioned and disseminated by management and senior staff. Organisational monitoring, reporting and the home's audits, checks, staff training and regular meeting processes assist to maintain compliance. The home demonstrates regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management and systems in place for the required reporting of absconding residents.

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

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

#### **Team’s findings**

The home meets this expected outcome

The home demonstrates management and staff have the necessary skills and knowledge to perform their roles effectively in relation to this Standard. Documentation and interviews confirm education and training for management and staff relating to residents’ health and personal care is appropriately planned, facilitated and monitored. Staff training is responsive to changing resident care needs, incident reporting, staff performance appraisals, audit outcomes and training evaluations. All staff complete appropriate competencies and the home’s annual mandatory training requirements. A range of education is completed in health and personal care and includes, but is not limited to, continence, diabetes management, oral and dental health, nutrition and hydration, palliative care, Parkinson’s disease, podiatry and wound care.

### **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 performs initial and ongoing assessment of residents’ care needs to provide residents with appropriate clinical care. An initial holistic assessment is undertaken which triggers further assessments as required. Individualised care plans are developed in consultation with residents and representatives and regularly reviewed. Medical officers and allied health specialists reviews are conducted as required. Care communication systems are in place and protocols guide staff in clinical practices. Clinical indicators are recorded and audits monitor staff practices and clinical management. Residents and representatives interviewed say they are regularly consulted regarding care needs and kept informed regarding any changes in condition.

### **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 have their specialised nursing care needs identified, planned and provided by appropriately qualified nursing staff. There are clinical guidelines to assist staff. Regular assessment and evaluation occurs and is documented. Education is provided in areas of complex care and staff gave examples of individual specialised care needs. The home has access to clinical specialists and medical officers for advice. Specialised care needs of residents at the home include diabetes, catheter care, and oxygen management. Residents and representatives at the home confirm satisfaction with the specialised care the home provides.

## **2.6 Other health and related services**

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Residents have access to a range of allied health specialists and referrals occur when required. Residents’ needs for health specialists are identified and their preferred and/or existing health providers are recorded. Assessments and prescribed treatments are documented in progress notes and specific information is transcribed into the care plans. A range of allied health specialists visit the home and residents are assisted to meet external appointments as required. Documentation confirms health specialists are actively involved in the delivery of residents’ care, and mechanisms exist for urgent referrals. Residents and representatives indicate they are satisfied with the other health and related services the home provides.

## **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 systems and processes to ensure residents’ medications are managed safely and correctly. Registered nurses oversee medication management providing support to enrolled nurses and personal care workers when required. Residents’ medication needs are assessed and administered according to their general practitioners’ orders. Medication management is monitored through regular audits, the monitoring of staff practices and an incident reporting system. The team observed that medications are securely stored with processes for the ordering, receiving and disposal of medications. Residents and representatives say that medications are administered safely.

## **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’ pain issues are assessed on entry to the home. Pain monitoring tools are completed for continuing or increased levels of pain with management strategies then further developed. Residents who are unable to express pain are assessed via non-verbal cues and the effectiveness of interventions are monitored. Medical practitioners and allied health professionals assist with pain management and staff demonstrate an awareness of residents’ pain needs. Alternatives to medication are explored and trialed and ‘as necessary’ pain relief medication is monitored. Residents state they are satisfied with the assistance they receive from staff to be as free of pain as is possible.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The comfort and dignity of palliative residents is maintained through a multidisciplinary approach including medical officers and palliative care specialists. Residents and/or their representatives are asked to complete an end of life care form reflecting residents’ beliefs, wishes and customs on entry. Care plans are created to address a palliative approach to care and end of life care pathways monitor terminal care. To enhance resident and representative support, the home facilitates visiting religious clergy when requested. Progress notes indicate examples of strategies used to ensure that the terminal phases of care meets residents’ needs and preferences.

## **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

The home has systems and processes to ensure residents receive adequate nourishment and hydration. Residents’ dietary needs and preferences are documented and communicated to the kitchen. Care plans include dietary likes/dislikes, special diets, consistency of fluids, required dietary aids and food allergies. The home monitors residents for adequate nutrition and hydration through the regular checking of residents’ weight. Specific weight loss / gain guidelines are available and residents receiving supplements are monitored for intake. Referrals to the dietitian or speech pathologist occur promptly. Residents and their representatives say they are satisfied with the meals provided.

## **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 home has systems to assess, identify and monitor residents’ skin integrity for risks and potential pressure injury. Skin care plans are developed and provide staff with regimes for skin integrity management and residents at risk are supported with skin integrity aids. Wounds are supervised by a registered nurse and the home has access to a wound nurse consultant. Skin tears are monitored through the incident reporting mechanism and preventive measures are taken. Staff can describe resident’s individual skin care needs and progress notes show skin care attended and evaluated. Residents say staff are aware of their skin care needs and preferences.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to support and optimise residents’ continence needs. Residents’ individual needs are identified and if indicated an individual continence management program is developed. Staff said they regularly review and evaluate residents’ continence management and this was supported in the progress notes. Education and support is available from both the supplier of the products and from appropriately qualified staff. Staff are aware of residents’ individual continence programs and were observed assisting residents. Residents say they are satisfied with how staff approach their continence needs.

## **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 with challenging behavioural needs are managed effectively. Behaviour assessments are completed and the information is used to develop care plans that record management interventions. Progress notes indicate effective interventions carried out by care staff. Staff provided examples of strategies to assist in modifying residents’ behaviours, the team observed staff interacting therapeutically with residents. The home has protocols to manage the use of restraint and residents are referred to external specialist psycho-geriatric services if needed. Residents and representatives state satisfaction with staff interaction with residents’ requiring care.

## **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 supported to achieve optimum levels of mobility and dexterity through assessments and regular reviews. The physiotherapist and registered nurses assess residents for their mobility, transfer requirements and personal preferences. Residents at risk of falls are identified and falls prevention strategies are included in care plans. Residents have access to appropriate assistive devices and exercise regimes are implemented. All falls are reported, actioned and analysed for trends. Staff state they receive regular manual handling education. Residents state they are satisfied with the management of their mobility.

## **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 receive oral and dental care that is appropriate to their individual needs and preferences. Care plans guide staff with details of the assistance required and daily care needs. Residents’ ongoing care needs are monitored through staff observations and resident feedback. Residents identify their preferred provider of dental care. Progress notes indicate referrals are arranged for repairs to dentures and regular visits to dentists occur. The team

observed dental aids in good condition and ongoing supplies are available. Staff are able to provide examples of how residents' oral health is monitored and residents say they are satisfied with the assistance they receive from staff.

## **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 have their sensory losses identified and managed effectively at the home. Assessment of sensory loss is undertaken and information is gained from the resident, representative and care staff. Care plans include specific interventions to meet individual needs and include aids, level of assistance required and measures to optimise sensory functions. Residents are assisted to make appointments with allied health professionals for assessment. The lifestyle program includes a range of sensory activities to cater for individual needs. Residents and representatives state their satisfaction with the home's management of sensory loss.

## **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

The home assists residents to achieve natural sleep patterns. Assessments include usual rising time, environmental preferences and settling routines. Care plans reviewed contain personalised information and regular evaluation of care occurs from staff observation and monitoring residents overnight. Staff are aware of residents' individual settling routines and sleeping habits. Interventions used to support residents to sleep at night include continence care, warm drinks, snacks, reassurance and pain relief. Residents interviewed say they sleep well and their preferences are met.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home demonstrates it actively pursues continuous improvement. Improvements are identified from a range of sources through the home’s systems and processes and are planned, actioned, monitored, completed and evaluated in a timely manner. The home encourages and enables stakeholder input and provides regular feedback and discussion.

Recent improvements in resident lifestyle include:

- In response to individual resident care needs, a specialised support group has been established to assist with improved understanding, socialising, mutual resident support and staff knowledge. Evaluation confirms the support group is highly beneficial with on-going benefits for residents and staff.
- Following a resident request and to help meet individual residents’ needs and interests a painting group has been established. The improvement is working well and has proved popular.
- Following a successful trial and in response to residents’ behaviour and care needs, a music therapist now attends the home on a regular and permanent basis. Evaluation confirms the program has ongoing benefits for residents’ interests, enjoyment, behaviours and well-being.
- In response to a resident satisfaction survey, changes were introduced to the cleaning of the home’s plastic table cloths. The change has proven effective with residents expressing satisfaction.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home and the organisation have systems to identify and ensure compliance with relevant legislation and regulatory requirements in the home. Regulatory compliance information and changes are received, actioned and disseminated by management and senior staff. Organisational monitoring, reporting and the home’s audits, checks, staff training and meeting processes assist to maintain compliance. The home demonstrates compliance in relation to this standard with privacy and dignity policies and practices, security of tenure, residents’ rights and responsibilities and the requirements for elder abuse/mandatory reporting.

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

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

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

The home meets this expected outcome

The home demonstrates management and staff have the necessary skills and knowledge to perform their roles effectively in relation to this Standard. Education and training for management and staff relating to residents' lifestyle is appropriately planned, facilitated and monitored. Staff training is responsive to changing resident care needs, incident reporting, staff performance appraisals and audit outcomes. All staff complete the home's annual mandatory training requirements. Training completed in this standard includes elder abuse/mandatory reporting, behaviour management, choice and decision making and privacy and dignity.

### **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

Systems are in place to ensure residents and representatives are emotionally supported in adjusting to life at the home and that their needs are regularly reviewed. New residents are provided with an information pack explaining services and levels of care, given a tour of the facility and introduced to other residents and staff. On entry assessments capture past and current social and emotional histories and care plans are developed documenting preferences, triggers and strategies for the residents to enjoy life at the home. Residents are encouraged to personalise their rooms and representatives are invited to join in activities and maintain close contact. The home can access external psychiatric and counselling services if required, care plans are reviewed regularly to capture change and the activity program schedules individual time with residents. The team observed staff interacting with residents in a caring and friendly manner and residents confirm their emotional needs are being met.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home demonstrates that residents are supported to achieve optimal independence, maintain friendships, family connections and community links. The home's assessment and care planning process identifies the residents' cognitive, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Physiotherapy exercise programs are implemented to maintain mobility and lifestyle programs include sensory stimulation activities and community outings. Residents are assisted to maintain financial independence, vote in elections, attend community groups and to entertain visitors. Equipment and utensils are provided to encourage independence and audits are conducted to ensure the environment is free of hazards. Residents say they feel part of the local community and that staff assist them to be independent.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home respects each resident's right to privacy, dignity and confidentiality. Resident and staff handbooks and contracts document policies on this expected outcome and residents sign consent forms for the release of information, outings and the use of their photographs and names. Residents are accommodated in single rooms with en suite bathrooms, there are numerous internal and external areas to meet with visitors and private functions can be arranged. Files are kept in secure areas, handover occurs discreetly, residents can lock their doors and have access to lockable drawers in their rooms. Staff were observed knocking on doors before entering and addressing residents by their preferred name. Residents confirm that staff treat them with respect and they are satisfied their privacy is maintained.

### **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 supported and encouraged to participate in a range of activities and events both in groups and individually. Lifestyle profiles capture past and current interests, preferences for social interaction and community and family links. Care plans document these choices and are regularly reviewed to reflect changes in the individual needs of the resident. Activity evaluations, surveys, feedback from meetings and participation records are used to monitor satisfaction and residents are encouraged to make suggestions for future planning. Community groups and volunteers are welcomed at the home, residents are assisted to go on outings and maintain individual hobbies and friends and family are involved in their life at the home. Residents confirm staff invite them to the daily activities and they are satisfied with the variety of the lifestyle program.

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

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

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

The home meets this expected outcome

The home demonstrates it fosters and values residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff have access to cultural care kits and interpreters are available if needed. Various denominations hold group and individual religious services, cultural groups and volunteers are welcomed and residents are assisted to attend community clubs and events. Special events are acknowledged, significant days are celebrated and residents' cultural dietary preferences are accommodated. Residents state satisfaction with the support provided to meet their cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home is committed to promoting the residents' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney are documented where assessed cognitive levels indicate and regular risk assessments and care plan reviews capture change. The resident handbook contains information on residents' rights and responsibilities, the complaints process, external advocacy services and policies relating to clinical care and lifestyle choices. Audits, surveys and feedback from meetings monitor satisfaction and staff attend ongoing education on this outcome. Residents state satisfaction with their ability to make independent choices and decisions.

### **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

The home ensures new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement covers policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Extensive consultation is undertaken in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives are encouraged to seek external legal and financial advice, power of attorney information is documented and staff receive ongoing education on elder abuse and mandatory reporting. The home has an open door policy to discuss any concerns and mail outs occur to inform of any relevant changes. Residents state they feel secure in their tenancy and understand their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home demonstrates it actively pursues continuous improvement. Improvements are identified from a range of sources through the home’s systems and processes and are planned, actioned, monitored, completed and evaluated in a timely manner. The home encourages and enables stakeholder input and provides regular feedback and discussion.

Recent improvements in the physical environment and safe systems include:

- Identified by staff and to benefit occupational health and safety and infection control, a table has been placed in appropriate areas to assist in restricting care staff kitchen movements and access. The table includes drinks and utensils to assist care staff and meet residents’ needs at meal times. Management say the improvement is working well so far and is to be further monitored.
- Following a staff request, new outdoor furniture was purchased for residents. Evaluation confirms more comfortable and more welcoming furniture is now in place.
- Identified by the home to assist resident care and safety and staff occupational health and safety, more slide sheets have been purchased to ensure all high care residents have a slide sheet. These are in place with benefits for both residents and staff.
- Following a staff suggestion to assist with infection control, a paper towel dispenser has been installed in the café. The improvement is effective and working well.
- Improvements have been made to the home’s misplaced clothing processes. A register is now maintained to assist in the monitoring and tracking of misplaced clothing and has proven effective.
- Following the identification of difficulties with fire and emergency training for staff, a new education service has been sourced. Evaluation confirms improved fire and emergency education processes for staff and positive feedback.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home and the organisation have systems to identify and ensure compliance with relevant legislation and regulatory requirements in the home. Regulatory compliance information and changes are received, actioned and disseminated by management and senior staff. Organisational monitoring, reporting and the home’s audits, checks, staff training and regular meeting processes assist to maintain compliance. The home demonstrates compliance in relation to this standard with the living environment, fire safety regulations, current occupational health and safety policies and requirements, infection control guidelines and a food safety program and related kitchen certification in place.

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

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

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

The home meets this expected outcome

The home demonstrates management and staff have the necessary skills and knowledge to perform their roles effectively in relation to the physical environment and safe systems. Documentation and interviews confirm education and training for management and staff is appropriately planned, facilitated and monitored. Staff training is responsive to changing environmental and safety issues, organisational requirements, staff performance appraisals, incidents and audit outcomes. All staff complete the home's annual mandatory training requirements. Training completed in this Standard includes fire and emergency, manual handling, occupational health and safety, infection control and chemical and food handling.

### **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's environment reflects the safety, comfort and individual needs of the residents. Residents are accommodated in single personalised bedrooms with en suite bathrooms. A pleasant internal environment with a range of communal areas is complemented by attractive and secure courtyards. Sufficient, appropriate and comfortable furniture and a comfortable temperature is maintained. The home is clean and free of clutter and equipment is securely and appropriately stored. Robust reactive and preventative maintenance systems ensure timely and regular maintenance completion. The team notes regular audits and checks together with staff general awareness of the environment help identify improvement opportunities and the monitoring and maintaining of the living environment. The home is well-lit, signage is clear and residents have access to call bells and mobility aids. Residents say they feel safe and comfortable and are satisfied with the home's environment saying it meets their individual needs and preferences.

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

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

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

The home meets this expected outcome

Management demonstrate a safe working environment at Domain South Valley that meets regulatory requirements. Organisational occupational health and safety systems assist the home, risk management is completed and an appropriately trained on-site representative is in place. Occupational health and safety information is displayed and incident and hazard management systems help in maintaining a safe environment. Environmental and occupational health and safety audits and checks are completed. Documentation confirms stakeholder input and regular meetings with monitoring and follow-up. Initial and on-going occupational health and safety training is mandatory for all staff. Interviews and observations confirm a high level of staff awareness of and satisfaction with occupational health and safety and a safe environment in the home.



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

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

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

The home meets this expected outcome

The home has systems for detecting and acting on fire, security and other emergencies. Fire detection and fire fighting equipment is regularly checked by approved professionals. The home's audits, maintenance and monitoring processes ensure safe systems are in place and maintained and contractor work is completed as required. The home has appropriate security systems in place including external nightly security checks. Fire blankets are accessible in designated smoking areas. Emergency equipment and signage, emergency manuals, evacuation maps and evacuation packs containing a current resident list with mobility requirements are in place. Emergency exits and paths of egress are clear and unobstructed and assembly points clearly signed. Staff complete mandatory annual fire and emergency training. Residents say they feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home can demonstrate they have an effective infection control program. Ongoing education to staff on hand washing and infection control strategies is conducted. Personal protective equipment is available and the home has information on managing infectious outbreaks. Cleaning schedules are in place in all areas and contracts are held for the removal of sharps, infectious waste and pest control. Staff gave examples of infection control principles used in daily practice. Auditing processes assist with the overall monitoring of the infection control program and the home undertakes data collection with trend analysis. Residents, representatives and staff state they are satisfied with the home's approach to infection control.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".*

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

The home meets this expected outcome

Hospitality services are provided by in-house staff and there are appropriate systems in place to meet the needs of the residents. The kitchen follows an approved food safety plan and has current external certification as per legislative requirements. Residents choose from a rotating seasonal menu, alternative meals are offered, snacks and drinks are available throughout the day and the residents' dietary needs and preferences are updated when needed. Cleaning staff follow duty lists and schedules to ensure the residents' rooms and common areas are regularly maintained. Colour coded equipment and appropriate personal protection apparel is used for infection control. The laundry collection and distribution processes ensures prompt return of linen and personal items that follows appropriate infection control guidelines and a labelling service is provided to minimise lost items. Staff receive ongoing chemical and infection control training and satisfaction is monitored through observations by management, feedback from residents and representatives and regular audits. Residents and representatives express satisfaction with the hospitality services provided at the home.