



Aged Care  
Standards and Accreditation Agency Ltd

## **Edgewater Mercy Hostel**

RACS ID 7172  
9 Harvest Loop  
EDGEWATER WA 6027

Approved provider: The Saint Brigids Convent of Mercy Perth Inc

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 31 July 2016.

We made our decision on 29 May 2013.

The assessment team found that the home did not meet 1.6 Human resource management and 1.8 Information Systems. However, the Accreditation Agency decision-maker found the home meets 1.6 Human resource management based on comprehensive and up-to-date information supplied by the approved provider.

The audit was conducted on 01 May 2013 to 02 May 2013. The assessment team's report is attached.

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

### **ACTIONS FOLLOWING DECISION**

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of most recent decision concerning performance against the Accreditation Standards

## Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 13 August 2013 concerning the home's performance against the Accreditation Standards is listed below.

<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Principle:</b>	
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.	
<b>Expected outcome</b>	<b>Accreditation Agency decision</b>
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

<b>Standard 2: Health and personal care</b>	
<b>Principle:</b>	
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.	
<b>Expected outcome</b>	<b>Accreditation Agency decision</b>
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

## Edgewater Mercy Hostel 7172

**Approved provider: The Saint Brigids Convent of Mercy Perth Inc**

### Introduction

This is the report of a re-accreditation audit from 01 May 2013 to 02 May 2013 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:

- 42/44 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.6 Human resource management
- 1.8 Information Systems.

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 01 May 2013 to 02 May 2013.

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

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

## Assessment team

Team leader:	Steven Allison
Team member:	Jacqueline Gillespie

## Approved provider details

Approved provider:	The Saint Brigids Convent of Mercy Perth Inc
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## Details of home

Name of home:	Edgewater Mercy Hostel
RACS ID:	7172

Total number of allocated places:	21
Number of residents during audit:	20
Number of high care residents during audit:	8
Special needs catered for:	Nil specified

Street:	9 Harvest Loop	State:	WA
City:	EDGEWATER	Postcode:	6027
Phone number:	08 9306 2449	Facsimile:	08 9405 3614

## Audit trail

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

### Interviews

	Number		Number
Director of care	1	Residents/representatives	7
Registered nurse	1	Human resource officer	1
Care staff	5	Facility manager	1
Payroll and accounts manager	1	Cleaning staff	1
Catering coordinator	1	Maintenance staff	1
Clinical nurse	1	Quality manager	1
Physiotherapist	1	Lifestyle coordinator	1

### Sampled documents

	Number		Number
Residents' files	6	Medication charts	10
Summary/quick reference care plans	6	Personnel files	5

### Other documents reviewed

The team also reviewed:

- Accident, incident and hazard reports files
- Activity planners
- Archive register
- Audit files
- Authority to self-medicate form
- Bowel and shower signing records
- Cleaning schedules and records
- Communication books, handover files and diaries
- Continuous improvement plan
- Education and training files
- Food safe program and temperature records
- Infection control file
- Job descriptions and duty statements
- Maintenance file and preventative maintenance calendar
- Material safety data sheets files
- Medical officers referral book
- Meeting minutes
- Physiotherapy referral files

- Policies and procedures
- Professional registrations and police certificates
- Residents' information handbook
- Resident low care agreement
- Rosters
- Service agreements, certificates and professional inspection reports
- Staff handbook
- Treatment file
- Weight files
- Wound and diabetic file.

### **Observations**

The team observed the following:

- Activities in progress
- Brochures and information for residents regarding advocacy service and external complaint mechanisms
- Cleaning in progress
- Emergency exits and fire fighting equipment, fire panel and location maps
- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment and gardens
- Mealtime and refreshment services
- Noticeboards and posted information
- Storage and administration of medications
- Suggestion box and access to continuous improvement forms.

## 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 organisation actively pursues continuous improvement and the home has a continuous improvement framework that monitors performance, identifies opportunities to improve and demonstrates progress towards clearly defined outcomes. There are multiple methods for identifying areas for improvement, including audits and clinical indicators. Staff, residents and representatives contribute to the home's continuous improvement plan through meetings and surveys, and individually via the home's opportunity for improvement (OFI) forms. Deficits identified from the monitoring processes are either addressed promptly, or added to the plan for continuous improvement. Residents and representatives reported satisfaction with management's responsiveness to feedback.

Examples of current or recent improvement activities related to Standard 1 are described below.

- In response to issues raised at an associated site, the management team have reviewed and updated the organisation's policies and procedures to create a point of reference for staff that is designed to be easier to follow. Management stated evaluation of this initiative is ongoing through feedback from staff and will include the creation of flow charts and guidelines to assist with clinical decision making.
- In response to an increase in the acuity of residents entering the home, management have increased the number of clinical hours. A permanent registered nurse has been employed to manage the wound care and palliation of residents as required and an enrolled nurse is now available at night.

#### 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 established systems to ensure information related to legislation, regulatory requirements, professional standards and guidelines are made available to all stakeholders. The organisation receives updates on legislative changes from various government agencies, departments and industry groups. The home's management is notified of any changes and these are disseminated to staff and other stakeholders via memoranda, meetings, newsletters and training sessions as appropriate. Management monitors the currency of police certificates using a third party software program. Staff stated they are informed of changes to regulatory compliance via toolbox training sessions and regular staff



meetings. Residents reported they were notified of the re-accreditation visit and invited to meet with the assessors.

### **1.3 Education and staff development:**

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to effectively perform their roles. An annual training calendar includes mandatory and non-mandatory training. Participants are invited to evaluate training sessions and the information is used to improve future training sessions. Management monitor the ongoing skills and knowledge of staff via observation, incident reporting, clinical indicators, comments and complaints and verbal feedback. Staff are encouraged to take responsibility for their own education and staff requests for training are discussed at performance appraisals and staff meetings. Staff are informed of upcoming training events through displays on a notice board, memoranda and regular staff meetings. Staff expressed satisfaction with the opportunities offered in accessing continuing education.

Examples of education and training relating to Standard 1 are listed below.

- Corporate inductions
- Harassment, discrimination and bullying
- Mandatory reporting.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents and their representatives have access to internal and external complaints and advocacy services via feedback forms, direct access to management and resident and representative meetings. Information regarding comments and complaints mechanisms is provided via the resident information handbook, brochures, posters and resident and relative meetings. Management addresses complaints in a timely manner and feedback is provided to the complainant. Confidentiality is maintained throughout the complaints process. Staff reported they understand the components of the complaints mechanisms and stated they can and do act as resident advocates. Residents and their representatives reported they are confident to voice their concerns.

### **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 has included the mission, vision, philosophy, values and objectives in a range of documents, including resident and staff information handbooks, and a statement is displayed within the home. The home's commitment to the provision of quality throughout the service is established and maintained in all components of the home's continuous improvement framework.

### **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 does not meet this expected outcome

Key processes to be followed in order to ensure there are appropriately skilled and qualified staff are not consistently adhered to. The home's policies and procedures do not offer clear guidance to management and staff, and processes for human resource management are not always followed by the management team. Staff are not consistently monitored to ensure services are delivered in accordance with the home's philosophy and objectives.

### **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 processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. Management stated clinical equipment is rented as required to meet individual residents' needs. Preventative and corrective maintenance systems ensure equipment is maintained, repaired or replaced as needed. Staff are responsible for maintaining adequate stock and equipment levels depending on their area of employment. Ordering takes place as required via preferred suppliers and management monitors expenditure. Stock items are rotated and chemicals are stored securely. Staff and representatives generally reported satisfaction with the amount of supplies and the quality of the equipment.

## **1.8 Information systems**

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

### **Team's findings**

The home does not meet this expected outcome

Key information and measures required to meet the needs of the stakeholders and in accordance with the home's policies and procedures are not always collected, recorded and actioned. Data is not always collected and reviewed by appropriate personnel and internal mechanisms are not sufficiently robust to highlight issues of concern.

## **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

There are systems and processes to ensure all externally sourced services are provided in a way that meets the residents' needs and the home's quality of service. External service providers have signed service agreements that are monitored by the management team relevant to that area of employment. A process is established to monitor the currency of contractors' police certificates. Staff, residents and representatives stated they are satisfied with the quality of the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

An example of current improvement activity related to Standard 2 is described below.

- Management noted the home was not effectively analysing trends with regards to incidents involving residents. A clinical team now reviews and develops action plans to assist management address these issues. Management stated this has had a positive impact in reducing the number of residents having falls within the home and will be formally evaluated at clinical meetings.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 2. Residents are provided with care and services according to the assessed level of care they require. Initial and ongoing assessment and care planning of residents requiring a high level of care is carried out by a registered nurse. Medication is administered and stored safely and correctly. Professional registrations are monitored and maintained for currency. There are policies and procedures for managing unexplained absences of residents.

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

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

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

The home meets this expected outcome

Refer to Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of recent education and training related to Standard 2 are listed below.

- Blood glucose levels
- Medication competency

- Palliative care
- Senior first aid.

## **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 has systems to ensure residents receive appropriate clinical care. The health care team assesses residents’ clinical needs when they move in the home using the residents’ medical history and a range of clinical tools. Care plans are developed and reviewed by the registered nurse based on the assessed needs and in consultation with residents and representatives. The medical officer regularly reviews residents according to their needs and on request of nursing and family members. Staff described how they report changes and receive updates on residents’ changing needs through handover, the diary, face to face communication, changes to care plans or mobility records and through reading progress notes and the care plan. Residents and representatives reported residents are satisfied with the clinical care provided.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

The registered nurse identifies and reviews any residents’ specialised nursing care needs. Specialised nursing care plans are reviewed six-monthly or as required. Examples of specialised nursing care include wound care, pain management, palliative care and management of diabetes. Staff reported they contact the registered nurse, medical officer or external services if they have a concern. Residents and representatives reported that residents’ specialised nursing care needs are met.

## **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 are referred to health specialists in accordance with their initial and ongoing assessed needs and preferences, and at the direction of the medical officer. The physiotherapist or registered nurse carries out mobility assessments when residents move into the home and review six monthly or as necessary. An occupational therapist is available to assess residents or attend when required. A podiatrist visits the home monthly and attends to the needs of residents. Referrals are made to other health specialists as the need is identified, including a speech pathologist, dietician, dentist, optometrist, hearing services, external nursing, palliative care and mental health services. Residents and representatives reported satisfaction with residents’ ongoing access to a variety of health specialists.

## **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

Processes are established for ordering, storing, administering, documenting and disposing of medications. Competent trained nursing and care staff administer medications via a pre-packed system and as per medical officers’ instructions. Any medication incidents are identified and actioned, and the data is reviewed by senior staff. Medication audits and recorded medication incidents are used to monitor the system. Residents and representatives reported satisfaction that residents’ medications are managed safely and correctly.

## **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

There are processes to identify, implement and evaluate each resident’s pain management strategies to ensure they remain as free as possible from pain. Care plans record interventions, which include the use of hot packs, massage, distraction and pressure-relieving equipment. Ongoing pain is reported, the effectiveness of ‘as required’ pain relief medication is evaluated and, where required, residents are referred to their medical officers or the physiotherapist for review. Staff described their role in pain management including identification and reporting of pain. Residents and representatives reported that staff are responsive to complaints of pain and residents’ pain is managed appropriately.

## **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 home has processes to record residents’ preferences and information is available and options are discussed as the resident’s health status changes. Aids to assist and maintain the comfort and dignity of terminally ill residents are available. Documentation supports clinical and allied health personnel and external services are used for palliation when required. Residents and representatives expressed confidence that staff maintain residents’ comfort and dignity in the end stages of their life.

## **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’ nutritional status is assessed when they move in the home and their individual dietary requirements and preferences are recorded on the diet summary sheet and catering staff notified. Residents’ care plans outline their dietary requirements, allergies and specific

textures and diets and the level of assistance required. Weights are recorded monthly and where weight loss is identified, residents' intake is monitored and referrals to the dietician takes place if the weight loss continues. Swallowing assessments are conducted, and residents identified as being at risk are referred to the speech pathologist for further assessment and the creation of specific care plans for staff guidance. Residents and representatives reported they are generally satisfied with the menu and associated support provided to residents.

### **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

Qualified staff regularly assess residents' skin integrity and pressure risk and care plans state preventative skin care interventions. The nurse attends to residents' wound care and records evaluation of the healing process. Referrals to external services take place, where/if warranted. The home employs a number of preventative strategies, including pressure-relieving mattresses and cushions, massage, re-positioning and moisturising lotions. Care staff monitor residents' skin integrity daily and report abnormalities to the registered nurse. Residents and representatives are satisfied residents receive care that promotes and assists them maintain their skin integrity.

### **2.12 Contenance management**

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

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

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate residents' urinary and bowel continence care needs when they move in the home and on an ongoing basis. An individualised care plan is developed with toileting times reflective of the identified need. Staff use bowel charts to track bowel patterns and enable the development of appropriate bowel management programs, and the effect of any aperients administered are monitored. Staff reported having sufficient continence aids and appropriate skills to enable them to manage residents' continence needs. Residents and representatives are satisfied with the management of residents' continence needs, and advised that staff support their privacy and dignity when attending to their hygiene requirements.

### **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' behavioural management needs are assessed when they move in the home and when indicated. Residents who are at risk of wandering are relocated. Monitoring processes assist with the identification of triggers for a resident's behaviours and appropriate interventions are developed and documented in the care plan. Effectiveness of behaviour management strategies is monitored by incident data and observations. Referrals are made to behavioural and mental health services if required. Care staff are aware of mandatory

interventions and the reporting responsibilities they may need to implement in the event of a behavioural incident. Residents and representatives reported that staff manage residents' challenging behaviours, and that the impact of the behaviours on other residents is monitored.

#### **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

The registered nurse and the physiotherapist assess residents' mobility, dexterity and associated falls risk. The mobility plan highlights equipment and individual assistance required. Staff advised residents are encouraged to maintain their mobility and dexterity by participating in the home's activity that includes a range of group exercises and physical activities to improve independent movement. The physiotherapist monitors the implementation of the exercise program, with feedback from care staff, and the program is reviewed and modified as necessary. Residents and representatives reported satisfaction with the home's management of residents' mobility and dexterity needs.

#### **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' oral function, hygiene and dental care needs are identified on entry to the home through interview and assessment of their oral health status. Care plans include strategies to assist residents to maintain their oral and dental health and identify the presence of dentures or natural teeth. Care staff monitor residents' ability to self-manage their oral care and assist when required. Dental referrals are coordinated by staff when the need is identified, and representatives are contacted to assist residents to attend external appointments. Stocks of equipment and products to meet residents' oral hygiene needs are monitored and maintained. Residents and representatives are satisfied with the level of support provided to assist residents with the maintenance of oral hygiene and their access to dental health services.

#### **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

The registered nurse assesses residents' sensory abilities and needs when they move to the home. Interventions for managing sensory losses are documented in residents' care plans and are reviewed by therapy and care staff to ensure assistance is provided through personal care and the activity program. Representatives are contacted if there is a need to attend an external optometry or auditory service provider. Residents and representatives reported satisfaction with the home's management of residents' sensory losses and needs.



## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Staff monitor sleep for all residents to identify sleep patterns and disturbances. Care plans document interventions to assist residents to establish appropriate sleep routines. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks, repositioning, and night sedation, if required. Staff described how they address factors that can impact on residents’ sleep, including noise, confusion, pain and continence issues. Residents reported they are satisfied with the support provided to achieve restful sleep at night.

### **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

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system

An example of recent improvement activity related to Standard 3 is described below.

- Following a suggestion from staff, a bird and cage has been purchased to provide a pet for the residents to interact with. As a result, one of the male residents has taken over the responsibility of feeding ‘Henry’. Previously, the resident was noted to be withdrawn and appeared not to want to mix with the other residents. The residents are now attempting to teach ‘Henry’ to talk. Feedback indicates both staff and residents enjoy discussing and interacting with Henry.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 3. The charter of residents’ rights and responsibilities is provided to residents and representatives via a resident agreement and is displayed in the home. Each resident is provided with a resident agreement that outlines fee and tenure arrangements and residents are informed via letter if any changes arise. Staff sign confidentiality agreements and were observed by the team to be mindful of residents’ privacy and dignity. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management of elder abuse.

#### **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

See Education and Staff Development in Standard 1 - Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Behaviours
- Elder abuse
- Lifestyle course.

### **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

Information related to residents' emotional status is recorded and the care plan guides staff in the social and emotional needs of the resident. Residents and representatives are encouraged to personalise residents' rooms with photographs, ornaments and personal effects. Residents are supported to adjust to life at the home when they move in and on an ongoing basis. Staff reported they provide information to new residents by introducing themselves, orientating the residents to the home, introducing them to other residents and making them feel welcome. Residents reported the staff support their emotional needs, and representatives stated they can visit the home at any time and are welcomed by staff.

### **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 registered nurse and the physiotherapist assess and review residents' level of ability to participate in activities of daily living. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. The home encourages residents to maintain friendships and participate in the life of the community within and outside the home. Staff described strategies to assist residents to maintain independence in all aspects of their lives. The home has processes to ensure regular assessment of residents' needs in achieving maximum independence. Residents reported they are satisfied with the assistance provided by the home in relation to their independence and participation in the life of the community within and outside the home.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home's environment promotes privacy, including the provision of single rooms with en-suite bathrooms, seating areas indoor and outdoors for resident and representative interaction. Staff reported they provide residents' health and personal care services behind closed doors to maintain their dignity and privacy. Management uses feedback mechanisms to monitor the effectiveness of strategies in regards to residents' privacy and dignity. There are processes to ensure that each resident's right to privacy, dignity and confidentiality is

recognised and respected. Residents and representatives reported the staff respect residents' privacy, dignity and confidentiality.

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

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

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

The home meets this expected outcome

The occupational therapist and the lifestyle staff assess and collect information of both past and current interests of the resident when they move in the home. The lifestyle staff develop and display an activity program to accommodate individual and group needs and other areas of care such as diversional and sensory therapy. There are planned sessions throughout the week to optimise residents' participation and encourage social interaction. The lifestyle assistant described ways to encourage residents to participate in the activities and/or implement an activity for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate the residents' interests and activity programs via residents' feedback, meetings, surveys/audits, and review of care planning and residents' attendance at activities records. Residents and representatives reported they are satisfied with the range of activities offered to residents.

### **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

Staff assess residents' individual interests, customs, cultural and ethnic backgrounds when moving to the home. This information is shared with relevant staff via care plans, meetings and dietary sheets. The home facilitates regular religious services. Residents who wish to access representatives of other denominations receive assistance as appropriate. The home celebrates religious, special events and cultural days of significance. A schedule of activities is available to residents for religious services and cultural celebrations. Residents and representatives reported satisfaction with the cultural and spiritual support provided by the home.

### **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

There are processes to assess residents' individual needs and abilities, preferences, wishes, consents and authorisations across all areas of care and service delivery when moving into the home, and as required. Management conducts meetings to provide residents and representatives with a forum to express views and participate in decisions about care and service. Authorised representatives make decisions on behalf of residents who are unable to act for themselves when moving into the home, and as required. Staff reported strategies for supporting residents' individual preferences, including meals, refusal of care, or intervention

and participation in activities. The home uses feedback mechanisms to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported residents are supported to make choices in all aspects of their daily life.

### **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

On moving to the home, residents or their authorised representatives receive a residential low care agreement covering basic information such as daily fees, advocacy and complaint information, rights and responsibilities, rights regarding room changes and the exit criteria. Management advised they discuss the agreement with the resident and representatives prior to admission. Representatives are advised in writing when residents change from low to high care and a list of increased services is recorded. Residents and representatives reported they are satisfied residents have security of tenure at the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

See Continuous improvement in Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement system

Examples of current or recent improvement activities related to Standard 4 are described below.

- Management noted the external environment could be improved for residents. The home now employs a gardener to develop and maintain the grounds. Management stated residents have been encouraged to become involved in the project and two residents now assist with tending roses.
- Following a staff suggestion that the safety of the kitchen could be improved, anti-slip flooring is now in place. Staff reported the new flooring is safer and easier to clean and maintain.

### **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 organisation has systems and processes to identify and ensure ongoing regulatory compliance in relation to the home’s physical environment and safe systems. Staff receive mandatory training in fire safety and the home has regular fire safety checks. External contractors are provided with service agreements that outline obligations and responsibilities and they are required to document their arrival and departure from the home. There are reporting mechanisms for accidents, incidents and hazards, and staff are provided with personal protective equipment.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively. See expected outcome 1.3 Education and staff development for further information.

Examples of education and training related to Standard 4 are listed below.

- Hand hygiene
- Fire and evacuation training
- Infection control
- Manual handling
- Occupational safety and health.

#### **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 provides a safe and comfortable environment, consistent with residents' care needs. Residents' accommodation is equipped to assist residents with independence, comfort, privacy and security. Residents personalise their rooms with furniture, pictures and personal mementos and they have access to communal and private areas for social interactions and activities. Residents and representatives reported the home ensures a safe and comfortable living environment according to their 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

There are systems and processes to provide a safe working environment, in consideration of occupational safety and health (OSH) responsibilities. Management, maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms. An OSH representative is available at the home. Management commences improvement projects or action plans as required in response to safety and infection control issues. Secure storage for chemicals is in place with material safety data sheets available at the point of use. Staff reported they are aware of safety management processes through training and meetings.

#### **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 and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Approved professionals carry out regular testing of fire detection systems, fire fighting equipment and exit lighting. The home has a plan to guide staff in situations that prevent the continuity of business and emergency procedures that contain an updated resident mobility evacuation list. Evacuation maps showing orientation and information regarding exit routes and location of fire fighting equipment are

located throughout the home. Staff receive fire and evacuation training annually. Maintenance staff reported there are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. There is a signing in process for residents, visitors and contractors. Residents and representatives are informed of what to do if they hear a fire alarm via the residents' handbook, newsletters, posters and meetings.

#### **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

There is an infection control program with infection control policies and procedures accessible to all staff. Staff are informed of current practices appropriate to their area of work at orientation and at the mandatory education sessions. The home has current information to guide all staff in managing infectious outbreaks. Staff reported strategies to minimise and prevent infections, including the use of personal protective equipment, hand washing and vaccination. The organisation provides staff with the opportunity to obtain vaccination against the influenza virus. Residents and representatives reported satisfaction 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

Prior to their entry to the home, residents and representatives receive information regarding catering, cleaning and laundry services offered and the services are explained in the resident handbook. Meals are prepared on-site and the menu is approved by a dietician and provides residents with choice whilst meeting special dietary requirements. We observed special dietary requirements being catered for during the course of our visit. There is a process for catering staff to receive information identifying residents' specific nutrition and hydration requirements, food allergies, food preferences and choices. The home has cleaning schedules that meet individual resident and service needs. Residents' personal clothing and linen is laundered on-site and there are processes to minimise loss of clothing. Management monitor the quality of services via feedback mechanisms such as comments and complaints, audits and surveys. Residents and representatives expressed satisfaction with the hospitality services provided.