



Aged Care  
Standards and Accreditation Agency Ltd

## **Eldercare Oxford**

RACS ID 6949

35 Hulbert Street

HOVE SA 5048

Approved provider: Eldercare Inc

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 March 2015.

We made our decision on 18 January 2012.

The audit was conducted on 12 December 2011 to 13 December 2011. 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

**Eldercare Oxford 6949**

**Approved provider: Eldercare Inc**

## Introduction

This is the report of a site audit from 12 December 2011 to 13 December 2011 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 12 December 2011 to 13 December 2011

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:	Cherie Davy
Team member:	Christine Hudson

## Approved provider details

Approved provider:	Eldercare Inc
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## Details of home

Name of home:	Eldercare Oxford
RACS ID:	6949

Total number of allocated places:	42
Number of residents during site audit:	39
Number of high care residents during site audit:	39
Special needs catered for:	People with dementia or related disorder People of non-English speaking backgrounds People with culturally and linguistically diverse backgrounds

Street:	35 Hulbert Street	State:	SA
City:	HOVE	Postcode:	5048
Phone number:	08 8298 7300	Facsimile:	08 8296 3588
E-mail address:	admin@oxf.eldercare.net.au		

## Audit trail

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

### Interviews

	Number		Number
Management	2	Residents/representatives	7
Corporate personnel	8	Nursing, care and lifestyle staff	8
Ancillary staff	7		

### Sampled documents

	Number		Number
Residents' care and lifestyle plans	7	Medication charts	8
Wound charts	5	Personnel files	3

### Other documents reviewed

The team also reviewed:

- Approved providers list
- Archive room
- Audits, surveys, results and action plans
- Cleaning schedules
- Clinical monitoring tools and results
- Comments, compliments and complaints documentation
- Continuous improvement information
- Corporate audit schedule 2011
- Education schedule, evaluations and attendance records
- Emergency Manual and evacuation
- Equipment and supply storage areas
- Equipment pre-trial assessment and feedback form
- Evaluation of care schedule
- Fire Triennial Certificate
- Food safety audit report
- Hospitality education records
- Human resource documentation
- Licence to possess S4 and S8 Drugs for Administration
- Lifestyle documentation
- Nursing registration list
- Occupational health and safety documentation
- Preventative maintenance schedule
- Residential care agreement
- Residents' information package and surveys
- Various clinical reports
- Various meeting minutes
- Various memorandum
- Various policies and procedures
- Various resident newsletters
- Volunteer register including criminal record checks

## **Observations**

The team observed the following:

- Accreditation notification signage
- Activities in progress
- Biohazard, spill and outbreak kits
- Cleaning in progress
- Equipment and supply storage areas
- Hairdressing area
- Interactions between staff and residents
- Internal and external living environment
- Kitchen area, meal preparation and service
- Laundry staff delivering clothing
- Medication round and medication storage areas
- Noticeboards with various information displayed
- Nurses' stations with various information displayed including communication books, doctors diary, treatment books
- Residents using walking aids and being assisted as required
- Staff room
- Various aged care advocacy and complaints information displayed
- Vision, mission and philosophy of care displayed

## **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

Eldercare Oxford has a formal Corporate Continuous Improvement framework that measures and reviews its performances against the Standards. Continuous improvement opportunities are identified through legislative updates, resident and staff meetings, surveys, audits, adverse events data, education evaluations, comments and complaints and care and lifestyle reviews. A site specific continuous improvement action plan is developed to assist the home to monitor, review, evaluate and report on improvements at the Continuous Improvement/Occupational Health and Safety Committee. Staff and residents are satisfied they have the opportunity to contribute towards continuous improvement projects and receive feedback.

Examples of improvement activities and achievements relating to management systems and organisational development include:

- A photo board highlighting key staff and their role is now displayed in the front foyer after a feedback from a relative indicated they were sometimes unaware of key members of staff. The home has received verbal feedback from staff and relatives indicating they find the picture board helpful in identifying staff.
- The home identified staff had limited knowledge of the continuous improvement process. A section on continuous improvement including the policy, the Accreditation Standards and how the system works is now contained in the team members’ handbook. Feedback from staff indicates this has increased their awareness and knowledge of how continuous improvement works in the home.
- In an effort to improve communication and reduce sensory overload with information displayed in the home, communication boards were custom made to improve the way information is displayed. The boards contain clear highlighted heading where information is displayed. Staff feedback indicates the boards have made information easy to find.

### **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

Eldercare Oxford has corporate has systems to identify, monitor and disseminate relevant legislation, regulations, professional standards and guidelines in relation to management systems, staffing and organisational development. Corporate office is advised of changes in legislation from various professional associations within the aged care industry including government departments, relevant updates are forwarded to the home. Where changes to policy or procedures are actioned by the Corporate Executive team, staff, residents and other stakeholders are informed via meetings, email, newsletters and memorandum. Legislative requirements are a standard agenda item at the Continuous Improvement/Occupational



Health and Safety Meetings. The home notified residents and their families about the accreditation audit. Corporate systems generally monitor police clearances for all staff. Staff are aware of the legislative requirements that affect their role and responsibilities.

### **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

Corporate and site specific systems provide staff with the appropriate knowledge and skills to perform their roles effectively. Corporate induction, performance reviews, compliance and mandatory training, the aged care channel, external training and education evaluation assist the home in monitoring staff knowledge and skills. The Corporate Learning and Development Calendar outlines mandatory education in advance. Staff attendance at mandatory training is supported and monitored with non-attendance followed up by central administration. Staff are satisfied with the education offered and the support to develop their knowledge and skills. Examples of training completed in management systems, staffing and organisational development include Eldercare Leadership Program, corporate induction program, accreditation training and Aged Care Funding Instrument. Residents are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

### **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 representatives are satisfied with the opportunities to raise issues or concerns and feel they are listened to and provided with feedback. Comments and complaints are explained to residents and representatives on entry and this information is contained in the resident handbook. Feedback forms, management's open door policy, surveys and meetings are further opportunities for stakeholders to raise issues or concerns. Comments, compliments and complaints are generally collated, trended and reported monthly at the Continuous Improvement/Occupational Health and Safety Committee. No trends have emerged from collating feedback from residents, representatives or staff. The home displays various aged care information, advocacy and complaints brochures and has several feedback points located in the home. Staff assist residents to raise issues or concerns and advocate for residents as required.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has documented their mission, values and shared vision statements. This is displayed in the home and contained in the resident and staff handbook.

## **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

Residents' and representatives are satisfied with the level of care and services provided by staff to meet their care needs. The home has systems to ensure that care and services are delivered by appropriately skilled and qualified staff. Corporate and site specific recruitment, orientation and induction processes screen and select skilled and qualified staff. The residential service manager reviews staffing levels on a shift by shift basis and feedback from staff and residents. There is registered nurse coverage on all shifts, and agency staff are used for shifts not filled by regular staff. The home has introduced a new shift in response to residents care needs. Clinical competencies and nursing registrations are assessed and monitored annually. The home generally monitors its legislative responsibility for police clearances. Staff are satisfied with the support, education and responsiveness of management to provided quality care and service to residents.

## **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 a system for ordering and maintaining the appropriate levels of goods and equipment. Designated staff are responsible for ordering medical, pharmacological, food, linen and chemicals. All staff assist in monitoring the safety of equipment and stock levels in the home. There are schedules in place for the servicing and maintenance of equipment by maintenance staff and external providers. Electrical equipment is tested and tagged annually. There is a preventative and corrective maintenance program for items that are outside the scheduled check. Equipment faults are reported via hazard forms, tagged and removed from circulation. All new equipment is trialled prior to purchase. The home monitors and evaluates inventory and equipment via resident and staff feedback and scheduled audits.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home generally has effective information management systems in place to provided information to stakeholders. Corporate systems guide the home to monitor, analyse and report on information from legislation, audits, surveys, adverse events, meetings and feedback. Staff access information through nursing and lifestyle care plans, memorandums, job descriptions, policies and procedures, handover, communication books and meeting minutes. The home has procedures for the secure storage, management, archiving, destruction and back-up of hard copy and electronic information. Residents are satisfied they have access to information to assists them in making decisions about their care and lifestyle. Staff and management are satisfied they have access to current information needed to perform their role.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

External services are managed at a corporate level. Major contracts are tendered out and all contracts are reviewed regularly. Staff, residents and representatives are encouraged to comment on service providers' performance and are satisfied with the quality of services that are sourced externally. Where service delivery does not meet the home's performance expectations, these are discussed with service provider and/or supplier regarding their service and contractual requirements with changes occurring accordingly.

## **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

Continuous improvement opportunities are identified through legislative updates, surveys, audits, adverse events data, education evaluations and care and lifestyle reviews. A site specific continuous improvement action plan is developed to assist the home to monitor, review, evaluate and report on improvements at the Continuous Improvement/Occupational Health and Safety Committee. Staff and residents are satisfied they have the opportunity to contribute towards continuous improvement projects and receive feedback.

An example of improvement activities and achievements relating to health and personal care include:

- In an effort to reduce behaviours in the secure unit, a mural of a bus stop with an outside scene was painted on a wall near the exit door, to reduce resident anxiety and incidences of residents rattling on the door trying to get out. The bus stop theme also has a bench seat, signage and a mirror. The mural and bus stop has provided residents with a distraction as staff report residents are less anxious, will sit and look at the mural and not rattle on the door as much.

### **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 corporate systems to identify, monitor and disseminate relevant legislation, regulations, professional standards and guidelines in relation to health and personal care. Corporate office are advised of changes in legislation from various professional associations within the aged care industry including government departments, relevant updates are forwarded to the home. Where changes to policy or procedures are actioned staff, residents and other stakeholders are informed via meetings, email, newsletters and memorandum. Legislative requirements are a standard agenda item at meetings. Internal auditing processes assist the home to monitor compliance and include medication storage and administration, nursing registrations and the provision of prescribed care and services as outlined in the *Quality of Care Principle 1997*. Staff are aware of the legislative requirements that affect their role and responsibilities.

### **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 has a corporate and site specific system to develop staff knowledge and skills. Staff are satisfied with the education and the support to maintain and develop their knowledge and skills in relation to health and personal care. Examples of training completed by staff include palliative care, wound care and medication management and competencies. The home currently has two staff enrolled in nursing programs. Staff practice is monitored through mandatory training, competency assessments, supervision, education evaluation and feedback. Residents are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents are satisfied with the way the home supports their care needs giving consideration to their needs and preferences. There is a system which generally identifies the residents’ individual needs, preferences and general care needs. The home has undertaken a review of the assessment and care planning system to ensure residents’ individual care needs and preferences are clearly noted for all domains of care. The process includes consultation with the resident, their family and relevant allied and medical health professionals. A new process for evaluation of resident care has been implemented to include consultation with residents or their representative and allied health professionals. Clinical practice is monitored through regular system auditing and the collation, analysis and monitoring of incidents and infections and supervision of staff practices. This data is reviewed at the monthly Continuous Improvement/Occupational Health and Safety meeting.

### **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 are satisfied they receive specialised care provided by suitably qualified nursing staff. Registered nursing staff assess specialised nursing needs and review assessment information documented by enrolled nursing staff. As residents’ care needs change registered nursing staff undertake re-assessment and make alterations to the care plan as required. The home consults with the medical officer and other relevant allied or medical health professionals regarding specialised nursing care, such as pain management, wound care and medication management. Enrolled nursing staff undertake wound care under the supervision of a registered nurse who reviews wounds regularly. Enrolled nursing staff state there are registered nursing staff available to supervise and support them at all times.

## **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 satisfied they are provided with opportunities to access specialist services when they require. The physiotherapist who visits regularly is notified of new residents or residents whose needs have changed, for example following a fall, via the physiotherapist communication book. The podiatrist also visits the home on a regular basis. Other allied health care services are accessed on a needs basis and include speech pathology, dietician, optical and hearing. Staff are aware of the process for reporting changes in resident health status and referral to allied health services or acute services as required.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Residents are satisfied their medication is managed safely and correctly. The medication assessment identifies individual requirements, allergies and the assistance required for administration. There are policies and procedures to support registered nursing staff to initiate medications and deliver medications according to legislative requirements. Staff are generally aware of their responsibilities with regard to medication administration. The home has current licence to administer Schedule four and Schedule eight medication. Medications are administered by registered and enrolled nurses from dose administration aid packs. “As required” medications are administered as needed. The effectiveness of the medication is generally reported. There are procedures for communication with the pharmacy to facilitate a regular supply of medications. Staff practices are monitored by auditing, reporting and analysis of medication incidents and an annual drug calculation test. Medication charts are regularly reviewed by the medical officer and the pharmacy.

## **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 and representatives are satisfied with the strategies staff use to minimise the potential for pain, and that pain is managed effectively. The home has processes for identifying, assessing, managing and reviewing the effectiveness of strategies used to manage residents’ pain. “As required” pain prevention interventions are administered as needed. The effectiveness of the intervention is generally reported. Staff are aware of non-verbal signs of pain in residents with cognitive impairment and use appropriate assessment tools. Strategies for managing pain describe residents’ specific needs and preferences such as repositioning, massage, hot packs and pressure relieving devices. The physiotherapist is actively involved in assessing and treating pain.

## **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

Representatives are appreciative that palliative care can be provided at the home. There is a process in place to maintain the comfort and dignity of residents at the end of their life. On entry or when appropriate, residents and their representatives are asked to provide information about residents’ palliative care wishes. Specialist palliative care services are consulted when required. Residents and representatives are supported by staff and a chaplain during the palliative care phase. The chaplain conducts a memorial service at the home and counselling for other residents, representatives and staff as required. The home has commenced a palliative care project to provide guidelines for staff to consistently manage residents through the end of life process; this is scheduled for completion in January 2012.

## **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 and representatives are satisfied with the home’s approach in meeting their nutrition and hydration needs. Nutritional assessment processes, at least monthly weighs and consultation with the resident or their representative identify nutrition or hydration risk factors. Dietary needs, portion sizes, food and fluid preferences and requirements for meal assistance are documented and available to all staff who serve meals or drinks. Speech pathology assessment for residents with swallowing difficulties is arranged and generally recorded as required, with food and drink consistency modified accordingly. Residents with specific dietary needs are accommodated and menu selection is modified to suit individual preferences. Dietary supplements and referral to a dietician are implemented when inappropriate weight loss is identified.

## **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

Residents and representatives are satisfied with the care provided in relation to their skin care. The home has processes for identifying, assessing, reporting and reviewing resident skin impairment and implementing strategies to maintain residents’ skin integrity. Planned skin care strategies and preventive measures are regularly reviewed and evaluated by a registered nurse. Resident wounds are managed by the registered nurses and generally attended to as scheduled. Staff receive relevant training and report changes in skin condition to the registered nurse. A podiatrist and hairdresser assist with regular improvements in residents’ skin integrity. Resident incident data is analysed each month to identify factors that may impact on 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

Residents are satisfied with the care and support provided to manage and support continence. Residents’ individual needs and preferences are identified with the use of assessment tools and flow charts. There is a process for documentation and monitoring of bowel care and supporting strategies, such as a high fibre diet to reduce the need for aperients. Communication books and documentation of extra usage of products assist the home to review and monitor the comfort of each resident. Urinary tract infections and skin integrity are recorded and reviewed at Continuous Improvement and Occupational Health and Safety meetings. Care staff are satisfied there are appropriate supplies of continence products available. The care review process, resident feedback, monitoring of pad usage and the clinical audit process assist the home to evaluate the effectiveness of the continence program.

## **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 and representatives are satisfied with the home’s approach in managing challenging behaviour. The home assesses and plans behaviour management strategies to meet the individual needs of residents. The causes of residents’ behaviour are identified and strategies to redirect residents are based on their personal interests or needs at that time. Specific strategies are generally developed for each resident and their effectiveness is reviewed in consultation with residents, their families and staff. This includes individual activities, lifestyle programs and adapting the environment. The home has a minimal restraint policy. The home seeks advice from external specialists as required and dementia training is provided.

## **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 and their representatives are satisfied with the home’s support to achieve optimum levels of mobility and dexterity. Their needs and falls risk are assessed using a multidisciplinary approach. A physiotherapist provides assessment, treatment programs and exercise plans for staff to follow. Strategies such as mobility, group exercises and individual walking programs assist to maintain or improve residents’ mobility and dexterity. Care staff are aware of each resident’s needs and manual handling precautions. Sensor alarms and low bed heights are used to minimise the risk of falls. Falls are monitored and addressed in consultation with care staff, residents and their representatives, general practitioners and the physiotherapist.



## **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 are satisfied with the home's approach to managing oral and dental care. An oral and dental assessment identifies individual needs and preferences which are documented on the care plan. Care staff support residents requiring assistance and monitor residents' oral and dental hygiene. Referral is made when dental care is required and the home supports residents with assistance to make an appropriate appointment. Oral and dental care is monitored through resident feedback and the scheduled care review process.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Team's findings**

The home meets this expected outcome

Residents are satisfied with the way the home supports them to manage sensory loss. The assessment process identifies sensory loss in all five senses and the interventions required to manage loss is documented on the care plan. The home arranges for optical services to visit the site and will assist residents who require auditory services. Staff are aware of individual needs and the interventions required to lessen the impact of sensory loss and support residents to participate in the activities provided. Sensory experiences are promoted with aromatherapy, massage and musical activities. Care is monitored and evaluated on a scheduled basis and referral is made to the medical officer or allied health professionals when care needs change.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

Residents are satisfied with the assistance given to enable them to achieve normal sleep patterns. Individualised management plans generally include residents' preferred settling time and sleep preparation needs. Residents who experience sleep disturbance are monitored by staff and measures such as pain management, massage, hot drinks and snacks assist residents to settle.

## **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

Continuous improvement opportunities are identified through resident meetings, surveys, audits, comments and complaints and lifestyle reviews. A site specific continuous improvement action plan is developed to assist the home to monitor, review, evaluate and report on improvements at the Continuous Improvement/Occupational Health and Safety Committee. Staff and residents are satisfied they have the opportunity to contribute towards continuous improvement projects and receive feedback.

Examples of improvement activities and achievements relating to resident lifestyle include:

- Feedback from families indicated the comfort chairs were difficult to manoeuvre and push when taking residents outside. The home trialled and purchased two new chairs for residents; feedback from staff and families indicates the chairs are easier to push. Relatives said this has improved their access to the outside and made it easier to take their relative on an outside walk when they visit.
- Residents suggested they would like to be able to purchase small items such as cards, biscuits, chocolates and other items of interest. A mobile shopping trolley was purchased and stocked with their preferred items of interest. Residents are happy they can purchase small items and have asked for more variety of lollies to be stocked on the trolley.
- Lifestyle staff identified some residents were unable to participate in gardening activities, so a mobile garden trolley was purchased. Residents in wheelchairs and comfort chairs are now able to participate in gardening activities. Herbs and tomatoes have been grown. Residents have been reminiscing about their own gardens, and have said how much they enjoy the feel of soil and smelling and touching the plants.

### **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 corporate systems to identify, monitor and disseminate relevant legislation, regulations, professional standards and guidelines in relation to resident lifestyle. Corporate office are advised of changes in legislation from various professional associations within the aged care industry including government departments, relevant updates are forwarded to the home. Where changes to policy or procedures are actioned staff, residents and other stakeholders are informed via meetings, email, newsletters and memorandum. Legislative requirements are a standard agenda item at meetings. Internal auditing processes assist the home to monitor compliance. These include mandatory reporting procedures for elder abuse and missing/absconding residents and providing residents with a residential care agreement. Management and staff are aware of the legislative requirements that affect their role and responsibilities

### **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 has a corporate and site specific system to develop staff knowledge and skills. Staff are satisfied with the education and the support to maintain and develop their knowledge and skills in relation to resident lifestyle. Examples of training completed by staff include lifestyle and chaplain team days, dementia care essentials, elder abuse and sexuality and the older person. Staff practice is monitored through mandatory training, observations, evaluation of the lifestyle program, surveys and resident feedback. Residents are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Residents are satisfied they receive support on entry and on an ongoing basis. Residents and or their representatives are able to meet the residential service manager, tour the home and are provided with an introductory package. Lifestyle and pastoral care staff in conjunction with new residents and or their families gathering information through the lifestyle assessment. This gathers information on their personal, professional, emotional, religious, cultural and spiritual needs including significant losses, interests and preferred activities. Lifestyle staff review and generally update these profiles regularly or as required. Residents receive one-to-one emotional support including pastoral care visits, complimentary therapy, pet therapy and doll therapy. The home monitors resident satisfaction with their emotional care needs through feedback and surveys. Staff monitor residents' emotional needs through observations and verbal and non-verbal cues.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents are satisfied staff support them to maintain their individual needs, links to the community and foster family friendships and social networks. Nursing and lifestyle assessments and reviews, surveys and resident feedback assist the home to monitor and implement support as required. Residents can access social leave, access money from a trust fund, purchase items from the on-site shopping trolley and visiting clothing stalls. Staff and volunteers assist residents' independence by assisting them to activities and by providing the appropriate aids and equipment as required. Staff practices are monitored through observation and supervision from senior staff.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents are satisfied that their individual needs preferences, privacy, dignity and confidentiality are respected and maintained. Staff practices promote residents privacy and dignity by knocking on doors before entering, closing doors while providing care and services and using privacy curtains. Residents' information is stored securely and electronic information is password protected. Staff understand their responsibility for residents' privacy and confidentiality. The home monitors resident satisfaction through feedback and surveys.

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

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

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

The home meets this expected outcome

Residents are satisfied with the activities available and the support provided to assist them to participate. The lifestyle assessment identifies residents' interests and preferred activities, activity planners are displayed in the home. Residents are encouraged and supported to participate in individual and group activities. Activities offered include the gardening club, happy hour, bus outings, complimentary therapies, on-site entertainment and cooking, art and craft classes. The home monitors resident satisfaction with the leisure and lifestyle program through attendance and lifestyle evaluations, surveys and resident feedback. Staff and volunteers assist and encourage residents to attend activities.

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

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

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

The home meets this expected outcome

Residents are satisfied that their individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The lifestyle assessment identifies residents' spiritual and cultural needs on entry. Residents have access to one-to-one support from pastoral care and lifestyle staff and volunteers. Ecumenical church services are held weekly. Cultural, religious and local significant days are identified and acknowledged. The home monitors and evaluates residents' spiritual and cultural needs through one-to-one support and surveys. Staff and volunteers assist residents to attend services.

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

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

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

The home meets this expected outcome

Residents are satisfied they are given choice and supported to make decisions around issues that affect their daily life. Residents are provided with information about the care and services offered in the home. Authorised representatives or guardians are identified on entry and individual care preferences and wishes are documented. Residents personalise their rooms, have choice in their activities of daily living and lifestyle activities and raise issues or concerns with staff. On-site medical, allied health and ancillary services including the shopping trolley provide residents with a choice of goods and services. Staff understand their responsibility in providing residents with choices about the services provided. The home monitors residents' satisfaction with the choices and decisions made available to them through individual discussions and surveys.

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

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

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

The home meets this expected outcome

Residents' and their representatives are satisfied with the information provided and the processes used to assist them to understand their rights and responsibilities and security of tenure. The residential service manager or authorised delegate meets with the resident and their representatives to explain the high level residential care service agreement, and an admission pack is provided. Contractual obligations are discussed such as security of tenure, rights and responsibilities, fee structure, the complaints process and the feedback system. Where room changes occur these are documented in individual progress notes and on corporate 'Authority to relocate resident' forms. The home monitors residents understanding of their rights and responsibilities through feedback. Staff understand their responsibilities for advocating on the behalf of residents.

## **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

Continuous improvement opportunities are identified through legislative updates, surveys, audits and adverse events data. A site specific continuous improvement action plan is developed to assist the home to monitor, review, evaluate and report on improvements at the Continuous Improvement/Occupational Health and Safety Committee. Staff and residents are satisfied they have the opportunity to contribute towards continuous improvement projects and receive feedback.

Examples of improvement activities and achievements relating to the physical environment and safe systems include:

- Staff feedback indicated they were not always confident in knowing what to do when hearing the fire alarm. A pocket sized prompt card has been made with fire alarm instructions; all staff received a copy. Staff said this is a handy reminder, has improved their knowledge and they feel more confident in knowing what to do if the alarm sounds. The home identified that the dining experience could be improved for residents. Staff were instructed on how to set a dining room table to make it look more inviting. Resident feedback indicates the table settings are more homely, beautiful and add to their enjoyment of their meals

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has corporate systems to identify, monitor and disseminate relevant legislation, regulations, professional standards and guidelines in relation to the physical environment and safe systems. Corporate office are advised of changes in legislation from various professional associations within the aged care industry including government departments, relevant updates are forwarded to the home. Where changes to policy or procedures are actioned staff, residents and other stakeholders are informed via meetings, newsletter, email and memorandum. Legislative requirements are a standard agenda item at meetings. Internal and external auditing processes assist the home to monitor compliance and include triennial fire safety clearance, food safety audit and various audits and inspections. Management and staff are aware of the legislative requirements that affect their role and responsibilities.

#### **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 has a corporate and site specific system to develop staff knowledge and skills. Staff are satisfied with the education and the support to maintain and develop their knowledge and skills in relation to physical environment and safe systems. Examples of training completed by staff include occupational health and safety, food safety, infection control, fire and emergency and manual handling. Staff practice is monitored through compliance and mandatory training, adverse event analysis, observations and resident feedback. Residents are satisfied staff have the appropriate knowledge and skills to perform their roles effectively.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Residents and representatives are satisfied with the safety, comfort and amenities available in the home. The home uses a system of risk assessments, safety audits, resident surveys and ongoing reporting processes to monitor and maintain the safety and comfort of the living environment. Preventative and routine maintenance maintains equipment required by residents. Hazards are identified and corrective measures actioned. The home has a policy of minimal restraint. Assessment, consultation, monitoring and review processes support the safe application of restraint when required for resident safety. Staff are aware of their responsibilities in maintaining a safe and comfortable environment.

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

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

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

The home meets this expected outcome

The home uses its Continuous Improvement/Occupational Health and Safety Committee to monitor compliance with the organisation's occupational health and safety program. Surveys, audits and reporting processes are used to monitor the safety of staff practices and the work environment. Initial and ongoing training programs provide staff with the necessary skills to perform their roles safely. The home has designated manual handling trainers to instruct and monitor staff in the correct manual handling techniques. Information systems and feedback processes assist staff to identify hazards and report accidents and incidents. Staff are satisfied that management is supportive and proactive in providing equipment and resources to maintain a safe working environment.

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

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

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

The home meets this expected outcome

The home has established systems, processes and procedures to minimise the risk of fire, security and other emergencies. Staff receive regular training in fire and emergency procedures and have appropriate equipment for use in the event of an emergency. Evacuation plans and emergency procedures are strategically placed throughout the home. An accredited external contractor monitors and maintains the safety and function of fire alarm, suppression equipment and emergency lighting. The home has a current Triennial Fire Safety Certificate and the building meets certification requirements. Processes are in place to maintain and monitor the security of the living environment. Chemicals are managed safely with material safety data sheets readily available. Staff and residents are aware of their responsibilities in an emergency.

#### **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 demonstrates an infection control program which is effective in containing and preventing infection. The infection control program is guided by documented policies and procedures. Processes in place to contain infection include the clinical assessment, a vaccination program for residents, hand-washing stations and the availability of sanitising gel, staff education and a pest control program. The home has an audited food safety program. Care and ancillary staff interviewed are familiar with infection control principles and practices and indicate there are sufficient supplies and equipment for them to follow the home's practices. Infections are logged and monitored and reported at the Continuous Improvement/Occupational Health and Safety meeting every month. Infection statistics and pharmacy pathology reports are analysed and monitored for trends. Staff practices are monitored through an audit process, observation of practice and resident feedback.

#### **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

Residents are satisfied with the catering, cleaning and laundry services and confirm their needs and preferences are understood and respected. There are assessment processes to identify each resident's preferences. Catering staff are informed of residents' nutritional requirements and individual preferences. There are systems in place to update this information. The home has an audited food safety program. Cleaning services are provided according to schedules and the living environment is clean and well maintained. Colour coded cleaning cloths and mops are used to ensure safe infection control practices. On-site laundry services manage resident personal laundry. Resident's personal clothing is labelled to help prevent loss. Staff confirm they have appropriate supplies, equipment and guidelines to support them to undertake their duties and provide quality services to residents. Residents comment on the hospitality services provided through feedback sheets, surveys, resident meetings and speaking with staff.