



Aged Care  
Standards and Accreditation Agency Ltd

## **Embracia on the Peninsula**

RACS ID 3749

441 Waterfall Gully Road

ROSEBUD VIC 3939

Approved provider: Embracia Group Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 September 2016.

We made our decision on 22 July 2013.

The audit was conducted on 18 June 2013 to 19 June 2013. 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



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# Audit Report

**Embracia on the Peninsula 3749**

**Approved provider: Embracia Group Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 18 June 2013 to 19 June 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:

- 44 expected outcomes.

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 18 June 2013 to 19 June 2013.

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

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

## Assessment team

Team leader:	Lois Knox
Team members:	Sylvia (Lynne) Sellers
	Cheryl Conder

## Approved provider details

Approved provider:	Embracia Group Pty Ltd
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## Details of home

Name of home:	Embracia on the Peninsula
RACS ID:	3749

Total number of allocated places:	90
Number of residents during audit:	87
Number of high care residents during audit:	75
Special needs catered for:	Residents living with dementia and related disorders.

Street:	441 Waterfall Gully Road	State:	Victoria
City:	Rosebud	Postcode:	3939
Phone number:	03 5982 9200	Facsimile:	03 5982 9230
E-mail address:	accreditation.peninsula@embracia.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management team	9	Residents/representatives	13
Clinical, care and lifestyle staff	21	Hospitality and ancillary staff	7
Allied health professionals	1		

### Sampled documents

	Number		Number
Residents' clinical files	10	Residents' medication charts	10
Residents' lifestyle files	9	Residents' weight records	35
Residents' diabetic management records	19	Residents' wound care records	8
Residents' dietary assessment (food allergies)	56	Residents' restraint records	3
Residents' 'as required' medication administration records	16	Residents' medication self-administration records	5
Residents' administration files	9	Personnel files	3
Powers of Attorney records	9	Continuous Improvement forms	19
Service agreements	6		

### Other documents reviewed

The team also reviewed:

- Advanced care directives and terminal care wish records
- Allied health referrals
- Approved nurse initiated medication list
- Approved suppliers list
- Audit schedule and results
- Bowel protocol
- Building permit and annual safety certificate
- Cleaning procedures and schedules
- Clinical checklist
- Clinical contact list
- Clinical indicator data and analyses
- Communication diaries
- Comprehensive medical assessments
- Compulsory reporting assaults register

- Dietary intervention summary and dietitian communication records
- Education calendar, session attendance and evaluation records
- Emergency management plan and emergency response manual
- External contractors' service reports
- Food safety plan
- Handover records
- Human resource documents including orientation checklists
- Incident forms and monthly analysis
- Infection control registers and summaries
- Kitchen cleaning schedules and records, temperature checks
- Management of 'Night Owl' residents
- Material safety data sheet folders
- Meeting schedules and minutes
- Menu and menu change form
- Nurses board registration records and other professional registrations
- Organisational chart
- Pain management program records
- Palliative pathway program
- Pest risk management record
- Plan for continuous improvement
- Police certificate and statutory declaration registers
- Policies and procedures
- Preventative and reactive maintenance records and request logs
- Privacy and consent forms
- Residential medication management review
- Residents' surveys
- Residents' information handbook
- Residents' newsletters
- Rosters and shift staffing structure
- Self assessment
- Staff handbook and induction pack

## **Observations**

The team observed the following:

- Activities in progress
- Archives
- Charter of residents' rights and responsibilities
- Cleaning in progress and cleaners storage areas

- Comments, complaints and other feedback forms and lodgement box
- Display boards and noticeboards
- Emergency evacuation plans, fire and safety equipment and signage
- Equipment and supply storage areas: clinical and chemical
- External complaints and advocacy brochures
- Fire exits
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Meal and refreshment services in progress
- Medication rounds in progress
- Nurses' stations
- Outbreak kits
- Oxygen storage
- Residents café
- Storage of medications and drugs of addiction
- Treatment and utility rooms
- Vision, mission and philosophy statement.



## 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

Embracia on the Peninsula has established systems to actively pursue continuous improvement. Management and stakeholders identify improvements using a consultative approach from a variety of opportunities including stakeholder comments, complaints, meetings, quality activities, satisfaction surveys, incidents, observations and the changing needs of residents. Discussion about identified and recorded improvements occurs at relevant meetings; issues are actioned and recorded on the home's continuous improvement register with documented time frames and actions. Management drives and evaluates the system in an ongoing manner and discusses trends and generally records stakeholder satisfaction. Formal or informal feedback is sought from stakeholders or individuals. Staff, residents and representatives said they are encouraged to participate in improvement activities and confirm ongoing improvement activities occur at the home.

Examples of improvement initiatives in relation to Standard 1 management systems, staffing and organisational development include:

- As a response from a suggestion, workplace health checks were organised for staff with 35% taking up the offer. Management plan further workplace health checks.
- As a result of successful student placement programs in affiliate homes, management has followed suit, and has led to the successful recruitment of carers.
- An audit of staff files showed poor filing and organisation. A new system of filing has given administration staff enhanced access to these records.
- As a result of staff feedback, there have been increased staff hours in the memory support household resulting in a reduction in residents' challenging behaviours.

#### 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 organisation has systems to ensure the management team receives and disseminates information and monitors compliance with relevant legislation, regulations and guidelines. Management receives legislative changes through memberships to peak body organisations, legislative update services, local, state and federal government and professional bodies. The corporate general counsel reviews and amends policy and procedures as changes occur. The manager receives changes through electronic mail and disseminates any relevant

information to staff through memoranda, meetings and consultation. Regulatory compliance is a standard agenda item at all meetings, and compliance is monitored through observations and auditing processes. Staff said management inform them when changes occur.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 include:

- Administration staff manage the system to ensure compliance with police certificate requirements for all staff, volunteers and contractors.
- Completion of statutory to meet legislative requirements.
- Stakeholder notification of the re-accreditation audit.

### **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

Processes ensure management and staff have the skills and knowledge to perform their roles in an effective manner. The orientation program aligns to each staff category and covers the essential tasks and function that staff and management perform. Management and staff participate in mandatory annual training and competency assessment covering key aspects of service provision. Management encourage staff to participate in internal training opportunities offered to them and through self directed learning packages. The home promotes other opportunities for learning and development such as attendance at conferences. Training sessions are organised in response to staff and resident feedback and organisational requirements. Management maintain training and attendance records for all staff. Staff said they were satisfied with the home's training program.

Recent examples of Standard 1 education and training include:

- continuous quality improvement—an introduction to audits
- computer training in the electronic documentation system
- staff induction
- assessment writing.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home provides stakeholders with access to internal and external complaints mechanisms. Information on the complaints process is in the information pack and handbook given to residents and representatives prior to entry and is also documented in their formal agreements. External complaints and advocacy brochures are available throughout the facility. Internal feedback forms and a suggestion box are positioned in the foyer, the home has an open door policy and regular meetings between staff, residents and representatives provides an opportunity to raise issues or concerns. Issues raised are fed into the continuous improvement system, analysed and actioned. Residents, representative and staff were

aware of the process and documentation confirmed matters are actioned appropriately and in a timely manner.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

Management have displayed the organisations vision, purpose and values statements in the foyer of the home and in each staff office. The information is included in resident and staff handbooks. The organisational structure provides overall leadership, strategic direction and resources to support the home in meeting their care objectives. The home's commitment to quality is evident through systems that facilitate and encourage active participation by all stakeholders in the continuous improvement process. Staff demonstrated awareness of the home's mission and values and their responsibilities in continuous quality improvement. Residents confirmed satisfaction with the quality of care and services.

### **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

Management has processes to ensure appropriately skilled and qualified staff are employed to provide care and service delivery in accordance with resident needs. Employment of staff follows a selection process and is on merit, requiring designated qualifications, and experience for the roles they fulfil. Management conduct an extensive orientation and induction program for new employees; a staff appraisal system monitors annual staff professional development. Management plan and adjust staffing levels according to resident and organisational needs, including when resident acuity increases. Management of the master roster ensures suitably qualified staff cover leave periods with existing, casual or agency staff for all shifts. Staff said they have sufficient time to provide care and support to residents. Residents and representatives were satisfied with the numbers and skill levels of staff.

### **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

Management processes demonstrate an effective system to ensure that appropriate goods and equipment are available for quality service delivery. Purchasing of consumables follows a regular order cycle to maintain an adequate stock holding level. Identification of equipment needs is through staff reporting, changing residents' needs, audits and feedback mechanisms. Storage areas are secure, clean and sufficient for inventory and equipment not in use. Adherence to effective maintenance and cleaning programs occurs; maintenance

personnel ensure electrical equipment is tested and tagged for safety. Residents and staff state that adequate supplies of appropriate goods and equipment are available at all times.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The organisation has systems to ensure that stakeholders have access to current information on the processes and activities of the home. Management provide residents and representatives with information on entry to the home, including a handbook, information pack and agreement. Processes to keep staff informed include current policies and procedures and guidelines, handbooks, memoranda, scheduled meetings, noticeboards and position descriptions. Designated staff routinely collect and analyse key data and results are made available to staff. Management ensure staff and resident information is maintained confidentially and secure; electronic systems have restricted access and are password protected. There is regular back up of computerised information. Archived material is stored securely pending destruction according to legislated requirements. Residents and representatives said management keep them informed and they have access to relevant information.

### **1.9 External services**

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

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

The home meets this expected outcome

The organisation sources external contractors to ensure the services they provide meet the requirements of the home and the contractors have appropriate qualifications and registrations. Currently the home has established contracts or service agreements with external providers that are stored at head office. The agreements specify the home's needs including regulatory requirements and specific services required. Designated staff review the contracts according to agreed timeframes. Management report any dissatisfaction to management who raise the issue with the contractor and seek other suppliers if resolution is not agreed. Management orientate external providers to the home and provide them with information related to the home. Contractors are required to record entry and exit in the foyer. Management, staff, residents and representatives reported satisfaction with the services provided by the home's current 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

Management and staff actively pursue continuous improvement in relation to residents' health and personal care. Audits collect clinical outcomes and incident/infection data. Identified issues result in corrective actions through the quality system. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes. Staff confirm they are encouraged to make suggestions, and residents stated they were satisfied with feedback and actions on any health management concerns.

Examples of recent improvements months relating to Standard 2 include:

- A management initiative introduced an electronic care planning system. Staff report it has assisted in increasing the time they can spend with residents.
- Staff feedback regarding the recording of personal care resulted in the development of a 24 hour check sheet, the recording of comments, and signoff area. This has resulted in all shifts being able to record any comments regarding resident care needs.
- An audit of areas within the home resulted in the development of a previously unused room into an accommodation and bereavement area for families when their loved one is in the terminal phase of life. Management plan a full evaluation of this improvement in the future.
- Following staff feedback, a handover sheet is now used which runs for 24 hours over one week. Staff report they can catch up on information much more easily after days away from the home.

### **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

Management has systems to identify and ensure the home meets regulatory compliance obligations in relation to health and personal care compliance. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Management maintain a system to ensure professional registrations of registered nurses and endorsed enrolled nurses are current.
- A system to manage mandatory reporting requirements for unexplained absences of residents is documented in policy manuals and the information is available to staff.

- A registered nurse oversees residents' specialised nursing care on Monday to Friday on the morning shift. Management ensures a registered nurse or enrolled nurse is either included on the roster on evening and night shifts and Saturday and Sunday shifts. A registered nurse is available on call for all other times to provide support to care staff
- Medications are stored and administered in accordance with legislative requirements.

### **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

Management has processes to monitor and improve the knowledge and skills of staff so that they perform their care related roles effectively. Refer to expected outcome 1.3 education and staff development for a description of these systems.

Recent examples of Standard 2 education and training include:

- dental care
- palliative care pain management
- responding to changes in resident care
- wound management.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

There are systems to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. A collaborative clinical team completes the resident assessment and care planning. The resident's family, general practitioners and visiting allied health practitioners provide further information and review. The home monitors residents' clinical care outcomes through scheduled monthly and 'as required' reviews, clinical audits, and resident and representative feedback. Staff report significant changes to individual care needs to the attending general practitioners. Each clinical shift conducts a handover, and the home reports, records and monitors clinical and behavioural incidents. Residents and their representatives stated their satisfaction with the health and personal care provided by the home.

### **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

Registered nurses in collaboration with other qualified staff assess, plan, manage and review specialised nursing care. Provision of specialised nursing care occurs in medication management, diabetic care, continence care including catheter care, wound and pain

management, complex behaviour management, enteral feeding regimes, anti-coagulant therapy and palliative care. Access to regional, industry based and other specialist nurses provide additional advice and support. Care plans and the integrated progress notes record strategies recommended by specialist nurses. Monitoring of specialised nursing care is through care plan reviews, audits and feedback from residents and representatives. Residents and their representatives stated the specialised nursing care the residents receive meets individual needs.

## **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

Registered staff refer residents to general practitioners, visiting and contracted allied health professionals such as a physiotherapist, speech pathologist, dietitian and a podiatrist. The home has effective processes and systems to ensure resident referral to specific allied health practitioners on moving to the home and thereafter. Whilst some services do visit the home, staff support residents to access dental services in the broader community. A psycho geriatrician and other specialist mental health services visit the home when required. Documentation of assessments and prescribed treatments occur and specific information recorded in care plans. Residents and their representatives stated they are aware of the availability of medical and allied health professionals.

## **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

Registered nurses manage residents’ medication safely and correctly. Registered nurses, endorsed enrolled nurses and medication competent personal care workers administer medication from original and multi dose packaging. Resident identification is clear and administration processes are systematic. A scheduled monitoring system addresses identified deficits, and there are documented processes to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a regular basis providing the attending general practitioners and the home with a report. A resident outcome is consistently recorded after the administration of ‘as required’ medication. An assessment of residents who wish to manage their own medication occurs to ensure they are safe to do so. General and dangerous medications are stored securely and there is a safe disposal system. Residents and their representatives stated the administration of residents’ medication is safe and timely.

## **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

The identification of each resident’s past history and presence of pain occurs during the initial assessment phase using a commercial assessment that contains validated assessment components. Pain management protocols are reviewed if there is a change in residents’

cognition levels or clinical status, when there is a new episode of reported pain, and when 'as required' pain relief is administered over a period of time and monthly. The contracted physiotherapy team conduct a formal pain management program that includes alternatives to medication such as remedial and simple limb massage, therapeutic bathing, hand therapies, scheduled repositioning, active/passive group exercise regimes and transcutaneous electric nerve stimulation. Pressure relieving equipment is available and the home has access to specialised pain management medical practitioners and nurses for additional support and advice. Residents and their representatives stated they are satisfied with the home's management of residents' 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

The care management team discuss residents' advanced care plans and end of life wishes during the pre-entry phase and completed when the respondents choose to do so. This discussion which includes comprehensive resident and representative consultation embracing individual care wishes and reflecting the residents' cultural beliefs ensures the maintenance of comfort and dignity of terminally ill residents. Registered nurses reassess the resident's needs when the resident enters the palliative phase of care in collaboration with the family, attending general practitioner and, if requested, palliative care specialists. The home has access to specialised equipment for consistent administration of pain relief and other specific medications to minimise anxiety and nausea. Specialised personal hygiene products are available. Visiting pastoral carers, religious personnel and external counselling services enhance resident and relative support.

## **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

During the generic assessments, residents' nutrition and hydration needs, food preferences, food allergies, intolerances/special diets, swallowing difficulties and weight management requirements are noted. This information directs the development of an individual care plan. Resident referral to a dietitian and a speech pathologist occurs when required. A range of texture modified meals and adaptive crockery and cutlery are available for all meals and refreshment times for those who need them. Staff weigh residents monthly or more frequently and registered nurses, the general practitioners and when necessary, the dietitian, monitor unplanned weight loss/gains. The home administers nutritional supplements to enhance residents' nutritional status when required. Residents and representatives stated their satisfaction with the quality and quantity of the meals and associated support needs.



## **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

On moving into the home, and as part of personal hygiene practices, residents undergo a systematic review of their skin integrity. Registered nurses and other qualified staff use a commercial assessment that contains validated components to identify risks to skin integrity and the potential for pressure injury. If the resident has a compromised clinical status such as the presence of diabetes, peripheral vascular disease, reduced mobility, increased frailty, palliative care and post-surgery then specialised care occurs. Contemporary dressing protocols support wound care management and the home has access to clinical nurse specialists. The care management team formally monitor skin tears and pressure injuries. Registered nurses prescribe specialised pressure relieving practices/equipment and formalised repositioning regimes. Care staff use emollient and barrier creams as preventive measures; residents have access to a podiatrist and a hairdresser to further enhance skin care practices. Residents and their representatives reported satisfaction with the way the home manages skin care.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Staff discuss individual resident continence requirements reflecting if and what aids are used, how successful the current practices are and ways to enhance dignity and comfort. Registered nurses and other qualified staff determine the establishment of individual resident voiding patterns and levels of staff assistance after a period of observation and charting; individual trials of continence aids occur as required. The home has access to an industry based nurse specialist for additional support for residents and staff. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. The use of invasive preparations is minimised by the implementation of increased hydration, a high fibre diet and appropriate exercise to maximise normal health. The infection surveillance program monitors urinary tract infections using validated signs and symptoms to guide staff. Residents and their representatives stated their satisfaction with the residents’ continence care provided.

## **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

The household model of care creates an atmosphere of security and comfort with familiar staff, surroundings and routines. Care staff have chosen to work in the memory support household and have developed skills in caring for the residents living with dementia, their families and friends. On moving to the home, all residents undergo a suite of validated and generic behaviour management assessments during the initial phase, annually, and if and when behaviours change. Care plans are developed from assessment information, documented staff observations over a defined period of time, information from aged mental

health professionals and family feedback. Management have clear protocols in place to manage the need for restraint of residents. Therapy and care staff utilise individual diversional, sensory, reminiscing and validation therapies to moderate residents' challenging behaviours. Staff stated their understanding of mandatory reporting requirements. Residents and their representatives stated the behaviours of other residents do not impact on residents' privacy.

#### **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

On moving into the home, the contracted physiotherapist assesses the residents' mobility, dexterity and rehabilitation needs to maximise individual independence. Care staff and diversional therapy staff support residents to access various exercise programs incorporating gentle exercise and mental stimulation into these activities throughout the week including armchair exercises, strengthening and balance exercises. The physiotherapist assesses all mobility aids including motorised wheelchairs and scooters; preventive and corrective maintenance programs ensure mobility aids are in good condition Staff report, monitor, analyse and action all incidents related to residents' falls and near misses; the physiotherapist follows up all falls. Residents and their representatives stated their satisfaction with the mobility enhancement program that is available to residents throughout the week.

#### **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

On moving to the home, all residents undergo an oral and dental assessment. Care plans document individual preferences for cleaning natural teeth, dentures and other care. Residents receiving a high level of care have a choice of toothbrush bristle. Referrals to the general practitioner and speech pathologist occur if the resident has swallowing difficulties. Residents' oral care is specialised during palliation, when receiving an enteral feeding regime and individualised when a resident receives inhaler/nebuliser therapy. The home supports residents to attend private dental services in the broader community. Residents and their representatives stated their satisfaction with oral and dental care

#### **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

Formal assessments of the resident's communication, vision, hearing, taste, touch and smell occur and the care plan nominate individual strategies to manage needs. Referral occurs to visiting allied health professionals for optical and audiometric services when required. Care and lifestyle staff offer simple limb massages, relaxing music, hand therapies, therapeutic/relaxing bathing, cooking sessions and quiet conversation to enhance sensory

stimulation and minimise agitation. The living environment is of low stimuli, corridors are wide and have hand rails; residents have access to smaller lounges throughout the home. During palliation, additional care ensures the enhancement of sensory care. Residents stated their satisfaction with the identification and management of their sensory losses.

## **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

On moving to the home, assessment of the resident’s sleeping and rest patterns occurs over three days; re-assessment occurs if sleep patterns are disturbed. In consultation with the resident and or representative, care plans nominate individual rising and settling times and other specific rituals. Care staff promotes the use of alternatives to medication where possible. Past life histories, pain management, immobility, continence care and escalation of behaviours are defined precursors to disturbed sleep patterns and are integral to individual care planning. Residents reported they sleep well and stated their satisfaction with the attention provided by night staff.

### **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

Management have a system for monitoring and improving outcomes relating to the residents’ lifestyle experiences. Feedback on the effectiveness of the program and ideas for improvement come from resident surveys, meeting discussions and evaluation of activity participation levels. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems. Residents confirmed they are satisfied with their input into the activities program and choices available to them regarding their lifestyle.

Examples of recent improvements relating to Standard include:

- A review of under utilised space within the home, led to the development of an art and craft room. This has been utilised to the point that residents are planning an art exhibition at the local art gallery. Residents reported their enthusiasm at the introduction of this activity.
- To enable residents to garden independently, the diversional therapist organised the building of raised garden beds. Verbal feedback to management is positive from staff, residents and representatives.
- At a resident's suggestion, a choir was organised by lifestyle staff. The choir recently performed at an in-house cabaret night with positive feedback from all stakeholders.

#### **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

Management have systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to leisure and lifestyle .Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems.

Examples of responsiveness to regulatory compliance obligations relating to Standard 3 include

- There are processes to ensure management offer residents and representatives an agreement during the entry process.
- Management inform all residents and representatives about their right to privacy and confidentiality.
- There is a system for mandatory reporting 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

Management has systems to monitor and improve the knowledge and skills of staff so that they perform their resident lifestyle roles effectively. Refer to expected outcome 1.3 education and staff development for a description of these systems.

Recent examples of Standard 3 education and training include:

- dementia care essentials
- behaviour management
- lifestyle activities

### **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

There are processes to ensure residents receive the support they need to adjust to life in the home. Each resident receives pre-entry, entry and review consultations with the lifestyle staff. The admission pack includes the rights and responsibilities, the orientation program and information regarding meetings, meals, the activities program and complaints mechanisms. Settling in strategies include use of the family, one to one attention and encouragement to participate in activities. Pastoral care is available for those in need. Monitoring of emotional needs occurs monthly through a review process; recruitment of volunteers occurs for those residents requiring more one to one attention. Staff state they are in touch with the emotional state of residents as they take time to spend with them individually. Residents stated their satisfaction with the support they receive.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home provides assistance for residents to maintain their independence and to participate in the community. Achievement of this is through the lifestyle program, health assessments, mobility assistance and dietary planning. Families are involved in care plan reviews on a regular basis, and physiotherapy program assists in strengthening exercises to promote independence and mobility. Various modes of transport are available to residents. Management provides information on voting, mailing, making phone calls, internet and community services available locally. A recent survey shows that all respondents were satisfied that their independence was assisted and maintained. Staff were observed supporting residents to do things for themselves. Residents and their representatives confirm the staff supported them to maintain their independence.

### **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 supports residents to maintain personal relationships and carry out personal activities in private. Policies contain the home's values concerning privacy and dignity and information is in the resident admission pack. All rooms are single with ensuite bathrooms; all rooms have lockable bedside cabinets in addition to a lockable safe within the wardrobes. There are several private areas suitable for private family gatherings. Residents' personal information is stored securely; staff were observed knocking on residents' bedroom doors for permission to enter. We observed staff interacting with residents in a respectful and friendly manner. Residents confirm staff treat them with respect and maintain their privacy.

### **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

An established lifestyle program encourages resident involvement in a range of activities. Collection of personal history and interests occurs in the first two weeks of moving into the home and a care plan developed from this information. Reviews for each resident occurs monthly and different activities offered if required. The lifestyle program runs over seven days with activity staff working various hours to ensure a consistent program. Activities include outings on the home's bus, pampering, pastoral visits, student visits, theme days, music and readings. There is a specific program for residents residing in the memory support household. Staff stated regular evaluation of the program occurs and changes made to meet the needs of residents; minutes of meetings confirm this. Residents praised the lifestyle staff and said they enjoyed what was on offer.

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

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

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

The home meets this expected outcome

The home demonstrates it fosters and values residents' cultural and spiritual lives. Initial assessments and care plans document preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Staff have access to cultural care kits and interpreters are available if needed. Non denominational religious services occurs fortnightly, and individual services conducted by specific denominations. Cultural groups and volunteers are welcomed, and staff assist residents to attend community clubs and events. Acknowledgment of special events occurs, significant days are celebrated and the catering department accommodate residents' cultural dietary preferences. Residents' state satisfaction with the support provided to meet their cultural and spiritual needs.

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

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

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

The home meets this expected outcome

Residents and representatives stated staff acknowledge and respect residents' preferences and choices. On moving into the home, lifestyle and care staff obtain detailed information about the resident's individual preferences from residents or representatives. Preferences include rising and settling times, personal hygiene practices, choices for dressing, grooming, oral and dental care, food preferences, lifestyle and leisure activities, cultural and spiritual needs and choice of general practitioner. The resident and their representative may choose to discuss and complete the advanced care plans at this time. The home provides residents and their representatives with information packages that clearly define the operations of the home and occupancy details. The home conducts care consultations providing residents and representatives an opportunity to express views and participate in care and service decision making. Management ensure ongoing access to authorised representatives to support residents who are unable to act for themselves.

### **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

Management ensure new residents understand their security of tenure, rights and responsibilities, financial obligations and services offered. An information handbook and formal agreement covers policies on termination of occupancy and strategies in place to deal with harassment and victimisation. Consultation occurs in the event of the need to move a resident to another room or to a more appropriate facility. Residents and representatives are encouraged to seek external legal and financial advice; powers of attorney and guardianship information is on file. The home has an 'open door' policy to discuss any concerns. Residents stated they feel secure in their tenancy and understand their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff actively pursue continuous improvement to ensure residents live in a safe and comfortable environment. Evaluation of the effectiveness of strategies in place and ideas for improvements are through feedback from residents, representatives and staff, maintenance requests, environmental audits, incident and infection data collection. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems. Residents confirm they can raise suggestions at meetings or directly to staff, and stated they were satisfied with the safety and comfort of the living environment.

Examples of recent improvement relating to Standard 4 include:

- To give more space for residents within the building, management installed a shed for storage of superfluous equipment and furniture. Residents and staff stated their appreciation of the new storeroom.
- An audit of the environment led to re-tiling of the foyer to create a non slip surface and enhancing a safer environment.
- Following representative comments on staff having to leave residents to let in visitors after hours, management installed pin-pads at all entry and exit doors. Management have received positive feedback as a result.

### **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

Management have a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation the physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Management have policies, procedures and practices in place to actively promote a safe environment.
- A food safety program is available.
- Maintenance of fire equipment is regularly undertaken. Staff attend mandatory training trained in fire and emergency procedures.
- Management has an occupational health and safety program to actively promote occupational health and safety and staff complete manual handling training.
- Chemicals are stored safely and securely with material safety data sheets available.



### **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 have systems to monitor and improve the knowledge and skills of staff so that they perform their safety, emergency, infection control and hospitality services roles effectively. Refer to expected outcome 1.3 education and staff development for a description of these systems.

Recent education related to Standard 4 include:

- fire and emergency training
- safe food handling
- infection control
- 'no lift'.

### **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 organisation have systems to assist in providing residents with a safe and comfortable environment consistent with the residents' care needs. The home has single rooms and private facilities. Residents are encouraged to personalise their rooms. Internal and external areas are available for the use of residents and their representatives. The home has large activities areas, and a café utilised by all stakeholders. Corridors are wide and uncluttered. The home is odour free. Management have clear protocols to manage the need for restraint of residents; the home has a secure memory support household. Maintenance staff and/or external contractors service equipment, buildings and the home's grounds. Residents confirm management provides them with a living environment that is safe, secure, clean and comfortable

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

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

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

The home meets this expected outcome

Management demonstrated the processes to ensure the safety of residents, staff and visitors. Staff said they receive manual handling training on induction and are required to complete competencies annually. Equipment is available to safely assist residents; regular audits are completed to ensure overall environmental safety. Staff are aware of the home's occupational health and safety system and said management consult them about equipment purchases. Staff report they are satisfied management is active in providing a safe work environment, and are satisfied with the safety measures taken and the equipment provided by the home.

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

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

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

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire evacuation plans are displayed, emergency exits are clearly signed and free from obstructions. Keypad security is throughout the facility, after hours emergency measures are in place, and visitors are required to sign a register. Education records confirm staff attend mandatory fire and emergency training at orientation and annually thereafter; residents are supplied with relevant information in their rooms. Staff detailed their actions in the event of an emergency evacuation. Residents and representatives are satisfied with fire and security measures at the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The residential care manager and the quality manager in collaboration with the clinical management team, oversee the effective infection control program. A monthly surveillance program trends infections; reporting of infection control issues occurs at meetings. A suite of infection control audits occur to ensure staff practices throughout the home are compliant. Strategies are in place for the management of infectious outbreaks, hand washing, waste segregation and disposal, food safety, cleaning, disinfecting and sterilising. Personnel protective equipment is available for staff use. Attending general practitioners manage residents' influenza vaccinations. Staff confirm infection control education is provided. Observation of staff practices demonstrated appropriate infection control measures.

#### **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

Food is prepared daily onsite by suitably qualified staff according to a food safety program. Assessment of residents' dietary requirements and preferences occurs on entry to the home and staff review resident needs regularly; this information is readily available to the catering staff. A dietitian reviews the menu to ensure the nutritional and hydration content meets the needs of the residents. Residents report they have input into the menu selection through meetings and are generally satisfied with food choices offered by the home. Cleaning staff follow schedules and infection control cleaning policies. The home is clean, neat and tidy and staff said they have sufficient time to complete tasks. Relevant staff launder linen and residents' clothing on site using industrial machines. Staff described correct procedures for use of chemicals and washing infectious laundry. Residents and representatives said they were satisfied with hospitality services provided at the home.