



Aged Care  
Standards and Accreditation Agency Ltd

## **Greenway Gardens**

RACS ID 3686

27-29 The Greenway

HEATHMONT VIC 3135

Approved provider: Gold Age Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards. This home remains accredited until 23 March 2015.

We made our decision on 13 May 2013.

The audit was conducted on 22 April 2013 to 30 April 2013. The assessment team's report is attached.

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

### **Actions Following Decision**

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

## Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 12 March 2014 concerning the home's performance against the Accreditation Standards is listed below.

<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
1.1 Continuous improvement	<b>Met</b>
1.2 Regulatory compliance	<b>Met</b>
1.3 Education and staff development	<b>Met</b>
1.4 Comments and complaints	<b>Met</b>
1.5 Planning and leadership	<b>Met</b>
1.6 Human resource management	<b>Met</b>
1.7 Inventory and equipment	<b>Met</b>
1.8 Information systems	<b>Met</b>
1.9 External services	<b>Met</b>

<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
2.1 Continuous improvement	<b>Met</b>
2.2 Regulatory compliance	<b>Met</b>
2.3 Education and staff development	<b>Met</b>
2.4 Clinical care	<b>Met</b>
2.5 Specialised nursing care needs	<b>Met</b>
2.6 Other health and related services	<b>Met</b>
2.7 Medication management	<b>Met</b>
2.8 Pain management	<b>Met</b>
2.9 Palliative care	<b>Met</b>
2.10 Nutrition and hydration	<b>Met</b>
2.11 Skin care	<b>Met</b>
2.12 Continence management	<b>Met</b>
2.13 Behavioural management	<b>Met</b>
2.14 Mobility, dexterity and rehabilitation	<b>Met</b>
2.15 Oral and dental care	<b>Met</b>
2.16 Sensory loss	<b>Met</b>
2.17 Sleep	<b>Met</b>

<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
3.1 Continuous improvement	<b>Met</b>
3.2 Regulatory compliance	<b>Met</b>
3.3 Education and staff development	<b>Met</b>
3.4 Emotional support	<b>Met</b>
3.5 Independence	<b>Met</b>
3.6 Privacy and dignity	<b>Met</b>
3.7 Leisure interests and activities	<b>Met</b>
3.8 Cultural and spiritual life	<b>Met</b>
3.9 Choice and decision-making	<b>Met</b>
3.10 Resident security of tenure and responsibilities	<b>Met</b>

<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
4.1 Continuous improvement	<b>Met</b>
4.2 Regulatory compliance	<b>Met</b>
4.3 Education and staff development	<b>Met</b>
4.4 Living environment	<b>Met</b>
4.5 Occupational health and safety	<b>Met</b>
4.6 Fire, security and other emergencies	<b>Met</b>
4.7 Infection control	<b>Met</b>
4.8 Catering, cleaning and laundry services	<b>Met</b>



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Greenway Gardens 3686**

**Approved provider: Gold Age Pty Ltd**

## Introduction

This is the report of a review audit from 22 April 2013 to 30 April 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.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services 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 make any changes to its accreditation period.

## 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 Accreditation Agency conducted the review audit from 22 April 2013 to 30 April 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:	Kathryn Bennett
Team members:	Jenny Salmond
	Kerry Ewing

## Approved provider details

Approved provider:	Gold Age Pty Ltd
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## Details of home

Name of home:	Greenway Gardens
RACS ID:	3686

Total number of allocated places:	47
Number of residents during audit:	47
Number of high care residents during audit:	31
Special needs catered for:	Dementia conditions

Street:	27-29 The Greenway	State:	Victoria
City:	Heathmont	Postcode:	3135
Phone number:	03 9738 0500	Facsimile:	03 9738 1224
Email address:	j.casey@goldage.com.au		

## Audit trail

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

### Interviews

	Number		Number
Executive director	1	Residents	9
Director of care services	1	Representatives	4
Organisational quality and education manager	1	Allied health	2
Marketing, occupational health & safety manager (corporate)	1	External contractor (Fire and emergency management consultant)	1
Aged care consultants	2	Hospitality staff	2
Nursing staff	4	Environmental services staff	2
Care and lifestyle staff	7	Administration assistant/occupational health & safety representative	1

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	10
Wound charts	6	Personnel files	6
Resident administrative files/agreements	7		

### Other documents reviewed

The team also reviewed:

- Activity program records, evaluations and participation records
- Annual essential safety measures report (current)
- Audit tools, schedule, allocation sheet and results
- Bed pole risk assessment documentation
- Cleaning schedules and information folder
- 'Comments, suggestion, complaints' forms
- Communication diary reports
- Complaints data analysis 2012
- Compulsory reporting of resident assault and associated incidents register
- Consolidated registers of all incidents and hazards
- Corrective and preventative maintenance documentation
- Dietary needs folders and related documentation in the kitchen

- Doctors' folder
- Draft of new four week rotational menu (seasonal)
- Drugs of dependence medication registers
- Education attendance records, evaluations and orientation documentation
- Electronic staff messages
- Emergency procedures manual and evacuation documentation
- Essential services monitoring/maintenance documentation
- External services contracts
- Food safety program and certifications
- Meeting schedule and minutes
- Newsletter
- Nursing registration records
- Pest control service register
- Police certificate register and statutory declaration documentation
- Policies and procedures
- Position descriptions
- Quality and education reports, activity reports and action plans
- Resident and staff information packs and handbooks
- Resident lifestyle documentation
- Risk management reports, risk register and action sheets
- Rosters
- Satisfaction survey results 2012-2013-resident/representatives and staff
- Staff appraisals
- Wound registers.

### **Observations**

The team observed the following:

- Activities in progress
- Door security and closed circuit television systems
- Emergency exits, egress routes and exit signs
- Equipment and supply storage areas
- Essential services monitoring in progress
- Evacuation maps, pack, rescue mat and resident information
- Fire panel, fire alarms, fire detection, isolation systems and fire fighting equipment
- Hand washing stations and hand sanitation availability
- Interactions between staff and residents
- Living environment
- Lunch time meal service and snack service to residents

- Staff notice boards and information resources
- Storage of medications
- Waste disposal system.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has a continuous improvement system that shows improvements in management, staffing and organisational development. The system includes 'comments, suggestions, complaints' forms, scheduled internal assessments, regular satisfaction surveys, risk assessments, meetings and action plans. Management monitor the effectiveness of improvement processes within documented timeframes through mechanisms such as visual observation and feedback. Collation and analysis of a range of key indicator data occurs and benchmarking processes are in place, with results reported and considered at local and organisational level. Staff are satisfied the home is moving forward. Residents and representatives are satisfied with the opportunities and encouragement for their voices to be heard.

Examples of recent improvement initiatives in relation to Standard 1 include:

- Organisational management identified an opportunity to improve planning for staff annual leave and implemented an annual leave planner on display in the staff area. Management and staff report staff can see when leave is available, the leave application process is streamlined and the visual system supports adequate staff coverage for peak holiday periods.
- Through internal assessment processes, the organisation and management identified rosters were separated into three folders; one for administration and lifestyle, one for clinical staff and one for environmental services staff. For ease of use and accessibility purposes, condensed rosters are now in one folder with names alphabetised, with designations and in order of different times of shifts. Management and staff report the roster shows a picture of staffing for each day. Feedback indicates the simplified format makes roster review easier for all staff and in particular, for nurses with staff replacement responsibilities when unplanned leave occurs.
- As a corporate initiative to streamline the process of filling vacant shifts, the organisation and local management have implemented a short message service (SMS). For example, designated staff send a message from a software program to a selected staff group with details of any vacant shift and the shift code. A staff member accepting the shift responds with the code and receives a confirmation message. Management report greater efficiencies and general success when filling shifts and staff advise they appreciate the SMS service and offers of work.
- Management identified an opportunity to increase support for volunteers. Quarterly volunteer meetings are now scheduled and an inaugural meeting attended by three volunteers occurred on 15 March 2013. Minutes show the chairperson conveyed essential information to volunteers and information exchange occurred. Management is satisfied the forum increases support for volunteers.

## **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

Management has systems in place to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines. Senior management receive legislative changes through memberships of peak body organisations, legislative update services and notifications from government and professional bodies. Established documentation and communication processes disseminate changes to all relevant staff. A monitoring process, observations, incident analysis and competency testing forms a framework for monitoring regulatory compliance. Staff are satisfied management informs them when regulatory changes occur.

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

- Management enforces the organisation’s policy that staff must hold a current police certificate.
- Confidential documents are stored and destroyed securely.
- Management ensures the availability of information about internal and external complaints mechanisms and advocacy services.
- Management has a system to monitor the currency of professional registrations.
- Management maintain current staff and volunteer police certificate registers together with relevant statutory declarations.

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

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have the required knowledge and skills for effective performance in relation to the Accreditation Standards and in particular to management systems, staffing and organisation development. The organisational education program incorporates mandatory training topics and responds to staff training needs identified through internal assessment and quality and education reports. A designated corporate manager develops an education calendar and promotes a range of delivery methods such as regular training days, in house training and external trainers. Organisational support to the home in relation to site-specific education needs has recently increased, resulting in increasing competency evaluations and one to one training. Key staff maintain attendance records and session evaluations and one to one training is now documented. Staff are satisfied with access to ongoing training opportunities and support for external training courses. Residents and representatives are satisfied with the knowledge and skills of staff.

Recent education in relation to Standard 1 includes:

- bullying and harassment
- customer service
- incident reporting

- payroll system
- quality assurance.
- A registered nurse is currently attending frontline management training.

#### **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

Internal and external complaints mechanisms are accessible to residents and representatives, staff, visitors and other interested parties. The system includes 'comments, suggestion, complaint' brochures, meetings for residents and advocates, satisfaction surveys and an 'open door' policy of access to management. Information on internal and external complaint services and advocacy services is accessible, documented in the handbooks provided to residents and their families and reviewed by an external complaints management organisation. The home and organisation actively seek to enhance relationships with stakeholders and handbooks for staff and mandatory ongoing customer service training promote a positive approach to complaint handling. Data review processes assist management to evaluate performance in relation to the management of comments and complaints. Staff stated they are comfortable to raise matters that concern them and to advocate for residents. Residents and representatives said management is approachable, listens to concerns and actions any complaints in a timely way and to their satisfaction.

#### **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 has documented the residential care service's mission, philosophy, objectives and strategic plan. These are on display in the foyer of the home, documented in residents' and staff information booklets and underpin policy and procedure development. The organisation's values are inherent in the leadership statements and in the commitment to quality documented throughout the service.

#### **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

There are appropriately skilled and qualified staff to deliver care and services to residents. Staff recruitment and selection processes and skill, qualification and probity monitoring processes are in place. New staff participate in orientation programs and 'buddy' shifts and management provide them with position descriptions. Performance management processes are in place. Rosters show staffing levels are responsive to the changing need of residents

and a registered nurse is on duty on each shift across the week. Management endeavours to minimise the use of agency staff, using existing staff to cover planned and unplanned leave. Staff are satisfied with current staffing levels. Residents and representatives are satisfied with the quality of care and services provided by staff and with the response of staff when residents require assistance.

### **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 has implemented systems, supported by policies and procedures, to ensure the provision of appropriate stocks of goods and equipment for quality service delivery. On a regular basis, key personnel monitor and order supplies from preferred suppliers. We observed sufficient, secure storage space within the home. New equipment is trialled before purchase and implemented in the setting of staff training. Corrective and preventive maintenance programs support the timely repair and maintenance of equipment. Staff, residents and representatives are satisfied the home has sufficient and appropriate goods and equipment and has an efficient maintenance program.

### **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

Information management systems assist management and staff to perform their roles and to provide care to residents. Mechanisms such as clinical documentation, policies and procedures, meetings and minutes, memoranda, notices and handbooks convey information to staff and appropriate health professionals. Information handbooks and displays, newsletters, meetings and minutes, care consultations and personal contact support the provision of information to residents, representatives and visitors. Electronic and paper based documentation is stored securely, accessed by appropriate staff and secure information back up, archiving and document destruction processes are in place. Information privacy and confidentiality principles apply and monitoring of the information management system occurs through internal assessment and stakeholder feedback. Staff are satisfied they receive sufficient information to support their roles and responsibilities. Residents and representatives are satisfied with the level of information provided to them.

### **1.9 External services**

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

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

The home meets this expected outcome

The organisation has contracted service arrangements for the provision of external services to meet the residential care service's needs and service quality goals. Service providers are required to comply with relevant legislation and regulations, including mandatory police certificates and certificates of currency. Formal agreements are in place with a wide range of

external service providers to supply specific services. These include fire and emergency services, physiotherapy, podiatry, dietitian services and lift maintenance. Staff and management monitor the performance of external contractors through feedback, observation and audits. An annual review of contracts ensures continuing appropriateness of external service provision. Management, staff, residents and representatives expressed satisfaction with the quality of external services provided at the home.

## **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

For a description of the home's system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The home actively pursues continuous improvement in health and personal care using the organisation's continuous quality improvement framework. Management collects and collates information about reported incidents and clinical indicators such as falls, skin tears, surgical wounds, skin lesions, weight change, behaviours, medication administration incidents and any use of multiple prescription medications. Collated data is analysed for trends and forwarded to corporate office with any suggested improvements or actions taken to address any trends. Key corporate staff collate and report on data across all sites within the organisational group. Staff are satisfied the home is actively working to improve residents' health and personal care. Residents and representatives are satisfied they can contribute to improvements in health and personal care.

Examples of recent improvement initiatives in relation to Standard 2 include:

- Through internal assessments, management identified an opportunity to improve pain management. A new physiotherapy service accommodates a pain clinic for residents four days each week and about 18 residents attend. A physiotherapist uses equipment such as a portable electrical pain relieving device, hot and cold packs and massage. Management is satisfied pain management options for residents are increased and residents are satisfied with physiotherapy services.
- Management and staff found a sensor mat option was not effective for a resident with a high risk of falls and wandering, intrusive behaviours. An invisible infrared field that detects movement was implemented. The beam monitors the resident's room and alerts staff immediately the resident moves around the room. Management and staff are satisfied resident safety is enhanced and the risk of falls is minimised.
- The organisation recognised an opportunity to improve the analysis of clinical information for trends. New clinical indicators such as trauma wounds, surgical wounds, verbal aggression, depression, restraint and poly pharmacy were developed and management report on these indicators at specified intervals. Reports are forwarded to the corporate office and the organisation advises data collection informs benchmarking and corporate support at the local level and there is increased communication between the home and corporate office in relation to clinical trends.

## **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 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. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

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

- Staff demonstrates compliance with regulatory requirements regarding medication management and storage.
- Management have policies and procedures in place in relation to unexplained absences of residents and staff are aware of their procedural responsibilities.
- Registered nurses oversee specialised nursing care and ensure clinical guidance and support for staff is available across all shifts.

## **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 and staff have appropriate knowledge and skills to effectively perform their roles in relation to health and personal care. For a description of the home’s system for education and staff development refer to expected outcome 1.3 Education and staff development. Competency testing in medication administration, oxygen therapy, catheter care and diabetes management/blood glucose testing is now occurring. Staff are satisfied with education opportunities. Residents and representatives are satisfied management and staff have the skills, experience and knowledge to perform their roles effectively in providing appropriate clinical care.

Recent education relating to Standard 2 includes:

- assisting clients with medication
- behaviour identification
- clinical supervision
- continence
- ‘Dementia essentials’- including behaviours of concern and effective responses
- falls prevention
- infrared beam training
- skin tears.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

On entry to the home staff identify and assess residents’ clinical care needs and preferences, which underpin the development of personalised care plans. Registered nurses oversee the assessment and care planning process and ongoing review of the effectiveness of interventions occurs regularly. Consultation processes support the engagement of residents or nominated representatives in care planning. Changes to residents’ care needs and preferences are communicated to relevant staff and staff are aware of residents’ current clinical care requirements. Residents and representatives are complimentary of the clinical care provided.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Clinical processes guide staff to identify, assess and plan for residents’ specialised nursing care needs. Records show and staff confirm registered nurses oversee residents’ specialised care needs in consultation with medical and allied health specialists. Processes exist to ensure staff are made aware of any changes to residents’ specialised nursing care needs and records show residents’ specialised care plans are followed. Residents and representatives are satisfied with the home’s approach to managing residents’ specialised care 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

Residents can access a wide range of health specialists for advice and management in accordance with their needs and preferences. Processes exist to ensure residents who need referrals to health specialists are identified initially and during ongoing assessment. Documentation shows health specialists are actively involved in the delivery of residents’ care with some visiting the home on a weekly basis. Staff said mechanisms exist to ensure urgent referrals occur when prompt action is required. Residents and representatives are satisfied with the range of health specialists available to residents.

## **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 and representatives said they are satisfied with how residents’ medications are managed. Registered nurses oversee the medication administration system and provide



support and direction to administering staff. Records show staff assess, review and implement residents' medications requirements according to medical practitioners' instructions. Processes exist for emergency access to medications and for the ordering, receiving and disposal of medications. Medications are stored safely, securely and in accordance with the organisation's guidelines. Policies, procedures, and a range of medication resources are accessible and guide staff practice. Medication incidents are investigated and tabled at medication advisory committee meetings. Staff are aware of their individual responsibilities and the home's expectations in relation to medication management.

## **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 said they are satisfied with the home's approach to pain management. Documentation shows residents have current pain assessments and care plans on file with individualised interventions recorded with consideration given to the origin and severity of the pain. Residents have access to a pain clinic that provides pain-relieving strategies as an alternative to medication. Changes in residents' pain needs trigger reassessment to ensure the current strategies are effective. Staff are aware of residents' pain needs and the effectiveness of strategies used.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The home can demonstrate the comfort and dignity of terminally ill residents is maintained. The home supports residents in recording their end of life wishes that underpin the development of advanced care instructions. Access to a palliative care service can be arranged if required and staff said pastoral care support is available for the resident and their family. Records show care plans are updated as residents' needs changes and guide staff in the appropriate care for a resident who is terminally ill. Management and staff stated they have received recent compliments in regards to their palliative care approach.

## **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

Staff assess residents' nutrition and hydration needs on entry to the home in consultation with the resident and/or representatives and interventions are reviewed regularly. Individual dietary needs are noted on care plans and the captured information includes dietary likes and dislikes, special diets, consistency of fluid and required dietary aids. Referrals to specialists are determined by clinical assessment, as a result of resident weight change, decreased appetite or swallowing difficulties. Residents were observed using specialised cutlery and crockery. The catering department is equipped to meet individual dietary needs

and preferences and hot and cold beverages, freshly cooked snacks and fresh fruit were observed to be accessible to residents. Staff are aware of residents' dietary needs. Residents and representatives are satisfied with how residents' nutrition and hydration needs are managed.

### **2.11 Skin care**

*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

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

The home meets this expected outcome

The home ensures residents' skin integrity is consistent with their general health through the assessment and monitoring of each resident's skin needs. Staff assess residents' skin integrity and implement measures to prevent and manage impaired skin integrity. Records show assessment occurs for all for wounds and registered nurses oversee the healing process. Staff described residents' skin needs and said residents can access specialised equipment such as air mattresses, gel mats and cushions. Residents are satisfied with the management of their skin care needs.

### **2.12 Contience management**

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

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

The home meets this expected outcome

The home has a system to support and optimise residents' continence in accordance with their individual needs and preferences. Each resident's individual needs are identified during assessment and if indicated a continence management program is developed and tailored specifically for their needs. Records show processes are effective in identifying the need for further assessment. Staff are aware of residents' individual continence programs and were observed to be assisting residents with meeting their continence needs in a respectful and dignified manner. Residents and representatives said they are satisfied with how staff assist with residents' continence needs.

### **2.13 Behavioural management**

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

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

The home meets this expected outcome

Residents and representatives said they are satisfied with how the needs of residents with challenging behaviours are managed. On entry to the home residents are assessed for challenging behaviours and behavioural charting occurs over a seven-day period. Patterns of behaviour are identified on residents' care plans and any known triggers and individualised strategies to prevent and manage challenging behaviours are specified. Staff were observed using a range of strategies to prevent and manage residents with challenging behaviours. Staff described ways they meet the individual needs of residents with challenging behaviours.

## **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

A visiting physiotherapy service assists staff to identify and assess residents’ levels of mobility and dexterity. Physiotherapy assessments are on file and guide staff in ways to optimise residents’ mobility and dexterity. Strategies used include active and passive exercise, specialised cutlery and crockery, and mobility aids. Staff were observed to assist residents with their mobility and dexterity needs. Residents and representatives are satisfied with the way staff assist residents’ achieve optimal levels of mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives are satisfied residents’ oral and dental health is maintained. This is achieved through initial and ongoing assessment of residents’ oral and dental care needs and referral to relevant health specialists as necessary. Plans of care identify residents’ specific oral and dental care needs and preferences and the level of assistance residents may require to maintain oral and dental health. Staff stated and observations confirm there is adequate equipment to provide appropriate dental and oral care to residents.

## **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 and representatives said they are satisfied with how residents’ sensory losses are managed. Staff identify, assess and plan for residents who have sensory losses and care plans capture strategies to optimise sensory functions. Records show visiting specialist services attend the home regularly and provide advice in managing residents’ sensory losses. The home’s living environment includes wide corridors, handrails, accessible communal areas and appropriate lighting to support residents with sensory loss. Staff are aware of each individual resident’s needs and those who require assistance to fit and clean their sensory aids.

## **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 said they are assisted to achieve natural sleep patterns through the identification of and support for their individual needs and preferences. Assessment, care planning and review processes support residents in obtaining quality sleep and assistance with settling routines is provided to residents. Use of sedation is monitored and discussed with the

medical practitioner and alternatives to medications such as reassurance, hot drinks and snacks are used. Staff are aware of residents' individual settling routines and were observed to be assisting residents in accordance with these.

## 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

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

An established continuous improvement system shows the pursuit of improvements in the area of resident lifestyle. Meetings for residents and advocates, meetings between lifestyle staff and management, satisfaction surveys, activity participation records and activity evaluations are examples of mechanisms that inform continuous improvement. Staff, residents and representatives are satisfied the organisation is actively working to improve resident lifestyle.

Examples of recent improvement initiatives in relation to Standard 3 include:

- Following observations of resident leisure interests and activities, management suggested an art program commence in the ‘Blue Gum’ area for residents living with dementia. Art activities include marbling, stencilling, collages and sponge painting. Residents’ work is displayed and one resident has their own ‘art gallery’ near their comfort chair. Management and staff are satisfied residents have the opportunity to express themselves through art.
- Lifestyle staff suggested some residents may benefit from tactile therapy and organised two sensory boxes of objects with a variety of textures. Lifestyle staff are satisfied the items are used in one to one contact with residents and residents enjoy exploring the contrasting textures.
- Following discussion between management and lifestyle staff about ways to engage male residents, a reading project was implemented in the ‘Blue Gum’ area. Staff now regularly read aloud to the three male residents. Lifestyle staff are satisfied the men are generally engaged by the reading and leisure options are now increased.
- Resident feedback to management and comments from visiting entertainers indicated residents would enjoy music played on a piano. A piano is on order and is expected to arrive on 1 May 2013. In addition, a large compact disc stereo /radio was purchased for the ‘Blue Gum’ area and a variety of music compact discs is available, including music from various cultures. Management is pleased at progress to enable residents to enjoy their choice of music and song.

### **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 organisation’s management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in relation to resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

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

- There is a system for compulsory reporting of elder abuse and management provides mandatory training in elder abuse.
- Management offer an agreement to each resident or their representative/s on entry to the home and demonstrate respect for security of tenure.
- Policies and procedures to maintain residents’ privacy and confidentiality are in place and followed.
- Residents receive information on their rights and responsibilities, privacy and consent issues in their information booklet and residential agreement.

### **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 and staff have appropriate knowledge and skills to perform their roles effectively in relation to resident lifestyle. For a description of the home’s system for education and staff development, refer to expected outcome 1.3 Education and staff development. Staff are satisfied with education opportunities. Residents and representatives are satisfied management and staff have the skills, experience and knowledge to perform their roles effectively in supporting resident lifestyle.

Recent education in relation to Standard 3 includes:

- compulsory reporting
- dementia care- activities to promote well-being.
- A lifestyle staff member studied the diploma in leisure and health in 2012.

### **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

Staff and management provide each resident with support in adjusting to life in the new environment and on an ongoing basis. An assessment process captures the individual's emotional status, needs and preferences and care plans show broad strategies to assist staff in the provision of appropriate emotional support. Qualified staff review these plans at regular intervals in consultation with residents and advocates. Residents and representatives receive an information package with a handbook that specifies care and services and new residents receive additional emotional support from staff. Staff show awareness of the individual support needs of residents. Residents and representatives are satisfied staff meet residents' emotional needs on entry and on an ongoing basis.

### **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

Management and staff assist residents to optimise independence whenever possible, to maintain friendships and participate in the life of the community within and outside the home. Staff identify residents' independence needs and preferences on entry to the home and record strategies to reflect the desired level of independence on care documentation. Strategies to maximise independence include the use of individual mobility aids and access to physiotherapy services. Consultative processes obtain information from residents and representatives and include one to one consultation, meetings and informal discussion. Monitoring processes regarding residents' needs, preferences and options involve care plan review, audits and visual observation. Staff welcome visitors and support residents to maintain friendships and community involvement whenever possible. Residents and representatives are satisfied staff encourage residents to be as independent as possible.

### **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

Each resident's privacy, dignity and confidentiality is recognised and respected. Practices include the use of residents' preferred names, consideration of specific social, cultural or spiritual needs and preferences and the provision of private areas indoors and outdoors where residents can spend time with family and friends. Staff manage residents' personal care with sensitivity, knock when entering each resident's room and ensure residents' information is securely stored. Residents and representatives are satisfied with the way the home maintains residents' privacy and dignity and with the courtesy of staff.

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

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

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

The home meets this expected outcome

The home has a system to encourage and support residents to participate in a range of activities of interest to them. Following entry to the home, an assessment of each resident's past and present lifestyle and social preferences occurs and an individualised lifestyle care plan is developed and regularly reviewed. A range of activities is available for residents in the 'Jarrah' area and a developing program is offered for residents living with dementia in the 'Blue Gum' area. Regular bus trips and outings are offered and visits to a community library and places of interest to residents occur. Individual resident participation in lifestyle activities is encouraged and monitored and staff regularly evaluate activities via documented feedback, resident meetings and satisfaction surveys. Care staff assist with the provision of activities. Residents and representatives are satisfied with the lifestyle activities offered.

### **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 values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of individual residents. Following entry to the home, staff identify and document residents' cultural and spiritual needs and preferences. Staff organise the provision of regular and as needed pastoral services for residents and the celebration of cultural events throughout the year. Care plan evaluations, documented feedback, satisfaction surveys and audits assist the home to assess the effectiveness of support for residents' cultural and spiritual needs and preferences. Staff access culturally specific services if required to assist in meeting individual cultural needs. Residents and representatives are satisfied with the home's response to residents' cultural and spiritual needs and preferences.

### **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 said residents are assisted to exercise choice and control over their lifestyle wherever possible. Management and staff consult with residents or their nominated representative about residents' preferences on entry to the home and on a regular basis thereafter. Residents' individual choices and preferences are incorporated into plans of care and ongoing review occurs. Staff said they assist residents to make informed choices about all aspects of care and service where able. Staff were observed supporting residents to exercise choice and make informed decisions.



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

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

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

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management communicates information about residents' rights and responsibilities, security of tenure, complaints mechanisms, privacy and confidentiality and specified care and services. This occurs through personal consultation, the resident handbook, the resident agreement and documents displayed throughout the home. A process of consultation and agreement precedes a resident move to another room or care facility. Staff demonstrated an understanding of residents' rights and responsibilities. Residents and representatives are satisfied with the security of resident tenure.

## **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

For a description of the home’s system of continuous improvement, refer to expected outcome 1.1 Continuous improvement.

The home actively pursues improvements in the areas of the physical environment and safe systems. Environmental audits, food safety audits and inspections, fire service reports and improvement suggestions from stakeholders are examples of mechanisms that inform the home’s continuous improvement. Staff, residents and representatives are satisfied with improvements to the home’s physical environment.

Examples of recent improvement initiatives in relation to Standard 4 include:

- Staff suggested the external entrance area would benefit from enhancement. The gravel courtyard at the front entrance now has a bench seat, potted cumquat trees and an ornamental water feature/birdbath installed. Staff and residents are satisfied the entrance is inviting and specific residents have chosen to assist with care of the area.
- Management recognised changes to the bare tables in the dining room in the ‘Jarrah’ area could improve the ambience of the resident dining area. Each table now has two softly draped contrasting tablecloths. Management, staff, residents and representatives are satisfied the tablecloths enhance the resident dining experience.
- The organisation decided the home would be a smoke free workplace from March 2012. The organisation engaged a service to assist applicable staff to quit smoking and information was provided to staff, volunteers, contractors and suppliers. While residents may choose to smoke, the home is now a smoke free workplace for staff and external service providers.
- In response to residents’ feedback, management and catering staff have developed a new four-week rotational menu. Plans to seek dietitian and residents’ feedback are in place and management confirms this will be crucial in finalising the options. Initiatives include hearty soups with hot bread rolls and tasty light meal alternatives for the evening meal. The cook reports their trial of new evening meal options has received positive feedback. Residents report a recent improvement in their enjoyment of their evening meal.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The organisation’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. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

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

- A food safety program is utilised and the catering service has current third party food safety certificates.
- Regular monitoring and maintenance of fire and safety systems occurs and the home has a current 'Annual essential safety measures report'.
- Management ensures staff attend annual mandatory training in fire and emergency procedures.
- Management has an occupational health and safety system and actively promotes occupational health and safety.
- Chemicals are stored safely in secure areas and current material safety data sheets are available.
- Key staff monitor and maintain infection control standards.

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

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. For a description of the home's system for education and staff development, refer to expected outcome 1.3 Education and staff development. Staff are satisfied with education opportunities. Residents and representatives are satisfied management and staff have the skills, experience and knowledge to perform their roles effectively in relation to the physical environment and safe systems.

Recent education in relation to Standard 4 includes:

- emergency response training
- infection control
- manual handling
- occupational health and safety.

#### **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

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms, the majority of which have private en-suites and management encourage them to personalise their rooms. Furnishings and equipment are provided appropriate to the care needs of each resident.

Spacious communal areas are tastefully decorated and provide for dining and social activities. The home is clean, well lit and maintains a comfortable temperature. Outside courtyards and garden areas are inviting and well maintained. Regular environmental audits, corrective maintenance, a scheduled preventative maintenance program and the analysis of incidents, hazards and occupational health and safety issues occur at the home. Residents and representatives are satisfied with the comfort of their home and state it meets residents' needs.

#### **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 is actively working to provide a safe working environment that meets regulatory requirements. Management has established policies and procedures to guide safe work practices. Information regarding occupational health and safety is included in the home's orientation, annual mandatory education programs and discussed at staff meetings. A system of corrective and preventative maintenance is in place and ample and appropriate supplies of personal protective equipment are available. Chemicals and flammable liquids and gases are stored securely. Staff receive education in safe chemical handling and current material safety data sheets are readily available. Management uses incident reporting and workplace assessments to identify and minimise the impact of workplace hazards. Staff demonstrate an understanding of occupational health and safety principles and safe work practices.

#### **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. External contractors conduct regular maintenance all fire detection and fighting equipment, the reports of which are maintained on site. Management have displayed emergency procedures and evacuation plans throughout the building and evacuation kits, containing current resident lists, are available. Emergency exits are clearly marked, free from obstruction and secure. Door security and closed circuit television providing security of the living environment is maintained and monitored. Staff are required to complete fire and emergency training on an annual basis. No fuels are kept onsite and all chemicals and oxygen are stored appropriately and securely. Staff demonstrated appropriate knowledge of emergency and evacuation procedures and were aware of their responsibilities. Residents are confident in the ability of staff to respond to 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

Management ensures an effective infection control program is in place. The director of care monitors and analyses the incidence of infections and discusses results at relevant meetings. Policies and procedures, education and the mandatory training program guide staff in infection management. Catering staff comply with food safety guidelines and refrigerator temperature monitoring throughout the home occurs. Laundry staff ensure contaminated clothing separation and cleaning staff use a system of colour coded cloths and mops to prevent cross infection. Staff follow cleaning schedules and environmental audits are undertaken. Management provides vaccinations to residents as prescribed and encourages staff to obtain vaccinations. Outbreak kits, spill kits, sharps containers, personal protective equipment and hand hygiene facilities are available throughout the home and processes are in place for the disposal of contaminated waste. Staff demonstrated their knowledge of infection control guidelines and practice including the process to follow in event of an outbreak.

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

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

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

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Documentation of residents' dietary requirements and preferences, special needs, food allergies and sensitivities occurs on entry to the home and staff update these as necessary. Meals are prepared freshly on site with residents' preferences, special dietary requirements and food allergies taken into account. The catering department follows a food safety program and has current third party and Council certification. Contracted environmental staff follow schedules to ensure all areas of the home are regularly cleaned and maintained. The home provides an onsite laundry service for residents' personal items and an external contractor launders the linen. A clothing labelling process minimises the loss of residents' personal items. Return of residents' personal items occurs on a daily basis and staff confirmed there are adequate linen supplies. Staff complete regular infection control and chemical handling training and management monitors service satisfaction through observation, feedback, regular monitoring and auditing. Residents and representatives expressed satisfaction with catering, laundry and cleaning services provided by the home.