



Aged Care  
Standards and Accreditation Agency Ltd

## **Greenwood Manor**

RACS ID 3237

617 Lower Dandenong Road

DINGLEY VIC 3172

Approved provider: Greenwood Manor 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 28 August 2015.

We made our decision on 11 July 2012.

The audit was conducted on 12 June 2012 to 13 June 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

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

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

**Standard 3: Resident lifestyle****Principle:**

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

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

**Standard 4: Physical environment and safe systems****Principle:**

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

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Greenwood Manor 3237**

**Approved provider: Greenwood Manor Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 12 June 2012 to 13 June 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct 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 12 June 2012 to 13 June 2012.

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

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

## Assessment team

Team leader:	Kerry Ewing
Team member:	Katherine Hannaker

## Approved provider details

Approved provider:	Greenwood Manor Pty Ltd
--------------------	-------------------------

## Details of home

Name of home:	Greenwood Manor
RACS ID:	3237

Total number of allocated places:	62
Number of residents during audit:	44
Number of high care residents during audit:	37
Special needs catered for:	Nil

Street:	617 Lower Dandenong Road	State:	Victoria
City/Town:::	Dingley	Postcode:	3172
Phone number:	03 9551 5676	Facsimile:	03 9551 8335
E-mail address:	greenwood.manor@westnet.com.au		

## Audit trail

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

### Interviews

	Number		Number
Manager	1	Residents/representatives	9
Assistant managers	2	Catering staff	3
Personal care coordinator	1	Laundry staff	1
Registered nurses	2	Cleaning staff	2
Enrolled nurses	2	Maintenance staff	1
Care staff	3	Lifestyle staff	1
Physiotherapists	2		

### Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Residents care plan overviews	7	Diabetes management plans and charting	4
Residents' agreements	5	Wound management assessments and charting	7

### Other documents reviewed

The team also reviewed:

- Administration support folder
- Allied health specialist folder
- Approved supplier list
- Asset register and maintenance book
- Audits
- Chemical register
- Cleaning documentation
- Communication books
- Contracts and evaluations
- Corrective action plans
- Dietary request forms
- Document review and regulatory compliance updates
- Education and training records
- Emergency procedures report
- Evacuation maps
- Human resources folder

- Incidents reports and summaries
- Infection control documentation
- Job descriptions
- Kitchen documentation, food safety plan, external audit report and dietitian review
- Laundry documentation
- Lifestyle documentation and programs
- Mandatory reporting register
- Material safety data sheets
- Medication skill assessments
- Meeting minutes
- Menu and menu tickets
- Narcotic medication registers
- Notices, memoranda and circulars
- Orientation package and checklists
- Pest control documentation
- Physiotherapy records
- Police check and statutory declaration registers
- Policy and procedure manuals and support books
- Quality and clinical indicator reports
- Register of essential services
- Resident and family orientation checklists
- Resident handbook, brochures and information package
- Risk assessments
- Rosters
- Satisfactions surveys
- Schedule of meetings and other special events
- Self assessment
- Staff contact list
- Staff development records
- Staff leave requests
- Staff orientation checklists and handbook
- Staff registration records
- Strategic plan 2012 -2013
- Suggestion/improvement forms and register
- Vision, mission and philosophy of care statement
- Workplace inspections and reports.

## **Observations**

The team observed the following:

- Activities in progress
- Assistive devices
- Chemical storage
- Cleaners trolleys and storerooms
- Equipment and supply storage areas
- Gastroenteritis/spill kits
- Information noticeboards
- Interactions between staff and residents
- Internal and external living environment
- Laundry service in operation
- Meal service
- Sharps and infection control equipment
- Storage of medications
- Suggestion box.



## 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 system to identify and manage continuous improvement across the Standards. Continuous improvement opportunities are identified through suggestion/improvement forms, annual review processes, legislative requirements, surveys, audits, workplace inspections and reports, observations, indicator results and data analysis. All stakeholders are encouraged to contribute to the quality system by providing verbal and written feedback and by attending meetings. Corrective action plans document gaps, record improvement activities and track implementation and evaluation of actions. Discussion of results and internal reports occurs at meetings and a summary of improvements, actions and outcomes is included in the monthly resident circular. Staff and residents are aware of the continuous improvement system and confirm that improvements are ongoing.

Examples of recent improvements relating to Standard 1 management systems, staffing and organisational development include:

- Staff feedback indicated that education delivered by external providers was not flexible in availability, access or scope. The home now subscribes to the aged care channel (ACC) and digital video discs and education packages are readily available. Staff said that they now have access to more education which was available at any time convenient to them.
- As a result of ongoing problems with pharmacy packaging errors, a new pharmacy contractor was engaged. The change in pharmacist has resulted in a new medication dose delivery system and significant reduction in packaging errors. Staff said that the medication dose delivery system was an improvement on the previous system. Management will monitor the administration issues encountered with the changeover of pharmacy to ensure that invoicing problems are not systemic.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with relevant legislation, regulations, standards and guidelines. The home receives regulatory compliance advice through legislative update services, industry peak bodies and government bulletins and utilises legal counsel to undertake regular compliance auditing and document review. All policies and procedures are developed, reviewed and updated according to legislation, regulations, standards and codes of practice. Legal issues are an agenda item at relevant

meetings and compliance information disseminated through updated policies and procedures, circulars and in education provided to staff and residents. Staff confirmed that they receive information about regulatory compliance issues relevant to their roles.

Examples of responsiveness to regulatory compliance obligations relating to Standard 1 management systems, staffing and organisational development include:

- A system to ensure compliance with police checks requirements and statutory declarations by all relevant staff in relation to criminal history in countries other than Australia.
- Monitoring professional registrations, licences and insurance of relevant staff and contractors.
- Stakeholder access to information about internal and external mechanisms and advocacy services.
- Accreditation audit notification to stakeholders.

### **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

Greenwood Manor encourage, support and assist management and staff to develop and maintain the necessary knowledge and skills in order to perform their roles effectively. An annual education program is developed post the analysis of staff development records, staff surveys and requests and a review of the previous year's program. The program targets all learning styles and provides education in a variety of ways including educational DVDs, skill assessments, staff meetings, practical sessions and guest speakers. Management record and monitor staff attendance and evaluate education and training sessions to ensure they are effective. Management and staff are required to attend mandatory training and their attendance is monitored. Management and staff confirmed they are supported to develop and maintain an appropriate level of skill and knowledge.

Recent educational topics offered pertaining to Standard 1 management systems, staffing and organisational development includes:

- exceptional documentation
- update on employment law
- current accreditation issues.

### **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 ensures that internal and external complaints mechanisms are accessible to all stakeholders. Comments and complaints information is included in orientation processes, provided in resident and staff handbooks, documented in the resident agreement and displayed in public areas throughout the home. Suggestion/improvement forms are available

at all times and residents and representatives can use these forms or provide verbal feedback directly to staff. The resident suggestion committee meetings provide a forum for discussion of issues, concerns and suggestions and for receiving feedback. Resident suggestions are registered and reported by management and transferred to the corrective action plan for further review and action where indicated. Documentation demonstrates that the home provides timely and appropriate action in response to issues raised. Residents confirm that they know how to make a comment, suggestion or complaint, are comfortable raising issues directly with staff or management and are satisfied with the home's response in relation to any issues raised.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home's vision, mission and philosophy of care and a commitment to quality are evident in all key documents, brochures and signage displayed throughout the home. The Charter of resident rights and responsibilities is on display and contained in resident information provided on entry to the home. The home's commitment to excellence underpins all staff interactions and associated behaviours and is included in education and information provided to all staff. The team observed that management and staff actively demonstrate the home's values in their day to day work.

### **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

Organisational policies and procedures guide the recruitment and retainment of appropriately skilled and qualified staff in order to deliver care and service in accordance with the Standards and the home's philosophy and objectives. Recruitment processes include formal interviews, reference and credential checks. Position descriptions, duty lists and policies and procedures inform and guide staff in areas of resident care, services and professional development. Regular review of the staff mix occurs and management have authorisation to increase staff numbers or hours in accordance with resident needs. New staff are started on a trial basis and are orientated to the home, the organisation's expectations and are partnered for informal mentoring and support. Annual appraisals, feedback and quality processes assist management to identify ongoing staff training and skills requirements and to assess the effectiveness of the staffing roster. Staff confirm staffing is flexible and generous and residents stated they are satisfied with the responsiveness of the 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

The home has systems to ensure that there are sufficient stocks of appropriate goods and equipment available for quality service delivery. Processes for identifying preferred equipment and suppliers exist. Designated staff are responsible for reviewing and re-ordering clinical and other supplies. Adequate supplies of clinical and non-clinical stock were observed and there is a rotation system to ensure stock remains in date. Trial and evaluation of new equipment occurs as applicable and suppliers provide initial and ongoing training as required. Workplace inspections and audits, cleaning and laundering schedules and preventative and unscheduled maintenance ensure timely, corrective and ongoing cleaning and maintenance of equipment. Staff and residents are satisfied with the quality of equipment and supplies.

## **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

Effective information management systems are in place to ensure that all stakeholders have access to current information on the processes and activities of the home. There is relevant information displayed in prominent areas of the home for staff, residents and other stakeholders which includes minutes, memoranda, circulars and noticeboards. There is a manual system for routinely collecting and recording information that identifies residents' care needs to ensure appropriate delivery of care. Documentation review processes ensure that all policies, procedures and other controlled documents are reviewed at least annually and are updated and distributed as necessary. Electronic information is password protected and automatic back-up, and off-site storage procedures occur. Staff and resident personal information is stored securely and destroyed confidentially. Residents and staff confirm they have access to relevant information as required.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has an established list of approved providers and suppliers for the provision of services and goods and for the surveillance and ongoing maintenance of systems to meet resident care needs and service quality goals. Service agreements outline the scope and quality of services to be provided and regulatory compliance obligations; an appointed supplier list and service agreement book is monitored and maintained. Management undertakes a formal review of service providers annually or as indicated considering staff and resident feedback, minutes of meetings, product quality, observations of performance and completion of tasks. Staff and residents are very satisfied with the care and services provided by external providers.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home pursues continuous improvement related to health and personal care and the overall system is described in expected outcome 1.1 Continuous improvement. Regular meetings, clinical audits, indicators and competency tools are used to support resident care and to improve results for residents and the home's clinical systems. Residents are satisfied with the care provided and clinical staff confirm they have input and are kept informed on issues relating to their suggestions and other planned improvements and changes in the home.

Examples of recent improvements relating to Standard 2 Health and personal care include:

- The home has systematically reviewed all resident room door latch guides following a resident skin tear. Forty-six rooms were reviewed and all door latch guides repositioned with no further skin tears reported.
- A resident of the day system has been introduced resulting in an increased focus on the individual resident and their care needs and preferences. Staff said that this process was effective in ensuring a comprehensive, individualised review process for all residents.
- In response to the coroner's recommendation on bed pole apparatus, the home's policy has been reviewed and the physiotherapist re-assessed resident mobility to recommend appropriate beds, mobility aids and assistance.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has developed systems and processes to ensure compliance with regulatory matters in relation to resident health and personal care. Details on the home's regulatory compliance systems and processes are described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance obligations relating to Standard 2 health and personal care include:

- A system to ensure staff have relevant qualifications and current registration.
- Development of personal care, medication management and practice guidelines in accordance with legislative requirements.
- Ensuring appropriately qualified staff provide specialised care to residents as required and that registered nurses oversee resident care planning.

- Policies, procedures, reporting and staff education in relation to the unexplained absence of a resident.

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

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system in place to support management and staff to develop and maintain their skills and knowledge in relation to resident health and personal care. For further details, see expected outcome 1.3 Education and staff development.

Education offered in relation to Standard 2 health and personal care includes:

- palliative care guidelines
- wound management
- continence education
- medication management
- pain management.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Organisational policies and procedures guide the clinical assessment, review and evaluation process to ensure appropriate clinical care is provided. Registered nurses conduct clinical assessments and this information is used to develop a clinical care plan. Care plan review processes are established and they are ensuring changes in residents’ needs are identified quickly to ensure appropriate care delivery. A change of shift handover occurs and is used as the main mechanism to highlight changes in residents’ care needs or preferences. Records show ongoing consultation occurs with residents, their nominated representative and their general practitioner to ensure care delivery is appropriate and in accordance with the resident’s own wishes. Clinical incidents are captured and records show they are managed appropriately. Residents stated they are satisfied with the clinical 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 partnership with health specialists and the resident’s own general practitioners identify, assess and manage resident’s specialised nursing care needs. Specific care plans are developed and guide staff in specialised care delivery. Staff confirmed changes in residents’ specialised care needs are communicated effectively; the home’s

education and training program supports staff in maintaining the appropriate skills and knowledge. Residents stated staff manage their specialised nursing care needs well.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents are referred and assisted to access a wide range of health specialists in accordance with their needs, preferences and own wishes. Clinical processes ensure residents who require health specialist advice are identified initially and during ongoing assessment. A quick reference list is contained in each resident’s clinical file which notes resident’s individual preferences in relation to specialists and allied health providers. Mechanisms exist to capture, record, communicate and incorporate health specialists’ recommendations in care provision. Residents can access visiting health specialists and where appropriate are assisted to access health specialists in the broader community. Residents said they are satisfied with the range of health specialists available to them.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home can demonstrate residents’ medications are managed safely and correctly. Registered nurses and medication endorsed enrolled nurses; administer medications and annual skill assessments ensure administering staff are doing so safely and correctly. Clinical processes assist with the identification, assessment and review of residents’ medication needs and those who wish to self medicate are supported to do so. Processes exist for the ordering, delivery and disposal of medications. Medications are stored safely and securely and in accordance with regulatory guidelines. Policies and procedures and current medication resources are readily accessible and guide staff practice. Monitoring processes include audits, and an incident reporting system. Residents stated they are satisfied with how their medications are managed.

## **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 stated they are as free as possible from pain. Clinical systems and processes ensure residents’ pain needs are assessed, recorded and monitored to ensure optimum comfort levels are achieved. Pain management education is mandatory for all care staff to ensure verbal and non verbal cues of pain can be readily identified, assessed and managed. Alternative therapies to analgesics are offered such as heat therapy, massage, and active exercise. The effectiveness of residents’ pain management is monitored through auditing processes and resident feedback. Staff can describe residents’ pain needs and the way they assist residents in maintaining optimal comfort levels.

## **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

At an appropriate time for the resident, advanced care directives and end of life wishes are discussed, recorded and reviewed as required. If palliation is required, open discussion occurs between management, the resident, their nominated representative and their treating general practitioner. If it is the wish of the residents and within the capabilities of the home, specialist support is sought from a community palliative care service. Staff stated that on the occasion they have cared for a dying resident, the resident’s needs were met in respect to their comfort and dignity.

## **2.10 Nutrition and hydration**

*This expected outcome requires that “residents receive adequate nourishment and hydration”.*

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes in place to ensure that residents receive adequate nourishment and hydration. Resident’s individual dietary needs are noted on care plans and the assessment identifies residents nutritional and hydration needs, food likes and dislikes, special diets, consistency of fluid and required use of dietary aids. Policies and procedures guide staff practice in the event of resident weight change, decreased appetite or swallowing difficulties. The catering department is equipped to cater for residents with special dietary needs and preferences, beverages and snacks are accessible to all residents. Residents are satisfied with the menu and confirm that the meals are tasty and balanced.

## **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. Resident’s individual skin care needs are assessed, care strategies are implemented and the strategies are reviewed for effectiveness on a scheduled basis thereafter. Residents with wounds are identified and regular wound assessments are conducted and monitored by appropriately skilled staff. Staff are aware of residents’ skin needs and residents stated they are satisfied with how their skin needs are managed.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to ensure residents’ continence is managed effectively. Resident’s individual continence needs are identified through initial assessments and a continence management plan is developed and reviewed on a scheduled basis and as required. Monitoring processes are in place to trigger reassessment if the resident’s continence management plan is no longer effective. Residents’ continence needs are supported with continence aids; these are trialled to ensure the correct product and size is used. Staff stated they have access to specialist advice in relation to continence products to ensure residents’ continence needs are met in the most dignified way possible. Residents stated they are actively involved in their own continence management and continence issues are handled discreetly.

## **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 home has systems and processes in place to identify and manage the needs of residents with challenging behaviours. On entry to the home a resident’s history is noted, and behavioural charting is commenced post a settling in period. When a specific need of a resident is identified, management explore and trial different ways to meet the residents’ needs to ensure they can maintain quality of life whilst minimising the impact on others. Psychologists and other specialists are sought to assist with meeting the needs of residents with challenging behaviours. Residents stated they are satisfied with the home’s approach to meeting the 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

The home has systems and processes in place to ensure optimum levels of mobility and dexterity are achieved for all residents. Physiotherapists are available onsite throughout the week and assist residents with maintenance and reconditioning programs. Staff assess each resident’s level of falls risk which underpins the development of a falls prevention care plan. Specialised aids are sought such as dietary devices and mobility frames to assist residents with maintaining their mobility, dexterity and independence. Fall data is analysed closely and will trigger reassessment or review by the physiotherapist as required. Residents were observed to be mobilising around the internal and external environment of the home, and participating in active exercise classes. Residents stated they are assisted to remain active, independent and are satisfied their mobility and dexterity needs are met.

## **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

The home has systems and processes in place to assist residents to maintain optimal oral and dental health. Oral and dental care assessments are completed initially and residents’ oral and dental care needs and preferences are used to develop a specific care plan. Details such as the amount of assistance required is recorded to ensure support is provided as required. Residents identify their preferred provider of dental care and staff will organise appointments to a visiting or external practitioner if required. Residents stated they are satisfied with how their oral and dental health is maintained.

## **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 stated they are satisfied with the management of their sensory needs. Assessment of the five senses occurs, strategies to minimise the impact of sensory loss are implemented and reviewed regularly and or required. Recorded information includes communication strategies, the need for specific aids and the aids care requirements. Care staff are aware of individual resident’s needs and those who require help and were observed to be assisting residents with their sensory aids. The home is conducive to residents with sensory losses in order to minimise the impact on their lifestyle at the home.

## **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 stated they achieve natural sleep patterns in accordance with their individual wishes. Clinical systems and processes support the identification, assessment, review and management of resident’s individual sleep needs and preferences. Staff can describe resident’s individual sleeping habits, routines and preferences. Incidents of sleep disturbance are recorded, reported and monitored. Residents using sedation are also supported with additional strategies such as supper and the maintenance of a quiet environment.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to residents’ lifestyle and the overall system is described in expected outcome 1.1 Continuous improvement. Regular resident meetings provide opportunities for residents and representatives to raise concerns and discuss any issues. Residents are satisfied that they provide input into the lifestyle and activities program.

Examples of recent improvements relating to Standard 3 Residents lifestyle include:

- In response to a male resident request for more football, the home has extended its pay television subscription to include a specialised sport and football channel. Staff said that the residents were very excited and enjoyed watching the extended football coverage.
- A review of the activities program identified an opportunity to extend the program and hours of structured activities. New activities have been organised, including extra men’s activities and social functions which have been included on the monthly calendar. Activities have also been scheduled at extended times and on weekends. Residents said they were very happy with the activities offered at the home.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has effective systems to identify and ensure compliance with legislation, regulations and guidelines related to resident lifestyle. Details on the home’s regulatory compliance systems and processes are described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance obligations relating to Standard 3 resident lifestyle include:

- Residential agreements specifying responsibilities and security of tenure in line with legislative requirements.
- Displaying the Charter of resident rights and responsibilities in the home.
- Policies, procedures and registers for compulsory reporting including elder abuse.
- Implementing procedures and practices that comply with privacy legislation and ensure confidentiality of resident and staff personal information.

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

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

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

The home meets this expected outcome

The home has a system to ensure management and staff have the necessary skills and knowledge to perform their roles effectively and for their ongoing performance to be monitored. All staff are encouraged to attend education pertaining to resident lifestyle to ensure an understanding of residents' right to have the lifestyle they choose. For further details, see expected outcome 1.3 Education and staff development.

Recent education sessions offered in relation to Standard 3 resident lifestyle includes:

- resident dignity
- legal issues.

### **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

The home assists residents and their families in the initial adjustment to life in the home and on an ongoing basis. New residents and their families receive an orientation to the home, are introduced to staff and other residents and are provided with information regarding care and services. Activities staff take an active role in supporting residents and their families from the time the resident enters the home. The home welcomes visitors and encourages interactions with other residents. Residents are encouraged to personalise their rooms and staff provide support in accordance with their individual preferences. Staff demonstrate an awareness of residents' emotional support needs and described ways of providing emotional support to individuals. Residents said management and staff assist them to adjust to their new environment and spoke of additional support provided to them during times of need.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. The assessment and care planning process identifies resident activities and preference for social interaction and community participation. Resident independence is promoted through the use of mobility, sensory and mealtime aids and equipment and the provision of an appropriate living environment. Residents exercise choices in their daily routines, menu selection, clothing, finances and participation in activities. Families and friends are encouraged to visit the home and activities staff coordinate community outings for individuals and groups. Staff monitor residents' involvement in the activities program and in undertaking activities of daily living and identify if

additional assistance is required. Residents confirm that they feel supported by the home in maintaining 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

Management and staff recognise and respect each resident's right to privacy, dignity and confidentiality. Strategies to achieve these outcomes include displayed information about residents' rights and responsibilities, the set out of the physical environment including private rooms and facilities, information being stored securely and the expectation that all staff adhere to confidentiality guidelines. Staff demonstrate an awareness of privacy and dignity issues in their daily practices and management said they advocate on behalf of residents if they observe this right is breached. Residents confirm their rights to privacy and dignity are recognised and respected.

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

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

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

The home meets this expected outcome

Residents are encouraged and supported to participate in a range of activities of interest to them. On entry to the home, an assessment is made of each resident's history, religious, cultural and lifestyle and social preferences, and a lifestyle plan and activities record is developed. A monthly activity calendar identifies group activities that include entertainment, physical activities, games and social events. Regular outings are organised and staff support resident attendance as they prefer. Individual resident participation in lifestyle activities is monitored and evaluated. Residents stated that they were satisfied with the activities program provided.

### **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

An assessment is made of each resident's cultural and spiritual needs on entry to the home. Special events of cultural and spiritual significance and memorial services are identified, celebrated and respected and include Australia Day, ANZAC Day, Mother's Day, Remembrance Day, Grand Final Day and significant religious celebrations. Food services work closely with activities staff to mark special occasions, cultural events and practices. Priests, ministers and pastoral carers provide monthly ecumenical and communion services and spiritual support to residents as needed. The home subscribes to pay television and residents enjoy viewing scheduled cultural and spiritual programs. Residents are satisfied with the way their cultural and spiritual needs are acknowledged and respected.

### **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 living at Greenwood Gardens are encouraged to exercise choice and control over their lifestyle wherever possible. On entry, resident's individual preferences are identified through a consultative discussion with the resident and reviewed on an ongoing basis. Personal choices are recorded on the resident's care plan in relation to all aspects of care including choice of doctor, refusal of treatment, showering frequency and times, mobility aids, food choices and personal interests. Staff acknowledge and respect residents' right to decline treatment, residents are free to come and go as they wish and families and friends can visit at anytime. Processes are in place to ensure that residents are aware of their rights and responsibilities and residents stated they are empowered to make decisions and their choices are respected.

### **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

Greenwood Manor offers extra service accommodation with specific care capabilities which is explained prior to entry. Prospective residents are invited to tour the home and written information is available which outlines the care and services provided, fees and charges and a residents agreement that specifies security of tenure. Management encourage residents or their nominated representatives to seek independent advice and counsel to ensure all parties are aware of the conditions of the agreement. Annual prudential statements are issued on entry and annually thereafter. If a resident's care needs increase, management draw advice from allied health specialists and implement additional strategies to ensure they can meet the needs of the resident at the home for as long as possible. Residents and representatives stated they are aware of their rights and responsibilities and are consulted about any changes in tenure arrangements.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems and the overall system is described in expected outcome 1.1 Continuous improvement. There are systems for regular workplace inspections and reporting of incidents, infections and maintenance issues to support and maintain a safe and comfortable environment. Information from incident reports is used to identify opportunities to improve the living environment, resident safety and staff practices. Staff and residents state the home promotes a safe and comfortable living environment.

Examples of recent improvements relating to Standard 4 physical environment and safe systems include:

- Following the tragic fire in a New South Wales nursing home, management commissioned a consultant to review the home’s fire suppression systems. Minimal recommendations resulted from this process but are currently being considered by management, staff and residents.
- Following a request from the hairdresser, a new hydraulic shampoo chair was purchased with positive feedback provided to management.
- A suggestion from the health and safety committee to install sensor hand washing facilities in all public bathrooms and pan room facilities has resulted in the retrofit of sensor taps. It is anticipated that this will be an effective infection control measure throughout the home.
- Resident feedback through survey distribution is currently underway to determine whether the home’s interior courtyard pond should remain.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to maintain regulatory and legislative requirements related to the physical environment and safe systems. Details on the home’s regulatory compliance systems and processes are described in expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance obligations relating to Standard 4 physical environment and safe systems include:

- Secure storage of dangerous good such as chemicals, oxygen and hazardous items.
- Access to material safety data sheets in all relevant work areas
- Appropriate recording and reporting of infectious illnesses.

- Independent auditing of compliance with food safety regulations.
- Inspections and testing to ensure compliance with fire safety regulations.
- Mandatory education in fire and safety, infection control/hand washing, chemical and manual handling and food safety as relevant.

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

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

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

The home meets this expected outcome

The home can show they have systems in place to ensure residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors. For further details, see expected outcome 1.3 Education and staff development.

Recent education sessions offered in relation to Standard 4 physical environment and safe systems includes:

- manual handling
- food safety
- fire and emergency training
- chemical training
- infection control.

#### **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 and staff actively work to provide a safe, comfortable and well maintained home for residents. Effective preventative and reactive maintenance programs and cleaning schedules ensure buildings, grounds, fittings and furnishings and equipment are clean, safe and well maintained. Workplace inspections, incident reports and risk assessments lead to actions and improvements which are monitored through the quality system by management and maintenance staff. Keypad and key security and a wanderer's alert system contribute to maintaining a secure environment. Resident rooms are furnished with personal belongings and mementos. Courtyards and garden areas are maintained to create pleasant outdoor areas for residents and visitors. Resident rooms are personalised and may be locked if preferred. Residents reported and the team observed the home to be clean, comfortable and well maintained.



#### **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. Risk management procedures including incident reporting and workplace inspections and audits, identify and minimise the impact of workplace hazards. The health and safety committee meets quarterly to monitor incidents, workplace inspections, audit results, product evaluations and to review indicator data and trends. Staff are made aware of their health and safety responsibilities through documented procedures, information and the orientation process and attend mandatory training and education in medication management, manual handling, fire and emergency, infection control, chemical and food safety as relevant to their roles. Staff are provided with equipment and supplies to employ safe work practices and said they are consulted about equipment purchases. Routine and preventative maintenance processes ensure equipment safety. Staff said they provide feedback about workplace health and safety issues and are satisfied that management actively promotes a safe work environment.

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

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

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

The home meets this expected outcome

The home has systems and processes in place for preventing, detecting and acting upon fire, security and emergency risk. A fire and emergency manual is in place and policies and procedures are noted to cover fire and other emergencies. The home is equipped with maintained fire fighting and emergency equipment including alarms, automatic sprinklers, smoke doors, fire hoses, fire blankets and extinguishers. Fire plans are displayed, emergency exit signs are located throughout the building and the home maintains an emergency evacuation kit. Initial and ongoing fire and safety training is provided for staff and residents are provided with basic instructions. Chemicals were observed to be stored safely. Doors and gates are secured at night and emergency lighting is maintained. Staff are aware of their roles and responsibilities in the event of a fire and emergency; residents stated they feel secure 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 home has an effective infection control program that includes accessible and appropriate policies and procedures to inform and guide management and staff. The infection control program includes surveillance systems, data collection and tracking programs, vaccination programs, waste management, pest control and auditing. Guidelines on the management of gastroenteritis outbreaks are available. Outbreak kits, spill kits and sharps containers, personal protective clothing and hand hygiene facilities are available throughout the home; processes are in place for the disposal of contaminated waste. A food safety program is implemented and externally audited, and cleaning and laundry systems are consistent with

infection control guidelines. Mandatory infection control education is conducted and hand washing competencies are performed randomly for care staff. Staff state there is adequate personal protective equipment and infection control education is ongoing.

#### **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. Catering staff have access to resident dietary information including specific dietary requirements and food preferences. A dietician approves the rotating seasonal menu and alternative meal choices and snacks are available. Meals are chosen by residents and selections recorded on menu cards each day. All meals are prepared fresh on site by a qualified chef. Processes are in place to maintain food hygiene, ensure safe work practices, compliance with food handling and storage requirements and confirmed by third party auditing. Cleaning schedules are used to ensure resident rooms; furnishings and communal areas are regularly cleaned. Effective onsite laundry systems ensure appropriate laundering of resident clothes, while linen is sourced and laundered by an external provider. Staff confirmed they receive training in relevant areas including food hygiene, infection control and chemical and manual handling. Residents said they were very satisfied with the home's catering, cleaning and laundry services.