# Guildford Village
RACS ID 7204
34 Swan Street East
GUILDFORD WA 6055
## Approved provider: Pu-Fam 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 27 October 2015.

We made our decision on 25 September 2012.

The audit was conducted on 21 August 2012 to 22 August 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

## Guildford Village 7204

## Approved provider: Pu-Fam Pty Ltd

## Introduction

This is the report of a re-accreditation audit from 21 August 2012 to 22 August 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 21 August 2012 to 22 August 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: | Lois Knox |
| Team member: | Ann-Marie Phegley |

## Approved provider details

| | |
|---|---|
| Approved provider: | Pu-Fam Pty Ltd |

## Details of home

| | |
|---|---|
| Name of home: | Guildford Village |
| RACS ID: | 7204 |

| | |
|---|---|
| Total number of allocated places: | 30 |
| Number of residents during audit: | 28 |
| Number of high care residents during audit: | 16 |
| Special needs catered for: | Residents living with dementia and related conditions |

| | | | |
|---|---|---|---|
| Street: | 34 Swan Street East | State: | WA |
| City: | GUILDFORD | Postcode: | 6055 |
| Phone number: | 08 9279 7755 | Facsimile: | 08 9378 1116 |
| E-mail address: | fm@guildfordagedcare.com.au | | |

## Audit trail

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

## Interviews

|  | Number |  | Number |
|---|---|---|---|
| Facility manager | 1 | Residents/representatives | 7 |
| Clinical coordinator | 1 | Activities coordinator | 1 |
| Care staff | 7 | Maintenance staff | 1 |
| Administration assistant | 1 | Cleaning staff | 1 |
| Catering staff | 1 |  |  |

## Sampled documents

|  | Number |  | Number |
|---|---|---|---|
| Residents' clinical files | 6 | Residents' medication charts | 20 |
| Residents' dietary information (food allergies) | 28 | Personnel files | 6 |
| Service agreements | 3 | Residents' administration files | 4 |

## Other documents reviewed

The team also reviewed:

- Activities program
- Affirmation of confidentiality
- Asset register
- Audits and survey schedules and reports
- Complaints and compliments folder
- Continuous improvement plan and logs
- Electrical testing and tagging records
- Emergency procedures
- Fire detection/fighting equipment maintenance records and fire safety score
- Food safety program, food safe certification records and municipal food business risk assessment record
- Hazard and incident reports
- Hospitality cleaning schedules and records
- Infection control surveillance records
- Job descriptions
- Maintenance records and graphs
- Material safety data sheets
- Meeting planner and minutes
- Memoranda

- Menu

- National police certification matrix

- Newsletters

- Occupational health and safety records

- Organisational chart

- Orientation records

- Pest control records

- Policies and procedures

- Professional registration records

- Resident location list

- Resident observations files

- Residents' handbook, welcome pack and surveys

- Sign in/out register

- Staff annual performance appraisal schedule

- Staff handover sheets

- Staff roster

- Therapy statistics

- Training matrix and mandatory education records

- Wound management file.

## Observations
The team observed the following:

- Activities in progress

- Archive room

- Charter of residents' rights' and responsibilities

- Chemicals and oxygen storage

- Equipment and supply storage areas

- Evacuation plans, assembly points and fire exits

- Interactions between staff and residents

- Living environment

- Meals and refreshment services in progress

- Medication rounds in progress and medication storage

- Personal protective equipment

- Re-accreditation information

- Storage of clinical supplies, linen and personal hygiene stock

- Vision, mission, values and philosophy.

## 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 framework that monitors performance, identifies opportunities to improve and demonstrates progress and outcomes. Information from a schedule of audits, incident/hazard reporting, feedback forms, risk identification, comments, complaints, satisfaction surveys and meetings inform the continuous improvement system. Key personnel address deficits identified from the monitoring processes either immediately or, if more complex, issues are placed on the continuous improvement plan for planned action until they are fully addressed. Stakeholders are involved in a collaborative and participative manner in all aspects of the continuous improvement system. Feedback is provided in diverse ways appropriate to the quality activity. Staff reported they are encouraged to contribute to the home's pursuit of continuous improvement and said they support residents to make suggestions. Representatives stated they know how to make a suggestion for improvement and reported satisfaction with management's responsiveness to feedback.

Described below are examples of recent or current improvements related to Standard 1.

● To ensure the protection of electronic data bases associated with the home's accounting system, resident prudential information, staff records, and master copies of care assessment and planning records, a specialised company now manages an off-site backup system. Management are satisfied with the enhanced security and confidentiality of these documents.

● Through the audit process, management identified the need to improve the security and confidentiality of archived documents. A review of the policy and procedures occurred with a system for registering all documents implemented and a secure storage area established. Management stated their satisfaction with this improvement.

### 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 ensure all information related to legislation, regulatory compliance, professional credentialing, and other standards and guidelines are made available to all stakeholders. The home has relationships with peak bodies, related industry groups, government and municipal sectors to support regulatory compliance and to access resource

information as required. Regulatory compliance is monitored as legislated changes occur and management assess the changes for potential impact on policies and procedures which are referenced to appropriate legislation, standards and codes of practices and are updated when changes occur. Results from audits, surveys, complaints and incident/accident reporting also assist in monitoring. Stakeholders are informed of changes as they occur through education, memoranda, meetings and newsletters. There are processes to ensure new and existing staff, volunteers and relevant external contractors have appropriate criminal record checks, and statutory declarations where applicable. Stakeholders have access to information regarding the internal and external complaints mechanisms. Staff are provided with the Fair Work information statement on commencement of employment. Residents and representatives were informed of the re-accreditation audit via notices and in meeting minutes.

## 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

The home provides staff with a training framework to enable the maintenance and up-skilling of clinical and non-clinical practices. The framework considers essential education reflecting clinical topics, education issues identified through the training needs analysis, performance appraisals, changing resident needs and a suite of mandatory subjects. Education sessions provide a variety of formal programs and 'tool box' sessions. Staff record their attendance, and evaluation of these sessions generally occurs. Staff selection criteria require care staff to have basic certification and opportunities for traineeships are available. All staff attend formal orientation and training sessions throughout the year that includes mandatory topics. The training matrix, displayed fliers, meetings and meeting minutes inform staff of forthcoming learning and development programs. Staff stated their satisfaction with the opportunities offered in accessing continuing education.

Listed below are examples of education and training relating to Standard 1.

- Better Practice conference
- Documentation skills
- Funding instrument update
- Legislative changes to aged care funding
- Understanding accreditation.

## 1.4  Comments and complaints

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

**Team's findings**
The home meets this expected outcome

Residents and their representatives have access to internal and external complaints and advocacy services through written information displayed throughout the home, discussions on entry to the home, direct access to management, in the conditions of occupancy, the residents' handbook and at the resident and representative meetings. Complaints and concerns are logged and actioned in a timely and appropriate way by the management team and confidentiality occurs throughout the complaints process. Management of more complex

complaints occurs in collaboration with the home's director and the facility manager. Staff said they understand the components of the complaints mechanisms and stated they can, and do act as resident advocates. Representatives said they are able to voice any concerns and that they receive feedback.

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

**Team's findings**
The home meets this expected outcome

The organisation displays and includes its mission, vision, philosophy, values and objectives in a wide range of documents. The home displays the charter of residents' rights and responsibilities throughout the home. The home's commitment to the provision of quality throughout the service is established and maintained in all components of the home's continuous improvement framework.

## 1.6   Human resource management
*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

**Team's findings**
The home meets this expected outcome

The facility manager (registered nurse) provides overall supervision, support and guidance. Clinical, therapy, allied health, administrative and hospitality services support the facility manager's role. To ensure maximum resident care during periods of increased resident acuity, the facility manager has the capacity to increase the broader staffing profile. The home ensures coverage of all vacant shifts. Local management of recruitment processes occurs to advertise vacant positions through local print media, word of mouth and other mechanisms. All staff are selected according to organisational needs, have selection criteria for the available position, sign position descriptions and duty statements and have valid police checks. A formal site orientation includes an overview of mandatory topics. Monitoring of staff performance is via feedback, performance appraisals and other reporting mechanisms. Residents and representatives are satisfied with the staffing profile and complimented the staffs' attention to individual care.

## 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

Staff, residents and representatives stated their satisfaction with the amount of supplies and quality of the equipment available to ensure the provision of quality care and services.
The home has stocks of goods and equipment to support quality service delivery. Specific staff have clear responsibilities for maintaining adequate stock and equipment levels and for the rotation of stock and purchasing of goods and equipment. Maintenance personnel manage day to day and preventative maintenance, and review unscheduled maintenance

and repairs regularly. Electrical equipment is tested and tagged and specialist service contractors formally service and monitor components of the preventative maintenance system and essential services.

### 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

Hard copy information and electronic systems are available to manage all aspects of the home. Electronic systems are password protected, and maintenance of confidentiality occurs at all times. All staff and resident information is stored in secure areas and is only accessible by authorised personnel. Staff sign an affirmation of confidentiality on employment. Archived records are stored securely and the destruction of archived material occurs within legislated time frames. All staff have access to policies, procedures and flowcharts. The home has a document control review process with security measures to ensure changes are controlled and monitored. The home has processes to meet legislated reporting requirements. A newsletter, a structured handover, memoranda and informal communication methods support a formalised meeting and minute structure. Staff and representatives said they are satisfied with the communication channels and feedback mechanisms available 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 home has systems to ensure all externally sourced services meet the home's needs and service quality goals. The management team manages and implements major and essential services. Formally approved, negotiated and monitored external services have signed agreements and where appropriate, the provision of police certificates. When on site contractors sign in and out and supervision occurs as required. Management maintains a list of approved external contractors. Staff and representatives said they are satisfied with the services provided by external contractors

## Standard 2 – Health and personal care

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

### 2.1   Continuous improvement

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

### Team's findings

The home meets this expected outcome

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

Described below are examples of recent or current improvements related to Standard 2.

- The care management team identified that staff used many ad hoc care assessments and planning documents. The care management team developed and implemented a new suite of validated and generic documents including an integrated data base. Care staff reported that the new documents are much clearer to use.

- The care management team identified deficits in the home's medication system related to resident reviews, medication profiles and staff practices. To address the findings, an accredited pharmacist commenced a review of all resident medications, refinement of the medication identification details occurred and comprehensive staff education refresher sessions conducted. Management are satisfied with the outcomes of this improvement.

### 2.2   Regulatory compliance

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

### Team's findings

The home meets this expected outcome

The home has an established system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all four Accreditation Standards. Registered nurses assess, plan, manage and review residents' specialised nursing care. Registered nurses manage all medications. Residents receiving high care, receive all goods and services as per specified care and services legislation. Registered nurses hold current professional certification and the home has a system in place to monitor the professional registration of other professions. Staff stated their understanding of mandatory reporting processes in recognising elder abuse and management maintain a register for reportable incidents.

### 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

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

Listed below are examples of education and training relating to Standard 2

- Continence and skin care
- Medication management
- Mental health
- Wound care management.

### 2.4 Clinical care

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

**Team's findings**
The home meets this expected outcome

Residents and representatives reported satisfaction with the clinical care provided. The home has systems to ensure residents receive appropriate clinical care. The registered nurse assesses residents' clinical needs when they move into the home using their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home's policy and in consultation with residents and representatives via care conferences. There are processes to monitor and communicate residents' changing needs and preferences, including regular review of residents by their medical officers, three-monthly care plan reviews and shift handovers. Staff undertake clinical audits to ensure the provision of clinical and personal care is reviewed and evaluated.

### 2.5 Specialised nursing care needs

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

**Team's findings**
The home meets this expected outcome

The home has processes to ensure the registered nurse identifies and reviews residents' specialised nursing care needs. Assessment of residents' specialised nursing care needs occur when they move into the home and these are documented in a specific nursing care plan and reviewed three-monthly or as required. The home has a registered nurse rostered on duty five days per week to provide care and direction for staff. Care staff refer queries to the on-call facility manager (registered nurse) after hours. The registered nurse confers with medical officers and other health professionals as required. Examples of specialised nursing care include wound care, behaviour management and management of diabetes. Residents and representatives reported satisfaction with the residents' specialised nursing care.

### 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 and representatives reported satisfaction with residents' ongoing access to a variety of health specialists. Referral of residents to a variety of health professionals occurs in accordance with their initial and ongoing assessed needs and preferences. Examples of referrals to allied health professionals reviewed during the site visit include physiotherapy, speech pathology, dietetics and dental. The visiting health professionals provide direction for the home's staff regarding the resident's assessed needs and develop a specific care plan if required. A podiatrist visits the home regularly and attends to the needs of high care residents and low care residents on request.

### 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 reported being satisfied with the safe and correct management of residents' medications. There are established processes for ordering, storing, administering, documenting and disposing of medications safely and correctly. Competent care staff administer medications via a pre-packed system, as per medical officers' instructions. Documented specific instructions concerning the administration of residents' medications and topical treatments are available in their medication care plans. Medication audits and recorded medication incidents monitor the system. An accredited pharmacist conducts reviews of residents' medications and communicates findings to the medical officers and the home.

### 2.8   Pain management

*This expected outcome requires that "all residents are as free as possible from pain".*

**Team's findings**

The home meets this expected outcome

Residents and representatives reported staff are responsive to complaints of pain and residents' pain is managed appropriately. There are systems to identify, implement and evaluate each resident's pain management strategies to ensure they remain as free as possible from pain. Care staff routinely conduct annual pain assessments for all residents, and assessment of residents with identified pain occurs more frequently if required. Care plans are implemented detailing pain management interventions. These include alternative therapies and use of pain and pressure-relieving equipment. Ongoing pain is reported, the effectiveness of 'as required' pain relief medication evaluated and where required, residents are referred to their medical officers for review. Staff described their role in pain management including identification and reporting of pain.

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

**Team's findings**
The home meets this expected outcome

There are systems to ensure the maintenance of comfort and dignity of terminally ill residents occurs, although management advised the delivery of a palliative care service has not occurred for some years. Residents or their representatives have the opportunity to complete an advanced care directive when residents move into the home or at any time throughout their residency. Residents and representatives expressed confidence that when required, staff would manage residents' palliative care competently including the maintenance of 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

Residents and representatives reported they are satisfied with the menu and associated support provided to residents. Assessment of the residents' nutritional status occurs when they move into the home and information sent to relevant personnel regarding the resident's individual dietary requirements and preferences. Residents' care plans outline their dietary requirements, including the level of assistance required. The registered nurse monitors residents' recorded monthly weights. When there is identification of weight loss, the home provides supplementary drinks and a referral to a dietician occurs if required. The general practitioner and dietician also review residents who have gained excessive amounts of weight and determine whether reduction diets are appropriate. Swallowing assessments occur and referral to a speech pathologist occurs for residents identified as being at risk. The registered nurse directs residents' nutritional management.

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

**Team's findings**
The home meets this expected outcome

Residents and representatives reported satisfaction with the home's management of skin care. The registered nurse conducts regular assessments of residents' skin integrity and formulates care plans that state preventative skin care interventions. The registered nurse attends to residents' wound care and records regular wound evaluations. The home employs a number of preventative strategies including pressure-relieving mattresses, re-positioning and moisturising lotions. Care staff monitor residents' skin care daily and report abnormalities to the registered nurse. The home records, analyses and trends skin-related incidents.

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

**Team's findings**
The home meets this expected outcome

Residents and representatives reported being satisfied with the management of the residents' continence needs. There is a system to identify, assess, monitor and evaluate residents' continence care needs when they move into the home and on an ongoing basis. Residents' urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of their assessed needs. Staff utilise bowel charts to track bowel patterns and enable the development of appropriate bowel management programs. The registered nurse monitors the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage 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 reported the home manages residents' challenging behaviours well and the impact of the behaviours on other residents is minimised. Assessment of residents' behavioural management needs occurs when they move into the home and when clinically indicated. During assessments the identification of triggers for a resident's behaviours occurs and appropriate interventions are developed and documented in a care plan. Monitoring of the effectiveness of behaviour management strategies occurs via clinical indicators and observations. Referral of residents to mental health services occurs when the staff identify the need for further assessment of 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

Residents and representatives reported satisfaction with the home's management of residents' mobility and dexterity needs. When residents move into the home the registered nurse assesses their mobility, dexterity and associated falls risks. Where the registered nurse identifies a need for further assessment, a referral of the resident to a physiotherapist occurs. Residents are encouraged to maintain their mobility and dexterity by participating in the home's activity program that includes a range of group exercises and physical activities to improve independent movement. A range of seating and mobility aids are available to assist residents to maintain mobility and independence. Incidents related to mobility and dexterity are analysed for trends.

### 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 reported satisfaction with the support provided to residents to maintain their oral and dental health. When a resident moves into the home, staff conduct an oral and dental assessment to identify their oral function, hygiene and dental care needs, and any potential impacts on swallowing and eating. The residents care plan records individual oral and dental care interventions. Resident referral to a speech pathologist for further assessment occurs when there is identification of swallowing deficits. The home offers residents an annual dental examination and follow up treatment in consultation with the family consultation. Staff are aware of residents' individual oral hygiene requirements.

### 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 reported satisfaction with the home's management of sensory losses and needs. The registered nurse assesses residents' sensory abilities and needs when they move to the home. Staff document interventions for managing sensory losses in residents' care plans and are regularly reviewed by the registered nurse. An optometrist visits the home annually and residents are encouraged to access this service. Staff assist residents to access external specialist appointments and information following the appointment is communicated to the home's staff.

### 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 and representatives reported residents are satisfied with the support provided to achieve restful sleep at night. The home has established processes to assist residents to achieve natural sleep patterns. Staff conduct sleep assessments for all residents to identify sleep patterns and disturbances. Staff document interventions to assist residents to establish appropriate sleep routines in the care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on residents' sleep including noise, confusion, pain and continence issues.

**Standard 3 – Resident lifestyle**
**Principle:** Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

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

**Team's findings**
The home meets this expected outcome

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

Described below are examples of recent or current improvements related to Standard 3.

- To enhance residents' lifestyle, management purchased a bus to provide more frequent outings for the residents throughout the week. The home has received positive feedback from residents.

- As a result of an observational audit, management identified the need to enhance residents' dignity and dining experience. Each house received new table cloths, vases and flowers for each table, and new crockery and cutlery. Residents and representatives confirm their satisfaction with these improvements.

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

**Team's findings**
The home meets this expected outcome

The home has an established system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all four Accreditation Standards. The home has privacy policies and procedures to support staff practices and staff sign an affirmation of confidentiality. There are procedures to guide staff in managing residents who may wander and have unexplained absences. Management offers all residents a residential agreement that outlines fees and charges, and provide an annual prudential statement to residents who have paid a bond. The home displays the charter of residents' rights and responsibilities and this is included within the 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

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

Listed below are examples of education and training relating to Standard 3.

● Assisting residents to make menu choices

● Dementia and communication skills

● Managing aspects of residents security of tenure

● Understanding elder abuse and advocacy services.

### 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

Established processes support residents when they move into the home and on an ongoing basis. Representatives stated they can visit the home at any time and staff welcome them. All residents receive a handbook giving comprehensive information about services provided. Staff undertake a social history that includes residents' background and previous and current social and activity interests. The registered nurse conducts relevant assessments and information from these informs the development of a care plan. Residents and representatives are encouraged to personalise their rooms with photographs and personal effects.

### 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 and representatives reported satisfaction with the assistance provided by the home in relation to residents' independence. An assessment of the resident's cognitive, physical and emotional status occurs on entry and care plans identifying interventions developed to encourage and assist residents to maintain their independence. Suitable aids, therapy programs and staff support ensure residents' communication and mobility levels are maximised and residents are able to participate in social events within the home. Celebration of special events for example, Christmas, Easter, Melbourne cup and Mother's day occurs. Staff reported, and we observed, they assist residents to attend activities within the home.

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

**Team's findings**
The home meets this expected outcome

Residents and representatives stated staff are respectful and they are confident residents' private information is managed effectively. There are systems to ensure residents' privacy including the secure storage of confidential records. The residential agreement, the home's privacy policy and the residents' handbook reflect the residents' right to privacy. Residents reside in single rooms with ensuites and lounges and outdoor areas are available to

residents and their family and friends to encourage privacy and dignity. Staff sign an affirmation of confidentiality statement on commencement of employment. Staff demonstrated a clear understanding of their responsibilities with regards to the confidentiality of resident information

### 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 identification of all residents' current and past interests and activity preferences occurs when they move into the home. The registered nurse, in consultation with the activities coordinator develops a therapy and social care plan guided by the assessment information. Activity staff base the activity program on residents' needs and interests and the program is reviewed and changed according to resident participation, the activities coordinator's observations and resident satisfaction surveys. Residents have access to a range of activities with sensory and cognitive therapies and social activities. The program includes daily walking groups, crafts, bingo, concerts and bus outings. The activities coordinator stated they provide individual therapy for residents who prefer not to attend the group program. Residents and representatives reported staff encourage residents to attend the range of activities conducted at the home.

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

**Team's findings**
The home meets this expected outcome

Residents and representatives reported they are satisfied with the way staff support residents' cultural and spiritual needs. Residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered at the home. Staff stated the fortnightly religious services conducted at the home are well attended. Celebrations of cultural significant events and anniversaries include Australia day, ANZAC day and Easter, and the home celebrates residents' birthdays. Multi-cultural resources are available for staff to access as required.

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

**Team's findings**
The home meets this expected outcome

Residents and representatives stated they feel comfortable providing feedback, and the choices and decisions of other residents and representatives do not infringe on the rights of other people. The home has systems to enable residents and their representatives to participate in decisions about the services they receive and to exercise choice and control over residents' lifestyle. Residents and representatives have the opportunity to provide feedback through feedback forms, residents' meetings, informal and formal meetings and

surveys. Staff support and encourage them to maintain control over their lifestyle within their assessed abilities. Staff described some of the ways in which they encourage residents to make decisions about their care and lifestyle.

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

**Team's findings**
The home meets this expected outcome

Residents and representatives reported they have sufficient information regarding the residents' rights and responsibilities and feel their tenure is secure. The home has systems to ensure residents have secure tenure within the home and understand their rights and responsibilities. Prior to moving into the home, residents and representatives have access to a tour and information about the services and care provided. The resident handbook, the resident agreement and associated documentation outline residents' rights and responsibilities, accommodation bond and security of 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

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

Described below are examples of recent or current improvements related to Standard 4.

- To address findings identified in a major catering audit, the home now manages the catering department in its entirety. Outcomes from this major improvement include a reduction in complaints about food quality, staff practices and kitchen hygiene. In collaboration with the local municipality, a new food safety program was developed, implemented and externally audited, and all food handling staff have completed a food safe program. Management and staff stated their satisfaction with this improvement.

- To address findings identified in an observational audit conducted in February 2012, staff and management noted that the menu did not offer residents' meal choices routinely. As a result, care staff discuss with each resident individually as to what they would like to choose from the menu. The new system includes the resident's special needs such as the need for texture modified meals. Residents and representatives provided positive feedback about the meals.

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

**Team's findings**
The home meets this expected outcome

The home has an established system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to all four Accreditation Standards. The home follows occupational health and safety protocols and has a staff representative. Management have fire and emergency reporting and maintenance mechanisms. There are procedures to follow for the reporting of infectious diseases. The home has building certification and a compliant fire safety score. Catering staff follow the new food safety plan. Chemicals are stored safely and material safety data sheets are current.

### 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

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

Listed below are examples of education and training relating to Standard 4.

- Introduction to the use of the 'gastro kit'

- Safe chemical handling

- Suite of mandatory topics (fire and emergencies, manual handling, infection control and food 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

Residents and representatives said they are satisfied with the residents' living environment. The home has systems and processes to assist in providing residents with a safe and comfortable environment consistent with residents' care needs. Residents' accommodation consists of single rooms with ensuite. Corridors allow for safe passage, have hand rails for additional resident support and communal areas within each house are home like. The internal living environment maintains a calm, low stimuli atmosphere, and the courtyard provides a secure and relaxing space for residents. Specific doors are key padded, and there is perimeter security. The home has a day to day and preventative maintenance program managed by the maintenance department.


### 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

A collaborative approach in providing a safe working environment ensures all residents live and staff work in a safe environment. Identification of issues and hazards is through incident reports, suggestion forms, risk assessments, workplace audits and continuous improvement ideas which are reviewed and actioned. Escalation of identified high risk incidents/hazards occurs immediately. Feedback to stakeholders occurs through memoranda, meetings, and specific education sessions support all staff. Maintenance of plant and equipment occurs through a day to day and preventative maintenance program to ensure these are fit for their intended purpose. When relevant, new equipment is trialled before purchase. Staff demonstrated an understanding of safe work practices and related occupational health and safety and a trained occupational health and safety representative supports all staff.

### 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 policies and procedures to guide staff and residents in the event of fire, security breaches and other emergencies. The home has a range of fire detection and fighting equipment including compartmentalised residential wings, break glass panels, smoke detectors, extinguishers and fire blankets. Evacuation plans and emergency procedure manuals are located throughout the houses, and the resident location list defines resident mobility. All fire exits have clear egress and ingress. The home has specialised contractors to conduct scheduled monitoring and servicing of all components of the fire and emergency system. Staff attend compulsory education in all aspects of managing fire and emergencies. Staff and representatives confirmed their knowledge of what to do in a fire.

### 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. Infection control policies and procedures are accessible to all staff and developed from evidence based practices. Staff are informed about infection control practices appropriate to their area of work at orientation and annually. The home has current information to guide all staff in managing infectious outbreaks, and provide staff with appropriate personal protective equipment. The facility manager is the central point of responsibility. This role coordinates all aspects of infection control, acts as a resource, facilitates specific education and carries out infection control audits. Monitoring of infections occurs as they emerge, data analysis and identification of any trends reported at meetings. We observed staff using infection control principles in their related work areas.

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

**Team's findings**
The home meets this expected outcome

Residents and representatives confirmed their satisfaction with the hospitality services provided by the home. Hospitality staff enhance all aspects of residential life and the staff's working environment. Residents and representatives are informed about catering, cleaning and laundry services offered prior to entry and in their handbook. Catering staff prepare all meals on site with choices available for all meals. There are hazard/risk minimisation structures in place from the beginning to end of menu production. Catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. The home has cleaning schedules and completion of personal laundry services occur on-site meeting individual resident and service needs. The home has monitoring systems which generally identify deficits within the hospitality services.