



Aged Care  
Standards and Accreditation Agency Ltd

## **Keilor House**

RACS ID 4323  
2-6 Copernicus Way  
KEILOR DOWNS VIC 3038

Approved provider: Rising Dune Pty Limited as trustee for  
Wynwood Trust

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 6 November 2015.

We made our decision on 20 September 2012.

The audit was conducted on 20 August 2012 to 21 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

**Keilor House 4323**

**Approved provider: Rising Dune Pty Limited as trustee for Wynwood Trust**

## Introduction

This is the report of a re-accreditation audit from 20 August 2012 to 21 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 20 August 2012 to 21 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:	Kerry Ewing
Team member:	Dawn de Lorenzo

## Approved provider details

Approved provider:	Rising Dune Pty Limited as trustee for Wynwood Trust
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## Details of home

Name of home:	Keilor House
RACS ID:	4323

Total number of allocated places:	60
Number of residents during audit:	55
Number of high care residents during audit:	55
Special needs catered for:	Nil

Street:	2-6 Copernicus Way	State:	Victoria
City:	Keilor Downs	Postcode:	3038
Phone number:	03 9367 1011	Facsimile:	03 9366 0736
E-mail address:	keilorhouse@aapt.net.au		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents/ representatives	11
Director of nursing	1	Maintenance contractor	1
Registered nurses	3	Cleaning contractors	2
Enrolled nurses	1	Laundry staff	1
Care staff	6	Catering staff	1
Lifestyle coordinator	1		

### Sampled documents

	Number		Number
Residents' files	7	Medication charts	10
Care plans	7	Personnel files	6
Resident agreements	6	Service agreements	6

### Other documents reviewed

The team also reviewed:

- 'Ideas in action' register
- Activities program, attendance sheets and evaluations
- Audit program and completed audits
- Cleaning schedules
- Competencies
- Complaints register
- Compulsory reporting register
- Corrective action requests
- Drugs of addiction administration book
- Education schedules and folders
- Essential services certificate
- Fire and safety folders
- Food safety program
- Handover sheets
- Incident registers and completed reports
- Kitchen refrigerator/food/freezer temperature records
- Maintenance records
- Material safety data sheets

- Medication refrigerator temperature records
- Memoranda
- Minutes of meetings
- Newsletter
- Nursing registration folder
- Police certificates and statutory declarations
- Policies and procedures
- Position descriptions
- Referral folders
- Resident information package
- Self assessment documentation
- Service reports
- Staff rosters
- Wound management folder

### **Observations**

The team observed the following:

- Activities in progress
- Archiving
- Cleaning in progress
- Equipment and supply storage areas
- Evacuation pack/resident transfer list
- Fire fighting equipment/fire alarms/fire panel/evacuation maps
- Interactions between staff and residents
- Living environment
- Lunch service
- Medication round
- Noticeboards
- Storage of medications

## 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

Keilor House has a continuous improvement system to identify improvement opportunities and monitor performance across the Accreditation Standards. Opportunities to improve are generated in response to 'ideas for action', 'corrective actions', regulatory information, internal and third party audits, surveys, data analysis, meeting discussions, and observations. Residents, representatives, staff and other stakeholders have opportunity for input and receive feedback through direct discussion, meetings, newsletters, notices and communication books. Staff assist residents to lodge suggestions, compliments, complaints or concerns. Evaluations of improvements occur through feedback, surveys, auditing, observation and data analysis. Staff said they actively participate in the continuous improvement program and residents and their representatives confirmed they have opportunity for input and are aware of improvements occurring in the home.

Recent improvements relevant to Standard 1 include:

- Following a review of the incident reporting system, management have developed a falls investigation form. The form now guides staff through an investigation of the fall in order to minimise reoccurrence. Staff stated the forms are a useful tool that assists with falls management.
- A management initiative has resulted in a tool being developed to record and monitor staff attendance at mandatory education and to record the date of the last performance appraisal. This tool has improved management's accessibility to this information to ensure follow up of non attendance can occur.

#### 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 monitor compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management receive alerts through legislative update services, government bulletins, professional bodies and a consultant advisor. Changes and updates are incorporated into policies and procedures, the staff education program and discussion is held at all relevant meetings. Management monitor their compliance through quality processes. Management and staff are aware of their obligations in relation to regulatory compliance and staff practice is consistent with regulatory requirements.



Regulatory compliance in relation to Standard 1 is demonstrated by:

- A system to ensure compliance with police certificate and statutory declaration requirements.
- Monitoring of professional registrations, licences and insurance of relevant staff and contractors.
- Stakeholder access to information about internal and external complaints mechanisms and advocacy services.
- Notification to stakeholders of reaccreditation audits.

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

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

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

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively in relation to the Accreditation Standards. Comprehensive recruitment processes assist management to recruit staff that have the required knowledge and skills. The home offers online computerised training for staff as well as education sessions from external lecturers. Management monitors the effectiveness of education sessions through staff evaluations and participation. Management have an annual education calendar for staff to complete mandatory training and monitors skills through competencies and regular appraisals. The home encourages staff to take responsibility for their own professional development by informing staff of relevant courses available. Staff said they are satisfied with the education opportunities.

Examples of recent education relating to Standard 1 include:

- bullying
- Accreditation audits.

### **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

Information about internal and external complaints mechanisms, brochures and 'have your say' forms are readily available to stakeholders. Stakeholders can lodge complaints, concerns or compliments in person, at meetings or on using a 'have your say' form. Staff assist residents to complete forms and raise concerns as required and this practice is reinforced through staff education. Residents are made aware of their right to voice concerns through the resident agreement, resident information booklet, notices and reminders at meetings. A proactive approach is taken to identify any concerns residents or their families may have through regular surveys, monthly care conferences and residents and representatives meetings. Records show verbal complaints or concerns are captured and all effort is taken to resolve issues to the complainant's satisfaction. Residents and their representatives stated they are aware of internal and external complaints mechanisms.

## **1.5 Planning and leadership**

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

### **Team's findings**

The home meets this expected outcome

The home has documented their vision and mission and ongoing commitment to quality throughout the home.

## **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 home has appropriately skilled and qualified staff sufficient to ensure delivery of services in accordance with these standards and the home's philosophy and objectives. Management recruit staff through various mechanisms with the home's hiring process including interviews with qualification and reference checks and current police certificates. The organisation has an orientation process which includes mandatory education, an initial buddy system and a probationary period. The home has documented position descriptions and monitors and maintains the skills of staff through education, appraisals and competencies. The home uses their staff bank as well as agency staff to cover absenteeism. Management offer staff personal development opportunities. Staff said they are satisfied with the number of staff and adequacy of skills. Residents and their representatives said they were satisfied with the responsiveness of staff and adequacy of 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

Adequate stocks and equipment are readily available and well maintained through effective monitoring, maintenance and ordering processes. Ordering of goods occurs regularly and all incoming goods are inspected on delivery, consumables are rotated and adequate stocks of food, goods and equipment are maintained. Equipment needs are identified through the quality system and in response to an identified need. New equipment is trialled, evaluated and discussed with staff. Residents trial and provide feedback as relevant. Preventative and reactive maintenance processes ensure regular inspection, testing and maintenance. Staff and residents are satisfied with the stock and equipment available.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home can show their information management systems ensure all stakeholders have access to current and relevant information. A system supports document control and for the collection, storage, destruction and archiving of information. Electronic information is password protected, backed up and a disaster recovery procedure is in place. Residents and representatives receive information on entry and through meetings, newsletters, noticeboards, ongoing care consultation and interactions with staff and management. Staff have access to policies and procedures and information relevant to their role and are kept informed through meetings, handover, noticeboards and communication books. Residents and staff confirmed they are satisfied with information management and the communication processes at the home.

## **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 ensures the provision of externally sourced services meets the home's needs and quality goals. External service providers are selected according to set criteria and are required to enter into a contract that is signed by both parties. Service agreements detail the level of and quality of service, a review date, insurance policy details and copies of relevant qualifications and/or professional registration. Management monitor the level and quality of service through quality processes and termination of the contract occurs if the agreed standard of service is not provided. Staff and residents stated they are 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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 2 Health and personal care, incident data, 'ideas for action' audit outcomes and surveys assist the home in identifying improvements.

Recent improvements relevant to Standard 2 are:

- Following several medication incidents in relation to staff not removing medication patches as ordered, management have implemented a checking process. A form has been developed and implemented which requires staff to record they are checking, removing and rotating residents' medication patches. Since the form was implemented no further incidents in relation to medication patches has been reported.
- Resulting from a management observation and an opportunity to improve the blood glucose chart has been redesigned to include a comments section. Staff record details of the actions taken to manage a blood glucose level below or above the residents' acceptable blood glucose levels. Staff stated the change to the form has been positive as it shows a more detailed picture of the residents' diabetes management.

### **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

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

In relation to Standard 2 Health and personal care, systems for recording and the reporting of relevant information and monitoring compliance ensure the home is meeting obligations relevant to this Standard.

Regulatory compliance in relation to Standard 2 is demonstrated by:

- Policies, procedures and forms are maintained in relation to the unexplained absence of a resident.
- Registered nurses assess, plan and review care planning for high care residents.

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

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills required for effective performance in relation to Standard 2 Health and personal care with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 2 include:

- pain management
- wound management
- continence management
- diabetes management
- medication management
- palliative care
- dialysis care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure residents receive appropriate clinical care. Staff complete assessments and care plans and the handover process informs staff of residents’ care needs. The home has a resident of the day process to evaluate residents’ care needs and preferences and adjust care plans as required including consultation with residents and their representatives. Appropriately qualified staff provide care to residents and maintain records of care. Regular medical reviews occur. Documentation review confirmed staff ensure correct management of residents’ clinical incidents. Staff said they have sufficient time to provide care for residents. Residents and their representatives said they are satisfied with the clinical care provided.

### **2.5 Specialised nursing care needs**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure appropriately qualified nursing staff identify and meet residents’ specialised nursing care needs. Residents with specialised care requirements have documented reportable ranges and treatment strategies available for staff. Registered nurses provide and review specialised care required by residents. Referral and consultation with health professionals occur. Management provide education for staff in areas of complex care. Staff said they have sufficient time and resources available to provide specialised care.

Residents and their representatives said they are satisfied with the specialised care provided to residents.

## **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

The home has a system to ensure the referral of residents to appropriate health specialists in accordance with residents’ needs and preferences. Medical officers visit the home regularly. Physiotherapists assess residents on entry to the home and as required. Staff, management and medical officers refer residents to such services as podiatry, optometry, audiology, dentists, dental technicians, wound specialists, palliative care and external mental health specialists. Residents and their representatives said they are satisfied that referrals to other health and related services occur in line with residents’ needs and wishes.

## **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 has a system to ensure the safe and correct management of residents’ medication. The home has medication policies and procedures and nurses undergo medication administration competencies. Medical officers and pharmacists review residents’ medications regularly. Medication is stored securely according to legislative requirements. Staff record the reason and effect of ‘as needed’ medications in the progress notes. Management conduct audits to ensure nurses administer medication correctly. Residents and their representatives said they are satisfied medication is managed safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure all residents are as free as possible from pain. Nurses conduct pain assessments when residents enter the home and develop care plans. Generally staff assess residents verbal, non-verbal and behavioural indications of pain and implement appropriate strategies. Strategies used to assist residents to maintain their comfort levels include medication, massage and repositioning. Staff said they monitor residents’ pain and provided examples of interventions. Staff record the use and effects of interventions and strategies used to relieve pain. Residents and their representatives said they are satisfied with staff assistance to relieve their pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure the comfort and dignity of terminally ill residents. Residents’ terminal care wishes are established when residents enter the home through consultation with the resident and/or their representative and their medical officer. Palliative care information includes emotional, cultural and spiritual wishes. Staff access medical and palliative care for residents as necessary and make referrals to external services if required. Consultation with representatives occurs regarding their role in the residents’ care. Staff support families during this time. Staff said they ensure the comfort and dignity of terminally ill residents is maintained.

## **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 a system to ensure residents receive adequate nourishment and hydration. Staff assess and review nutritional requirements with residents’ likes, dislikes, allergies and specific dietary needs identified and these are recorded and communicated to the kitchen. The home refers residents as required to a dietitian for management of residents’ diets and weights and to a speech pathologist for management of residents with swallowing difficulties. Staff provide nutritional supplements as required along with assistance including adaptive crockery and cutlery. Staff said they are aware of residents’ dietary requirements including those who require individual assistance. Residents and their representatives said they are satisfied residents receive enough to eat and drink.

## **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 has a system to ensure residents’ skin integrity is consistent with their general health. Registered nurses assess residents’ skin integrity on entry and thereafter as required with consultation with residents and their representatives and develop care plans which they review regularly. Staff identify residents at risk of impairment to skin such as those prone to incontinence. Staff document residents’ specific skin care needs including their wound management. Registered nurses determine residents at risk of developing pressure areas and document specific instructions to maintain skin integrity such as positioning, emollients and protective clothing. Staff refer residents to professionals such as podiatrists and wound care specialists in accordance with residents’ needs. Residents and their representatives said they are satisfied with the skin care provided to the residents.

## **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 a system to ensure the effective management of residents’ continence. Management ensures staff complete faecal and urinary continence assessments on entry and nurses then develop care plans which they review regularly. The home consults with residents, their representatives and medical officers as required regarding any continence issues. Management monitors and manages infections effectively. Staff record details of required continence aids and ensure the maintenance of each resident’s privacy during toileting. Residents and their representatives stated they are satisfied residents’ continence needs are met.

## **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 a system to ensure the effective management of the needs of residents with challenging behaviours. Nurses assess each resident’s behavioural issues on entry to the home and develop care plans in consultation with residents, their representatives, medical officers and other health professionals based on these assessments. The care plans detail individual triggers for behaviours and provide strategies to manage these episodes. Staff have access to advisory services for residents who require additional review for challenging behaviours. Management monitor staff practices and offer education as required. Residents and their representatives said they are satisfied with the home’s approach to managing 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 a system to ensure all residents achieve optimum levels of mobility and dexterity. A physiotherapist completes a mobility assessment of each resident on their entry to the home. Nurses assess mobility requirements and develop care plans from these assessments with input from the resident, their representative, medical officers and other health professionals as required. Staff review care plans regularly and document any mobility incidents and complete falls assessments. The resident receives dexterity aides such as adaptive cutlery and crockery and appropriate mechanical lifting equipment is available. Staff stated they receive training in manual handling. Residents and representatives said they are satisfied with the home’s approach to optimising residents’ mobility and dexterity.



## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure the maintenance of each resident’s oral and dental health. Staff complete assessments on each resident on entry to the home and develop a care plan to manage each resident’s oral and dental needs. Management ensure residents attend their preferred dentist if desired and a dental service visits the home on a referral basis. Texture modified diets are provided for residents with swallowing difficulties in consultation with both dietitians and speech pathologists. There is a process to monitor the cleaning and replacement of toothbrushes and other oral equipment such as denture containers. Residents and their representatives stated they are satisfied with the oral and dental care provided to residents.

## **2.16 Sensory loss**

*This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure the effective identification and management of residents’ sensory losses. Staff complete assessments on each resident for sight and hearing and develop care plans for the management of sensory loss. The home ensures the referral of residents to health professionals such as optometrists and audiologists as required. Staff use a range of communication strategies to interact with residents and assist residents with glasses and hearing aids as required. The home has well illuminated and has safe living areas to assist residents with sensory loss. Residents and their representatives said they are satisfied with the home’s approach to managing residents’ sensory loss.

## **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

The home has a system to ensure residents are able to achieve natural sleep patterns. Staff complete sleep assessments on residents on entry to the home and use these to develop care plans which they review regularly. Care plans include settling and waking times with both medication and non medication methods such hot beverages to settle to promote sleep. The home provides an environment conducive to comfort and sleep. Staff said they are aware of residents’ sleep preferences and described interventions to assist residents with sleeplessness. Residents and their representatives said they are satisfied with the home’s approach to ensuring residents’ sleeping patterns are maintained.

### **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

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 3 Resident lifestyle, audits, surveys, meetings, discussions and complaints or comments forms provide valuable information to support the home to identify opportunities for improvement.

Recent improvements relevant to Standard 3:

- At management’s initiative the care consultation process with residents and representatives has been formalised and is now conducted on a monthly basis. Staff use this opportunity to review residents’ care needs and preferences to ensure they still reflect the residents own likes, dislikes and choices. Staff stated this process has been positive and is ensuring residents have an active voice in relation to the care and service they receive.
- Following a staff suggestion, gender specific activities have been added to the lifestyle program. Staff stated this has proven very popular and is supporting residents to develop friendships with co residents.

#### **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

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

In relation to Standard 3 Resident lifestyle, policies, procedures, guidelines and education provide guidance to management and staff to ensure the home meets its obligations and monitors compliance relevant to this Standard.

Regulatory compliance in relation to Standard 3 is demonstrated by:

- Providing residential agreements that specify care, services, rights and responsibilities and security of tenure in line with legislative requirements.
- Accessible guidelines about elder abuse and compulsory reporting.
- Procedures and practices that comply with privacy legislation to ensure the security and privacy of confidential 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

Management and staff have appropriate knowledge and skills required for effective performance in relation to Standard 3 Resident lifestyle with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 3 include:

- dementia (including activities)
- dignity in care
- Parkinson's.

### **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 has effective system and processes for ensuring that residents' receive initial and ongoing emotional support. Staff assess residents' emotional needs and their individual needs are recorded on care plans. Implemented strategies include one-on-one time from staff, church ministers and community volunteers, validation therapy and a diversional therapy program tailored specifically to the needs of the resident. New residents are orientated to the home and introduced to staff and co-residents to facilitate adjustment and the building of new friendships. Residents and their representatives confirm residents feel well supported and cared for in the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home provides an environment in which residents, relatives, volunteers and community visitors are welcome to visit and residents are free to participate in life inside and outside the home. Residents' care plans record the level of support and assistance required and identifies residents who require an authorised person to act for them. Residents have mobility aids and assistive devices and active exercise is encouraged. Staff support residents to maintain civic rights and maintain control over their financial affairs. Residents stated they are satisfied with how staff support them to be independent as possible.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home recognises and respects each resident's privacy, dignity and confidentiality. The home has a privacy statement and policy. Staff assist residents respectfully when attending to activities of daily living. Residents and/or their representatives sign a privacy disclosure form on entry to the home. Resident information is securely and appropriately stored. Staff said they are aware of respecting residents' privacy and dignity including knocking on doors prior to entering and calling residents by their preferred names. Residents and their representatives said staff provide privacy as required and treat residents with dignity.

### **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 provided with a lifestyle profile to complete prior to entry, which forms the basis of the resident's individual diversional therapy program. Documentation shows that staff continually monitor residents' levels of enjoyment and participation in the program and changes are made accordingly and as a result of residents and representatives input. The activity program runs seven days a week and offers a diverse range of activities and caters for residents with different levels of cognitive function, mobility, dexterity and interests. If a resident has an individual interest, volunteers assist the lifestyle staff in supporting residents to continue with their individual interests. Residents, representatives and staff have input into the program through scheduled meetings or directly through the lifestyle and activities staff. Residents and their representatives stated that residents are satisfied with the range of activities available and they are supported to engage in individual interests.

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

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

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

The home meets this expected outcome

The home is fostering residents' cultural and spiritual needs through the identification and communication of resident's individual interests, customs, cultures, dietary prohibitions and religions. Staff identify the cultural background and religious and spiritual affiliations of residents and as part of the lifestyle program celebrating of residents cultural backgrounds occurs. Residents' spiritual beliefs are identified and respected and clergy of several religions hold services and/or visit individual residents to provide spiritual support and guidance. Residents and their representatives are satisfied with the support provided to enable residents to maintain their cultural and spiritual lives.

### **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

Management and staff assist and support residents to exercise choice and control over their lifestyle wherever possible. Resident's individual preferences are identified through a consultative discussion with the resident and/or representatives and this information is captured on the appropriate documentation. Residents have choice in all aspects of care and service including but not limited to, choice of doctor, refusal of treatment, showering frequency and times, mobility aids, food choices and residents own interests. Processes ensure residents are aware of their right to exercise choice and residents confirm they are actively engaged in decisions about their care.

### **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

Prospective residents are invited to tour the home and written information is available which outlines the care and services provided, fees and charges and an 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. If required interpreting services are used. Consent is sought from residents or their nominated representative in the event a room change is necessary. Information about residents' rights and responsibilities is displayed and advocacy service information is available in several different languages. Staff are aware of the entitlements of high care residents and residents and their representatives stated they are aware of their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, maintenance programs, auditing and the incident and hazard reporting system ensures improvements are identified and actioned.

Recent improvements relevant to Standard 4:

- Following an Agency assessment contact, management have revised their evacuation maps to include assembly areas and ‘you are here’ markers and have placed large green signs in emergency assembly areas. Management stated as a result staff are more confident with the new maps as a reference and the residents, staff and visitors can easily identify the emergency assembly areas.
- As a result of an industry recommendation, management have purchased identifications bands to use in the event of an evacuation. The identification bands now form part of the emergency evacuation pack. Management stated this would assist emergency services identifying residents during an emergency.

### **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

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

In relation to Standard 4 Physical environment and safe systems, essential services inspections and testing, internal and external audit reports, observations, hazard reports, feedback forms and maintenance processes ensure the home meets and monitors its regulatory compliance obligations.

Regulatory compliance in relation to Standard 4 is demonstrated by:

- Inspections and testing to ensure compliance with fire safety regulations and mandatory annual fire and emergency management training for all staff.
- Secure storage of chemicals, oxygen and hazardous items.
- Independent auditing of compliance with food safety regulations.

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

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills required for effective performance in relation to Standard 4 Physical environment and safe systems with the overall processes described in expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 4 include:

- fire and safety
- manual handling
- chemical training.

### **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. Environmental audits, 'corrective action' requests, incident reports and risk assessments lead to actions and improvements which are monitored through the quality system by management and maintenance staff. Although residents reside in shared accommodation, resident rooms are furnished with personal belongings and mementos. Courtyards and garden areas are maintained to create pleasant outdoor areas for residents and visitors. 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. 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 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

Management and staff are actively working to provide a safe environment to minimise fire, security and emergency risks. An approved professional contractor carries out regular maintenance on all fire fighting equipment. The home has documented emergency policies and procedures and provides regular education for staff in fire and evacuation including the use of fire fighting equipment and extinguishers. Exit doors are free from obstruction with clear egress routes. The resident transfer lists are current with evacuation maps appropriately located. There is a designated smoking area and a smoking policy. Residents and their representatives stated residents feel safe in the home and know what to do if the alarm sounded. Staff said they have received fire training and know what to do in such an event.

#### **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's management demonstrated their infection control program detects, manages and monitors infections within the home. Infection data is collated and trended each month and staff identify residents with recurrent infections and implement preventative strategies. Staff practice is guided by comprehensive policies and procedures and government resources, which are noted to cover the management and containment of infectious outbreaks. Infection control kits which include signage and personal protective equipment are available to staff and hand washing basins with reminders were observed. Cleaning schedules are in place in all areas of the home and contracts are held for pest control and the removal of waste. Residents and staff vaccinations are encouraged and monitored. Staff receive infection control and chemical handling education on a regular basis and management discuss infection control with contractors and volunteers. Residents and their representatives confirm staff identify infections quickly and manage them appropriately.

#### **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

The home provides hospitality services in a manner which is generous towards residents. Meals are prepared on site with consideration given to residents' allergies, likes and dislikes. Catering staff have appropriate education and were observed to follow the food safety plan. Cleaning is provided by a contracted service and a rotational system ensures residents' rooms are cleaned weekly and communal areas are attended daily. All laundry is laundered on the premises and systems support staff to meet infection control principles. Processes exist for the labelling of personal clothing and for the management of lost property. Residents, representatives and staff said they are satisfied with the home's catering, cleaning and laundry services.