



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Lakeside Aged Care Facility**

RACS ID 7252  
33 Stanton Road  
REDCLIFFE WA 6104

**Approved provider: Lakeside Hostel 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 23 May 2017.

We made our decision on 25 March 2014.

The audit was conducted on 25 February 2014 to 26 February 2014. 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Lakeside Aged Care Facility 7252**

**Approved provider: Lakeside Hostel Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 25 February 2014 to 26 February 2014 submitted to the Quality 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 Quality 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

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 25 February 2014 to 26 February 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

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

## Assessment team

<b>Team leader:</b>	Philippa Brittain
<b>Team members:</b>	Cristian Moraru Shirley Rowney

## Approved provider details

<b>Approved provider:</b>	Lakeside Hostel Pty Ltd
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## Details of home

<b>Name of home:</b>	Lakeside Aged Care Facility
<b>RACS ID:</b>	7252

<b>Total number of allocated places:</b>	27
<b>Number of residents during audit:</b>	24
<b>Number of high care residents during audit:</b>	9
<b>Special needs catered for:</b>	Nil specified

<b>Street:</b>	33 Stanton Road
<b>City:</b>	REDCLIFFE
<b>State:</b>	WA
<b>Postcode:</b>	6104
<b>Phone number:</b>	08 9479 7179
<b>Facsimile:</b>	08 9479 7720
<b>E-mail address:</b>	<a href="mailto:mparkview@aeqiscare.com.au">mparkview@aeqiscare.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Group manager clinical	1
Senior clinical consultant	1
Clinical consultants	2
Physiotherapy consultant	1
Occupational therapist	1
Registered nurse	1
Enrolled nurse	1
Administration assistant	1
Residents/representatives	5
Care staff	2
Physiotherapist	1
Therapy assistant	1
Chefs	2
Kitchen servery staff	1
Laundry staff	1
Cleaning staff	1
Maintenance staff	2

### Sampled documents

Category	Number
Residents' notes, including assessments, progress notes and care plans	10
Resident agreements	1
Bowel charts	6
Medication charts and profiles	6
Personnel files	2

## Other documents reviewed

The team also reviewed:

- 'About me' file
- Acknowledgment of risk forms
- Activity program and activity events file
- Audits, surveys and schedule
- Chemical supplier file and material data sheets
- Cleaning handbook and cleaning schedule
- Community visitors file
- Cultural and spiritual file
- Diabetic care blood sugar records
- Dietary preference lists and menu
- Domiciliary dental examination and oral health care plans
- Emergency response plan and welfare planning information
- Evaluation group/events
- External and facility based contractors file
- Family conference planner
- Fire systems testing/maintenance records
- Food safety program, food register and records
- Handover sheets and communication book
- Human resources and staff training matrices
- Job descriptions and duty statements
- Maintenance program records
- Manual tasks training package
- Meeting minutes
- Memoranda
- Newsletters
- Nourishing fluids list and signing sheets



- Pain record and evaluation forms
- Plan for continuous improvement and action plans
- Policies and procedures
- Referral documentation
- Refrigeration and food temperatures
- Resident dietary information file
- Resident restraint assessments and consent forms
- Residents' fire safety and evacuation training attendance sheet
- Resident and staff accidents and incidents
- Residents' information package and handbook
- Residents' next of kin and representatives list
- Rosters
- Self-medicating authorisation forms
- Sensory simulation file
- Staff allocation file
- Therapy statistical information.

## **Observations**

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Availability of and access to feedback and reporting mechanisms
- Charter of residents' rights and responsibilities
- Electronic information system
- Equipment, signage and supply storage areas
- Interactions between staff and residents
- Living environment
- Meals and drink service
- Noticeboards, signage, evacuation maps and displayed information

- Residents' access to mobility aids
- Residents' general wellbeing and appearance
- Suggestion box.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home has systems and processes that demonstrate a commitment to continuous improvement across the four Accreditation Standards. Comments, complaints and suggestions, audits, incidents, meetings and informal observations identify opportunities for improvement. The manager oversees improvement projects at the home and delegates where necessary. Identified projects are added to the continuous improvement plan for implementation, monitoring and evaluation. Continuous improvement is discussed at meetings and information is provided to staff, residents and representatives through meetings held at the home and displayed information. Residents and representatives reported management is responsive to comments and suggestions.

Examples of a recent improvement activities related to Standard 1 are described below.

- A corporate review of education and training identified the need to enhance learning opportunities for all staff. As a result, an education program including mandatory training was introduced and the Aged care channel training is now used at the home. Staff reported they receive training improving their skills and residents and representatives reported staff are knowledgeable.
- The organisation identified inconsistency with staff rostering and recruitment processes across their homes. As a result, an electronic system was purchased and implemented at the home allowing for improvements in maintaining staff numbers. Staff and management reported they received training and have noted improvements. Residents reported their care needs are met in a timely manner.
- Following feedback from staff that the ordering system could be improved, the organisation has created a web shop icon on share point for staff to access products online. Staff reported the ordering has increased efficiency and streamlined processes, and observation confirmed sufficient products are available for staff and residents.

## 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 uses the organisation’s systems and processes to ensure the identification of, and compliance with, relevant legislation. The organisation receives updates on legislative and regulatory changes from peak bodies, government and non-government agencies, and policies are updated accordingly. The manager is notified of any changes and advises staff as required via meetings, memos and education. The home has processes to ensure the currency of police certificates is maintained for new and existing staff, volunteers and external contractors. Residents, representatives and staff have access to the internal and external complaints and advocacy information. Management monitors compliance with legislation and the home’s policies and procedures via an auditing program, external inspections, and human resource and operational processes. Residents and representatives were informed of the re-accreditation audit.

## 1.3 Education and staff development:

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

### **Team’s findings**

The home meets this expected outcome

The home has a system to ensure that management and staff have the knowledge and skills to perform their roles effectively via recruitment processes, orientation and training programs. Management use feedback mechanisms, clinical indicators, residents’ care needs, performance appraisals and regulatory requirements to identify areas of professional development and required training for staff. The home’s training planner comprises of mandatory and role specific training needs, and management use staff education matrices to monitor staff attendance at training sessions. Management use monitoring and evaluation mechanisms to measure the effectiveness of the home’s education program. Staff reported satisfaction with the education program available and stated management provides information to support the education of staff. Residents and representatives reported that management and staff are knowledgeable and perform their roles effectively.

Examples of education and training related to Standard 1 are listed below.

- Accreditation standards
- Administration assistant training by modules
- Complaints management
- Rostering system training.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

There are processes to ensure residents and representatives receive information regarding internal and external comments and complaints processes through handbooks, agreements, brochures, meetings and family conferences. Confidential and anonymous feedback mechanisms and a suggestion box are available around the home. Resident meetings, family conferences and care reviews include opportunities for complaint or suggestion discussions. Management measure the effectiveness of the comments and complaints process via satisfaction surveys and log these to identify trends that flow into the home's continuous improvement system. Staff receive information about the comments and complaints procedure during orientation and assist residents to complete feedback forms as required.

Residents and representatives reported using formal and informal processes with staff and management as ways of resolving issues, and are generally satisfied with their access to complaints processes.

## 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 its vision, mission and values statement within the home and in the strategic plan. Staff and residents' information handbook, the feedback form and management systems' documentation include the statement.

## 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 systems to manage human resources via policies and procedures and regulatory requirements and include recruitment, orientation and training and development processes. Management review the staff mix, supervision and the complexity of resident care needs, and adjust rosters and team allocations as required. Management coordinate arrangements for shift relief using existing staff. Management monitors staff performance via feedback and reporting mechanisms, performance appraisals and clinical indicators. Staff reported they have opportunities for professional development and enough time to complete their tasks. Residents and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided by staff.

## 1.7 Inventory and equipment

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Team's findings**

The home meets this expected outcome

There are systems and processes to ensure adequate stocks of goods and equipment are available for quality service delivery. The home has established ordering programs, and designated staff monitor and manage the stocks and supplies. The physiotherapist reviews the use of suitable aids and equipment for residents. Staff receive training for appropriate use of electronic and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their tasks. Residents and representatives reported satisfaction with the availability and suitability of the goods and equipment provided to residents.

## 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 has processes to facilitate the collection, analysis and dissemination of information related to resident care, business and operational matters. Management routinely collate, analyse and table information from clinical records and indicators, human resource, auditing, surveying processes and reporting mechanisms at relevant meetings. The home schedules meetings and minutes are available for review. The organisation's management reviews standardised documents and policies and procedures, and key staff receive updates via memoranda and at staff meetings. The home has procedures for the storage and management of records via archiving and maintenance of security of information. Staff reported they have access to information relevant to their roles, attend regular meetings and handovers, and they have access to feedback and reporting mechanisms. Residents and representatives reported satisfaction with the access to information relevant to them via family conferences, meetings and newsletters.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The organisation has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation identifies externally sourced services in response to regulatory requirements, licensing and specified care services, and the home accesses preferred and local externally sourced services. The home has specific agreements with services that set out criteria and regulatory requirements.

Management and relevant staff monitor the level of performance with external services, and stakeholders use feedback mechanisms to raise issues about the quality of external services provided. The organisation's management review the services required from, and the quality

goals for, external service providers in response to changes. Residents, representatives and staff reported satisfaction with externally sourced services.

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

An example of recent or current improvement activities related to Standard 2 is described below.

- Following an identified need across the organisation to manage resident's pain more effectively, the home has introduced 'power of pain' clinics. Staff reported they provide resident massage, heat pack therapy and gentle exercise and management stated the evaluations of this initiative shows positive feedback. Residents reported the benefits of this therapy.

### **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

Systems and processes identify and ensure the home has ongoing regulatory compliance in relation to residents' health and personal care. Registered nurses oversee initial and ongoing assessment of residents who require high care. Monitoring of nursing and allied health staff professional registrations occurs. Medications are stored and administered in accordance with relevant guidelines. Policies and procedures are in place for the notification of unexplained absences of residents. The home monitors any changes in legislation and alerts staff through meetings or memoranda. Staff reported they attend appropriate training to their positions and responsibilities.



### **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 2 – Management Systems, Staffing and Organisational Development for an overview of the education and staff development system.

Examples of education and training related to Standard 2 are listed below.

- Behaviour management
- Dementia training
- Diabetes education
- Palliative care
- Registered nurse and assistant in nursing information days
- Wound management.

### **2.4 Clinical care**

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

#### ***Team’s findings***

The home meets this expected outcome

The home has processes to identify and assess the clinical care needs of residents when they move into the home. Registered nursing staff develop care plans to guide staff in the provision of residents’ individual care requirements reflective of the assessment and residents’ preferences. The general practitioner and relevant allied health providers regularly review residents. Staff have access to external clinical support through the residential care line. Residents and representatives reported they are consulted about clinical care and expressed satisfaction with the care residents receive.

### **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

There are processes to ensure residents with specialised nursing care needs are assessed and reviewed by appropriately qualified staff on an ongoing basis. Residents requiring specialised nursing care have specific care plans developed by registered staff, and if required, input is given to the planning and delivery of specialised care by other health professionals. Staff reported they have the required skills to carry out specialised nursing care,

and they have the opportunity to receive further education if required. Examples of specialised nursing care include diabetes management, urinary catheter care and wound care. Residents and representatives reported they are satisfied with the provision of specialised nursing care the residents receive.

## **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

A multidisciplinary team with involvement of the general practitioner contribute to residents’ assessments and identifies the need for information from other health specialists. The home accesses a number of specialist services, including palliative care, podiatrist, speech pathologist, dietician and mental health services. Recommendations from health specialists are communicated to staff and documented in the residents’ care plan. Staff reported they are able to contact the residential care line anytime for guidance and support. Residents reported they have access and are referred to appropriate health specialists in accordance with their needs and preferences.

## **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 systems and processes to ensure that medications are ordered, stored, and disposed of safely and correctly. Medication competent care staff administer residents’ medications via a pre-packed medication administration system. Medication profiles contain photographic identification and clear information pertaining to each resident’s prescription instructions. Residents who self-medicate are authorised to do so by their general practitioner. There are mechanisms to monitor the safety of the home’s medication management processes through internal auditing and a pharmacist conducts medication reviews. Residents and representatives stated they are satisfied the residents’ medications are administered and managed safely.

## **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’ pain management needs are assessed when they move into the home.

A multidisciplinary approach to manage residents’ pain includes the general practitioner, registered nurse and the physiotherapist. Strategies to alleviate individual residents’ pain are documented in their care plans. In addition to pain relieving medication, the use of other methods to manage residents’ pain includes heat packs, repositioning, gentle exercise,

massage, diversional therapy and pressure relieving equipment. Staff reported they refer to the registered nurse if strategies are not effective or residents experience new pain.

Residents and representatives reported they are consulted about the residents' pain and residents' are offered a range of pain management options.

## **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's approach to palliative care ensures the comfort and dignity of terminally ill residents is maintained in accordance with their needs and preferences. Residents' palliative care wishes and any end-of-life requests are discussed with the resident and their family when they move into the home, or thereafter as preferred. When necessary, specific palliative care plans are developed to guide staff in maintaining the comfort and dignity of terminally ill residents. The registered nurse monitors the effectiveness of care interventions, including review of pain management, oral and care needs. Management are able to demonstrate past residents who received palliative care at the home were made comfortable and treated with 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' nutrition and hydration needs, allergies, preferences and cultural or religious requirements are identified as part of the initial assessment process, and communicated to relevant staff. Residents are weighed on moving into the home and monitored by clinical staff, monthly or more frequently as required. Referrals to the medical practitioner, speech pathologist and dietician are made appropriately and special needs are identified on the resident's care plan. Modified cutlery, and altered textured meals and drinks are supplied as required. In addition to meals and snacks provided, there is a regular drinks trolley to enable residents to maintain adequate hydration. Residents and representatives expressed satisfaction with the availability of food and refreshments and stated the residents receive adequate nourishment.

## **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

An assessment of residents' skin integrity is completed when residents move into the home. Individualised care plans are developed that detail preventative strategies to maintain resident's skin integrity. Regular reviews are conducted, and where a risk of compromised skin

integrity is identified, treatments and nursing interventions are implemented. A range of aids and equipment to maintain and promote skin integrity, and reduce the risk of skin injury are available for use. These include the provision of emollients and pressure relieving mattresses. Staff undertake education on maintaining residents' skin integrity, and specialist wound services are utilised if required. Incidents, such as skin tears and wounds are reported and analysed, with follow-up actions as appropriate. Residents and representatives interviewed stated they are satisfied with the care provided to the residents in relation to skin integrity.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes to ensure that residents' continence needs are fully assessed when first moving in to the home, and are reviewed on a regular basis. Residents are supported to maintain and improve their continence function through individualised care plans. These include daily monitoring of bowel habits, scheduled toileting times, the use of continence aids, and the provision of appropriate diet, hydration, and medication. Staff receive appropriate training and sufficient supply of continence aids and equipment effectively assist residents to manage their continence care needs. Residents and representatives expressed satisfaction with the way staff support the 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' behaviours are assessed on moving to the home and care plans are developed outlining interventions required to minimise and manage episodes of challenging behaviours. Staff monitor the effectiveness of the interventions and referrals are made to specialist service including behavioural advisory service in consultation with the general practitioner, to assist in the further assessment, diagnosis and support of residents with challenging behaviours. There are procedures to minimise and monitor the use of restraints authorisation and review. Staff described strategies to manage behaviours and promote residents' wellbeing. Residents and representatives stated they are satisfied with the home's approach to managing residents' 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

There are processes to ensure that optimum levels of mobility and dexterity are achieved for all residents. The physiotherapist and occupational therapist carry out comprehensive assessments when residents move into the home to ensure mobility, dexterity and

rehabilitation issues are identified, and relevant care plans are developed. A falls risk assessment identifies levels of risk and contributing factors. Residents' falls are reported and investigated with corrective actions implemented. Residents are encouraged to maintain their mobility and dexterity by participating in the home's activity program that offers group exercises as well as activities that focus on fine motor skills. The home's environment, equipment and mobility aids provided promote and encourages residents to achieve and maintain mobility and independence. Residents and representatives reported satisfaction with the way in which the home encourages, supports and maintain the residents' mobility.

## **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

There are processes to ensure residents' oral and dental health is maintained. Residents' oral and dental health needs are assessed and care plans detail assistance residents require to maintain their oral and dental hygiene. An annual dental examination is offered to residents with family consultation. Staff reported they assist residents to clean their teeth and dentures, and attend training in managing residents' oral and dental health. Residents and representatives stated they are satisfied with the oral and dental care provided by staff at the home.

## **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' care needs related to sensory loss are assessed when residents move into the home, and as required. Care plans are developed that include strategies to manage residents' sensory losses, maximise each resident's independence, and interaction in activities of daily living. Residents have access to allied health professionals, including audiologists and optometrists. Staff described the strategies they use to assist residents with sensory loss. Suitable leisure activities and lifestyle supports are made available to residents with impairments. Residents and representatives stated they are satisfied with the assistance residents' receive to manage their 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

There are processes to assist residents to achieve natural sleep patterns. When residents move into the home their sleep pattern is assessed including their settling routines. Night sedation medication is administered as prescribed and is regularly reviewed by the resident's general practitioner. Staff reported they assist residents to settle at night by using strategies such as the dimming of lights, a quiet environment, pain management and the offer of a snack

or warm drink. Residents and representatives reported they are satisfied with the way staff help residents achieve restful sleep.

## 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 improvements for information about the home’s continuous improvement systems and processes.

Examples of current or recent improvement activities related to Standard 3 are described below.

- Staff identified the need to revise the therapy program due to the changing needs of the residents. As a result, the activity program includes activity objectives, a therapy planner and new activities. Residents reported they participate in range activities at the home.
- Management identified the gardens at the home did not have a lot of colour included into the plant foliage for residents to enjoy and smell. As a result, brightly colour flowering plants have been added to the gardens. Residents and representatives stated they enjoy sitting outside the café and we observed them enjoying the surrounding gardens.

### 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

Residents are informed about their rights and responsibilities in information provided to them when they move into the home, and the Charter of residents’ rights and responsibilities is on display at the home. The service provides each resident with a resident agreement outlining fees, level of care and services and tenure arrangements. Policies and procedures are in place for the compulsory reporting of resident assault. Staff are informed of changes in legislation relevant to resident lifestyle through training, memoranda and meetings, and there is a process for mandatory reporting of alleged suspected assaults.

### **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

Refer to Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Food safe
- Heat pack training
- Seating workshop
- Therapy training.

### **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

Processes to assist new residents to adjust to life in the new environment include the provision of information regarding the home's services, an orientation and welcoming process and encouraging family and friends to visit. Individual care plans incorporate information relating to the holistic requirements of the resident. Staff refer residents to allied health professionals as required, and volunteers and group or individual activity programs further assist residents with emotional needs. Nursing/therapy staff reported the effects of events on residents' emotional needs are identified and supported through behaviour management care plans. Residents and representatives reported the support provided by the home meets the needs and preferences of residents.

### **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 has processes to ensure regular assessment of residents' needs assist in achieving maximum independence. Clinical and therapy staff assess and review the level of ability and cognition of residents to participate in their own activities of daily living. Care plans include considerations of residents' sensory needs, communication, mobility and dexterity function and levels of assistance required to promote independence. Residents are encouraged to maintain



friendships and participate in the life of the community within and outside the home through volunteer and visiting programs, bus trips and liaison with multicultural and community associations. The home balances risk taking with safety in decision making to allow residents to make choices and remain independent. Staff described strategies to assist residents maintain independence in aspects of their lives within their abilities, including environmental factors, the use of equipment/aids and community access. Residents and representatives reported residents are satisfied with the assistance provided by the home in relation to their independence and participation in the life of the community within and outside 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

The home has processes to ensure that each resident's right to privacy, dignity, and confidentiality is recognised and respected. Residents' information package includes relevant statements and brochures on privacy, consent and disclosure of information. An initial and ongoing assessment process identifies the resident's need for privacy, dignity and confidentiality that includes continence, sensory loss, cultural, and palliative care and cognition considerations. The home's environment promotes privacy, including the provision of accommodation such as single rooms with own ensuites, lounges, quiet indoor and outdoor areas for residents to meet with family and visitors. The home provides residents with health and personal care services in dedicated facilities and residents' rooms. Staff described strategies and protocols for supporting personal and clinical care that protect the dignity and privacy of residents, including the use of signs on residents' doors when required. Residents and representatives reported the staff respect residents privacy, dignity and confidentiality.

### **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

There are processes to encourage and support residents to participate in a wide range of interests and activities of interest to them. The occupational therapist conducts assessments of residents and develops and reviews care plans and individual programs. Therapy staff develop activities programs from the assessed care and lifestyle information and requests/preferences to accommodate individual and group needs and other areas of care. The activity programs include a range of cognitive, gross motor, physical, sensory and social group activities as well as special and cultural events, community/intergenerational activities and outings. Therapy staff and volunteers provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate residents' lifestyle and activity sessions via residents' feedback and audits, review of care planning and evaluation of attendance records for activities. Residents and representatives reported they are satisfied with the range of activities offered to residents.

### **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 therapy team collect information about the residents' cultural and spiritual needs and undertake an assessment when residents move into the home. This information is updated following a care and lifestyle services review process and communicated to relevant staff for care/service delivery. The therapy team maintains a list of residents' countries of origin and preferred language, liaises with multicultural/volunteer associations and organises cultural theme days/months throughout the year. The home facilitates religious services and volunteers are involved in providing emotional and moral support to residents as required. The management and therapy team use monitoring mechanisms such as evaluations of programs and surveys to ensure individual resident's cultural and spiritual interests are fostered and valued. Residents and representatives reported satisfaction with the cultural and spiritual support provided by the home.

### **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 encourage and support residents and their representatives' individual choices and decisions about care and service delivery. Relevant staff assess residents' individual needs, abilities and preferences across areas of care, lifestyle and service delivery when moving into the home and on a regular basis thereafter. The home conducts meetings and family conferences to provide residents and representatives with a forum to express views and participate in decisions about care and service. Complaints mechanisms are available to residents and their representatives, and authorised representatives make decisions on behalf of residents who are unable to act for themselves, including the assessed need for restraints. Staff reported strategies for supporting residents' individual preferences, including sleep and meal routines, as well as refusal and choice of meals/drinks and care interventions, and participation in activities. The home uses feedback mechanisms, satisfaction surveys and evaluations of programs to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported they are supported to make choices in all aspects of the residents' daily life.

### **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

There are processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. The home has an admission process to assist residents on moving into the home, and residents and representatives receive a resident information package that includes an agreement and handbooks. The agreement includes information regarding complaint mechanisms and associated schedules, including the specified level of care and services. Management provide residents and representatives with consultation prior any changes to the residents' security of tenure. Resident and representative meetings and education programs provide ongoing information about the residents' rights and responsibilities. Residents and representatives reported satisfaction with residents' 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

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

Examples of recent or current improvement activities related to Standard 4 are described below.

- Following feedback from staff that the training module for manual handling could be improved to include risk management. The home reviewed the training module and manual handling staff were trained to deliver the revised module. Staff reported they receive annual manual handling training and residents stated they are transferred safely.
- Following an organisation review of the maintenance programs, it was identified the need to improve the system to prioritise maintenance request from the homes. As a result, staff have access to a maintenance helpdesk and stated they receive assistance in a timely manner. Residents and representatives reported they are satisfied with the maintenance at the home.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Management systems ensure ongoing regulatory compliance in relation to Standard 4. Internal and external representatives and statutory bodies inspect and audit the workplace including the building, fire emergency preparedness and the catering environment.

Management acts on hazard alerts and recommendations as required. The home has a chemical register identifying hazardous substances, and infection outbreak resources and information is available for staff. The home has food and occupational safety programs to comply with legislative requirements and to provide staff guidance.

### **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 education and staff development system

Examples of education and training related to Standard 4 are listed below.

- Chemical training
- Fire and evacuation training
- Food safety training
- Infection control
- Manual Handling
- Occupational health and safety 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

The home provides a safe and comfortable environment consistent with residents' care needs. Management undertake residents satisfaction surveys, environmental audits, hazard inspections, and take actions in response to identified issues/suggestions, or potential hazards. Maintenance programs ensure equipment, buildings and grounds remain operational, and the organisation monitors the maintenance programs undertaken at the home. Residents' accommodation and living environment are equipped, cleaned and designed to assist them with independence, comfort, entertaining, and privacy and security. Health professionals conduct further assessments for residents identified at risk and establish environmental and safety/restraining strategies to manage such risks. Residents and representatives reported satisfaction with how the home ensures a safe, private and comfortable living environment according to the residents' needs and preferences.

#### **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

There are systems and processes to provide a safe working environment in consideration of the home's occupational health and safety (OHS) responsibilities and regulatory requirements. The organisation promotes occupational health and safety via programs and alerts and monitors the reviews of incidents and safety matters. Management, resource safety and maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms, audits and hazard inspections. Management implements improvement or remedial action as required, in response to staff accidents, safety and hazard issues. Personal protective equipment is available in strategic locations and equipment is subject to routine and preventative maintenance. Staff reported they are aware of safety management processes through training and meetings, and that management is active in providing a safe working environment.

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

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

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

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Emergency and response plans are available in key areas. Fire system auditing is in place comprising of approved professionals carry out regular testings, preventative maintenance program and inspections. Evacuation maps and signage show orientation and information regarding exit routes, location of fire fighting equipment and designated smoking area are located throughout the home. There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Staff described the home's security systems and emergency procedures, and staff responses are tested through mock drills. Residents and representatives receive information on what to do if they hear a fire alarm during the admission process, posters on the back of residents' door and at meetings. Residents and representatives confirmed that fire panel testing occurs and they attended fire safety and evacuation training. They further stated they would follow the instructions from staff in the event of an emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program that includes policies and guidelines, infection preventative measures, equipment and resources for the management of outbreaks. There are processes for staff to report and log residents' infections and strategies are included in the care plans for residents identified at risk of infection. Treatments are carried out as

instructed by the general practitioner and as directed by the registered nurse. Management collates and analyses residents' infection data, and relevant staff, authorities and chemical contractors conduct audits to ensure compliance in staff practices and hygiene processes. The use of equipment and signage is promoted to lessen the risk of infection.

Mandatory training includes infection control, and staff were able to provide examples of infection prevention strategies. Residents and representatives reported satisfaction with the home's infection control program.

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

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

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

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life. A record of residents' food preferences, cultural requirements, likes and dislikes and any special requirements occurs when residents move into the home and as required. Residents are provided with a selection of food and beverages according to a rotating menu and their needs and preferences. The manager responds to feedback provided by residents and representatives concerning food. Residents' personal laundry is washed on site and all other linen is laundered externally. Hospitality service staff undertake cleaning in accordance with a structured cleaning program. Management monitors the quality of hospitality services via various feedback mechanisms, such as comments and complaints, surveys, meetings and audits. Residents and representatives reported they are satisfied the home's hospitality services meet residents' needs and preferences.