



Aged Care  
Standards and Accreditation Agency Ltd

## **Lower Plenty Garden Views**

RACS ID 4093

390 Main Road

LOWER PLENTY VIC 3093

Approved provider: Aged Care Services 14 (Lower Plenty Garden Views) 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 July 2016.

We made our decision on 05 June 2013.

The audit was conducted on 30 April 2013 to 01 May 2013. 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

## Lower Plenty Garden Views 4093

**Approved provider: Aged Care Services 14 (Lower Plenty Garden Views) Pty Ltd**

### Introduction

This is the report of a re-accreditation audit from 30 April 2013 to 01 May 2013 submitted to the Accreditation Agency.

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

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

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

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 30 April 2013 to 01 May 2013.

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

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

## Assessment team

Team leader:	Deanne Maskiell
Team members:	Stephen Koci
	Susan Hayden

## Approved provider details

Approved provider:	Aged Care Services 14 (Lower Plenty Garden Views) Pty Ltd
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## Details of home

Name of home:	Lower Plenty Garden Views
RACS ID:	4093

Total number of allocated places:	90
Number of residents during audit:	88
Number of high care residents during audit:	64
Special needs catered for:	Nil identified

Street:	390 Main Road	State:	Victoria
City:	Lower Plenty	Postcode:	3093
Phone number:	03 9430 2400	Facsimile:	03 9439 9080
E-mail address:	lowerplentydon@acsagroup.com.au		

## Audit trail

The assessment team spent 2 days on-site and gathered information from the following:

### Interviews

	Number		Number
Management team	7	Residents/representatives	21
Clinical, care and lifestyle staff	19	Environmental and hospitality staff	6
Allied health and other visiting services	2		

### Sampled documents

	Number		Number
Residents' files	14	Medication charts	11
Resident agreements	9	Personnel files	8

### Other documents reviewed

The team also reviewed:

- Aged care brochures
- Annual essential services measures report
- Assessment schedules
- Audit schedule and audits 2012/2013
- Bed pole assessments and reviews
- Cleaning documentation
- Clinical assessments, care plans and associated documents
- Continuous improvement plan
- Critical incident register/compulsory reporting register
- Diabetes management charts
- Education documentation and calendars
- Elder abuse/missing residents guidelines/procedures
- Electrical test and tag records
- End of life wishes and palliative care plans
- Environment inspection checklists
- Equipment check lists and task lists
- External services agreements
- Fire/emergency equipment maintenance and testing log books
- 'Have your say' completed forms
- Human resources documentation
- Infection control registers and reports
- Job descriptions

- Kitchen documentation, food safety plan, menu and internal and external audits
- Laundry documentation
- Legislative changes notifications
- Lifestyle documentation, consent forms, newsletters and calendars/planners
- Maintenance monthly compliance report
- Medication records
- Meeting minutes
- Mission and vision statement
- Occupational health and safety documentation, checklists and inspection reports
- Pathology reports
- Police certificate/statutory declaration matrix
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule/corrective maintenance registers
- Priority action work plans/corrective action requests
- Professional registrations matrix
- Progress notes
- Prospective resident information pack
- Quality monitoring data
- Re-accreditation self-assessment
- Recruitment policies and procedures
- Reportable limits and directives by general practitioners
- Resident directory/staff information handbooks
- Resident information collection and privacy consent forms
- Residents and staff surveys
- Residents/visitors sign in/out books
- Restraint authorities and reviews
- Rosters
- Specialised care plans and assessments
- Specialist and allied health referrals and reports
- Staff handbook.

### **Observations**

The team observed the following:

- Activities in progress
- Archive storage
- Biological spill kit
- Chemical storage

- Cinema room
- Cleaning in progress, trolley, cleaners rooms, personal protective equipment and material safety datasheets
- Equipment and supply storage areas
- Evacuation kit
- External and internal living environment and men's shed
- Fire and emergency equipment
- Infectious waste bin
- Interactions between staff and residents
- Kitchen, fridge and freezer and dry goods storage
- Laundry service in operation, labelling machine, lost property boxes and material safety datasheets
- Lunchtime meal service to residents
- Medication storage and administration
- Mobility aids and equipment in use
- Nurses' stations
- Oxygen in use signage on display and storage
- Shredders and security destruction bin
- Staff room, noticeboards, education calendar, occupational health and safety and infection control information on display
- The Charter of residents' rights and responsibilities
- Wound care and clinical stocks.



## 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

Corporate office quality systems support the home's continuous improvement program and quality activity ensuring the active pursuit of continuous improvement across the four Accreditation Standards. Management identifies improvement opportunities through strategic planning, quality monitoring and analysis and review of feedback processes. These include scheduled audits, complaints, suggestions, incidents, hazards, meetings, staff and resident surveys and trends and analysis of key performance indicators. Management logs issues on a corrective action form or if it will take longer to address, on a continuous improvement plan and a priority action work plan. Management and key staff action and monitor improvements, evaluate their effectiveness and report regularly to corporate office. Residents and staff receive feedback through consultation, memoranda, meetings, notices and regular informal interaction. Residents and staff confirmed encouragement to provide suggestions and reported continuous improvement is ongoing.

Some recent continuous improvements relating to Standard 1 include:

- Staff feedback indicated an increase in resident acuity in the low care unit resulting in heavier staff workloads. Following a review of staff hours, management introduced two short shifts, 7am to 11am and 4pm to 8pm seven days a week. Management reported evaluation confirms staff satisfaction with the new shifts and their capacity to complete their duties.
- The corporate office identified the need for a more efficient system for alerting staff to shift vacancies. As a result the home now notifies staff of shift vacancies by short message service system. Management said this initiative resulted in a 90 per cent reduction in time spent filling shift vacancies and other benefits include staff choose the shift vacancies they most prefer.
- Management identified the need to increase staff participation in education and meetings and introduced a staff incentive system which included gift vouchers and other prizes. Staff responded positively and evaluation shows in January and February 2013 there was a 45 per cent increase in staff completing self-directed learning packages.

## 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

Well established corporate office procedures ensure policies and procedures reflect regulatory compliance across the Accreditation Standards. The organisation subscribes to a legislative update service and receives relevant information from government, professional and peak body associations. The organisation’s corporate team reviews and discusses the impact of changes and updates policy as required and notifies the home. The home’s management informs staff about any policy and regulatory changes through memoranda, meetings and education and monitors staff practices. The corporate office oversees governance, monitors audit results and compliance including through the home’s quality activity report processes.

Examples of the home’s systems to ensure compliance with regulatory requirements relative to Standard 1:

- Documentation and staff/resident/representative feedback demonstrate the home informs stakeholders about the internal and external complaint processes. Management displays this information and ensures forms for completion are accessible and provides a system for confidentiality if required.
- Management and the corporate office have effective systems to manage and monitor probity checks including the three yearly police certificate renewal processes for staff
- Management demonstrated the home’s record keeping systems are in line with legislative requirements.
- Residents and representatives confirmed notification of the re-accreditation audit within the required timeframe.

## 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 organisation ensures management and staff have the appropriate knowledge and skills to perform their roles effectively. Management identified education through a training needs analysis, suggestions provided via the training feedback forms and through staff meetings. Management displays the education calendar in the staff room and nurses’ stations to inform staff of upcoming education sessions. Staff undertake competency training, attend mandatory training and have access to self-directed learning packages. The education program is flexible so it can address any changes in legislation or resident care needs. Staff attendance records and training feedback summaries are completed and management maintains staff training matrixes. Staff stated that they are satisfied with the education available at the home.

Education conducted relating to Standard 1 includes:

- documentation in aged care
- bullying and harassment

- regulatory compliance.

#### **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

Established systems ensure residents and representatives receive documented information about the internal and external complaints processes when they enter the home. Resident and staff handbooks document the complaint processes and management/staff discuss the 'Have Your Say' forms at staff and resident orientation and meetings. Staff ensure internal and external comment and complaint forms and brochures are on display and accessible and there is a confidential complaints log system available. Documentation shows management and staff regularly remind stakeholders about the opportunities to provide feedback including at meetings. Staff report they assist residents and representatives to raise issues and advocate on their behalf. Residents and staff reported they are comfortable raising matters if required and documentation demonstrates management is responsive to their needs.

#### **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 prominently displays the home's vision and mission statements and commitment to quality care, innovation and meeting residents' needs. The information is available in both the staff and resident handbooks. Residents and representatives are complimentary about the quality of care and services.

#### **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 employs appropriately skilled and qualified staff to meet resident needs and there is a documented system for the recruitment, selection and orientation of new staff. Management recruits staff with the relevant skills, qualifications and experience to meet resident needs, position descriptions inform and guide staff and there is a new staff performance appraisal system. Key staff orientate new staff who have supernumerary 'buddy' shifts, management/senior staff monitor staff practices and the home provides ongoing training and education. Management monitors staffing mix and levels and implements strategies to ensure staffing levels are appropriate and part time and casual staff are available to fill vacancies. Staff training needs analyses are conducted annually and staff report satisfaction with training. Residents and representatives expressed satisfaction with staff skills and knowledge and said staff are friendly and caring.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

Management oversees stock management with key staff and ensures sufficient stocks of appropriate goods and equipment are available for quality service delivery. There are processes for identifying preferred equipment and suppliers and for trialling and evaluating new equipment as applicable. Staff monitor stock levels and expiry dates. A maintenance officer attends to corrective maintenance in a timely manner. Electrical equipment is tested and tagged as required; stock and equipment storage areas are clean, sufficiently stocked and secure where required. Staff and residents confirmed sufficient supplies of quality stock and reported satisfaction with the maintenance of equipment and management responsiveness when they request new equipment to meet residents' needs.

## **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 organisation has information management systems which include meetings, minutes, a resident directory, noticeboards and monthly lifestyle planners. The systems to inform staff include orientation, meetings and minutes, noticeboards, policies and procedures, information folders, memoranda and clinical files. Clinical notes, resident and staff files are securely stored. Old files are stored on site in secure archive rooms and staff have access to a shredder and a security destruction bin. Residents, representatives and staff confirm their satisfaction with access to information and with the communication mechanisms 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

Management maintains an approved suppliers' list and ensures external contractors provide services and goods to an agreed standard to meet the home's and resident needs. Corporate office arranges tenders and organises contracts as appropriate to enhance efficiency, cost effectiveness and quality control. Management evaluates performance through monitoring and staff and resident feedback. Formalised contracts are drawn up to reflect required services and standards and reference staff education, probity checks, privacy and confidentiality as applicable. All contractors must sign in and advise reception of their attendance. Residents, representatives and staff reported satisfaction with the current service providers.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home's continuous improvement system demonstrates that improvements in residents' health and personal care are ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Residents and representatives confirmed satisfaction with the care provided.

Some recent improvements relating Standard 2 include:

- Corporate office identified the need to improve wound care management across all homes. In response to this initiative management organised for two nurses to attend two days of wound management training with their wound product supplier. As a result of their enhanced knowledge of available products, the home's wound management regime is now far less invasive for residents. Staff now use dressings that can be changed far less frequently and the two wound 'champions' ensure there is a consistent and effective approach to wound management in the home. In addition there are cost savings with less products used.
- In response to a temperature recording error that occurred elsewhere, management introduced infra-red ray scan thermometers. Management said using the new thermometer increased efficiency and accuracy which benefits clinical decision-making and there is no discomfort for residents.
- Staff feedback indicated they wanted to know what passive exercises they could provide to residents who are confined to bed. In response to this initiative, management organised for the physiotherapist to include education on passive exercises in the annual, manual handling training for care staff. Management reported an increase in staff compliance with implementing residents' physiotherapy plans.
- In response to staff feedback all checklists for night staff are now in a spiral bound booklet. This eliminates the risk of losing documents and staff have just one point of access to record checks of blood glucose calibrations, diabetic emergency kits and temperatures of refrigerators. Staff expressed their satisfaction with this improvement.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Management has appropriate systems to identify and ensure the home meets regulatory requirements relative to health and personal care. Refer to expected outcome 1.2 Regulatory compliance for a description of the home's regulatory compliance systems. Staff confirmed knowledge of regulatory requirements and guidelines relative to Standard 2.

Examples of the home's responsiveness to regulatory compliance relating to Standard 2 include the following:

- Management has appropriate systems for managing medications safely and securely in accordance with legislative requirements.
- Management checks the currency of nurse registrations annually.
- Registered nurses oversee residents' high care clinical and complex nursing needs and a registered nurse is at the facility 24 hours seven days a week.
- The home has documented policy, procedures and guidelines relative to the unexplained absence of a resident reflecting legislative requirements.

### **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 has processes to ensure staff have appropriate knowledge and skills to perform their roles in relation to residents' health and personal care. For further details on the home's education and staff development system and processes refer to expected outcome 1.3 Education and staff development.

Recent training and education opportunities relating to Standard 2 includes:

- palliative care
- needle stick injury
- continence management.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

Registered and enrolled nurses assess residents on entry to the home for their clinical care needs and develop care plans to provide clear instruction to staff on residents' needs and preferences. Residents and their representatives participate in care consultations according to their preference. Staff reassess residents in response to changes in resident health status and on a regular basis. Management at the home monitor staff skills and knowledge to ensure appropriately skilled staff provide resident care. Documentation review confirms appropriate staff assess and provide clinical care. Residents and representatives stated that registered and enrolled nurses are available and provide care to residents as appropriate and are satisfied with the clinical care provided by the staff.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Registered and enrolled nurses assess residents on entry to the home to identify specialised nursing care needs of each resident and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Referrals to visiting nursing specialists including; palliative care consultants, wound consultants, continence advisors and behaviour management specialists occur. Staff document and communicate recommendations and directions from specialists. Residents and representatives stated that residents receive care from appropriately qualified staff.

## **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

Registered and enrolled nurses assess residents on entry to the home to identify care needs of each resident and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Staff refer residents to allied health practitioners and consultants as needed. Allied health and specialists document care needs of residents and clinical staff transfer relevant information to care plans and communicate resident needs to appropriate staff. Residents and representatives confirmed a variety of allied health specialists visit the home and that staff assist residents to attend internal or external appointments based on resident 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

Registered and enrolled nurses assess residents on entry to the home to identify care needs of each resident and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Clinical and care staff responsible for medication administration attend regular education sessions and complete competencies to ensure safe medication administration and practice occurs. Key staff monitor medication management and incidents are reviewed and actioned to minimise recurrence. The home provides appropriate storage and maintains relevant records relating to medication management. Registered nurses in consultation with residents and their general practitioner assess residents who wish to self-administer medications and staff provide support to assist residents to remain independent with their medications for as long as possible. Residents and representatives indicated that medication administration occurs in a timely manner and in accordance with resident needs and preferences.

## **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

Registered and enrolled nurses assess residents on entry to the home to identify care needs of each resident and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Staff provide residents with a variety of pain management interventions including; heat therapy, analgesics, and physiotherapy and gentle exercises. Registered nurses review analgesic use and the effectiveness of pain management strategies in consultation with each resident’s general practitioner and allied health staff. Staff confirmed they have education on identifying pain and discomfort. Residents and representatives stated they are satisfied with how staff provide care for residents experiencing pain or discomfort and with the interventions provided.

## **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

Registered and enrolled nurses assess residents on entry to the home to identify palliative care needs and future preferences of each resident and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Registered nurses provide care as needed to ensure residents receive appropriate care during palliation. Staff have access to support services, equipment and specialists to assist in resident care. Document review confirms staff identify individual needs of residents, nursing staff provide care in line with the documented wishes and that referrals to palliative care specialists occur as needed.

## **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

Registered and enrolled nurses assess residents on entry to the home to identify nutritional needs and preferences of each resident and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Staff refer residents to visiting dietitians, speech pathologists and occupational therapists as needed. Staff communicate recommendations and directives to appropriate staff and the kitchen. Catering staff provide texture modified meals and beverages based on the directives provided. Registered nurses monitor residents’ weights and provide supplements as needed. Residents and representatives indicate they are satisfied with how staff provide residents with assistance and the quality and variety of meals provided.



### **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

Registered and enrolled nurses assess residents on entry to the home to identify potential risks to skin integrity and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff monitor residents for changes in health status, provide interventions including pressure care, pressure relief aids, apply creams and lotions to maintain skin integrity and trained staff provide wound care as needed. Staff confirmed they have access to appropriate equipment and supplies to meet the needs of residents. Residents and representatives stated staff provide interventions as needed to assist in maintaining the skin integrity of residents.

### **2.12 Contenance management**

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

#### **Team’s findings**

The home meets this expected outcome

Registered and enrolled nurses assess residents on entry to the home to identify the individual needs and preferences of each resident and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff confirmed they assist residents with continence care and that appropriate aids and equipment are available. The home provides equipment, such as hand rails and raised toilet chairs to assist residents to maintain their independence with toileting. Residents and representatives stated that staff are available to assist residents when needed and provide interventions in privacy.

### **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

Registered and enrolled nurses assess residents on entry to the home to identify behaviours of each resident and develop care plans to provide clear instruction to staff on residents’ individual behaviours, triggers and interventions to minimise occurrence. Registered nurses refer residents to their individual general practitioner for review and referral to mental health specialists appropriately. Staff document incidents relating to behaviours and management monitors incidents for trends and required actions. Residents and representatives stated that if residents display behaviours of concern that staff intervene promptly.

#### **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

Registered and enrolled nurses assess residents on entry to the home to identify the individual needs and preferences of each resident and develop care plans to provide clear instruction to staff on residents' needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Visiting physiotherapists provide individual programs as needed and provide staff with exercise plans to assist residents to maintain mobility and dexterity. Staff attend training to provide them with the skills required to provide residents with passive exercises. The home provides equipment including mobility aids and devices based on assessed needs. Residents and representatives confirmed physiotherapists assess residents regarding resident mobility and dexterity, and residents enjoy exercise groups.

#### **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

Registered and enrolled nurses assess residents on entry to the home to identify the individual needs and preferences of each resident and develop care plans to provide clear instruction to staff on residents' needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. The home provides oral and dental care equipment based on the assessed needs of residents and staff confirmed that residents receive assistance as needed. Staff in consultation with general practitioners and according to the resident's preferences refer residents to appropriate dental practitioners. Residents and representatives indicated staff assist residents with dental care according to the residents' needs, abilities and preferences.

#### **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

Registered and enrolled nurses assess residents on entry to the home to identify the individual needs and preferences of each resident and develop care plans to provide clear instruction to staff on residents' needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Staff identify sensory loss in relation to the five senses, where deficits are identified staff refer residents to appropriate allied health practitioners. Document review confirms staff have relevant information on resident preferences, aids used and level of assistance each resident requires in relation to fitting and maintaining these aids and referrals to specialists occur as needed. Observation confirmed staff assist residents with fitting and cleaning of aids. Residents and representatives indicated that staff provide assistance with fitting of aids.

## **2.17 Sleep**

*This expected outcome requires that “residents are able to achieve natural sleep patterns”.*

### **Team’s findings**

The home meets this expected outcome

Registered and enrolled nurses assess residents on entry to the home to identify the individual needs and preferences of each resident and develop care plans to provide clear instruction to staff on residents’ needs and preferences. Staff review resident care needs on a regular basis and in response to changes in health status. Residents confirmed staff offer evening drinks, supper and other assistance when needed and that they are able to maintain their preferences in regard to rising and settling times. Staff confirmed they are able to assist residents to maintain natural sleep patterns.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home’s continuous improvement system demonstrates improvements in residents’ lifestyle are resident focused and ongoing. For a description of the home’s system of continuous improvement refer to expected outcome 1.1 Continuous improvement. Residents and representatives expressed considerable satisfaction with their lifestyle and said management and staff are consultative and very responsive to their suggestions.

Examples of recent improvements in relation to Standard 3 include:

- Lifestyle staff recognised and resident feedback indicated a need to provide a men’s shed. Staff identified a suitable area and consulted with their male residents about their requirements which included a pool table and refrigerator. The shed has been set up with these items, a soccer game table and other furniture. Management reported the men’s satisfaction with the new shed and the men provided positive comments on feedback forms.
- Lifestyle staff identified the need to ensure bus outings for residents minimised travel times as some residents suffered from motion sickness. To ensure the bus driver knows the quickest routes to take and avoids congested roads, staff obtained a global positioning system unit. Management report that residents now spend less time travelling in the bus which makes the trips more pleasant for residents.
- Management and staff recognised many residents have difficulty getting in and out of cars which affects going out with their families. To address this need management obtained a mobility aid car bar which fits securely in a car door socket to provide leverage when getting in and out of a car. Management demonstrated the use of the car bar at a resident meeting and advised its availability for use. Residents and representatives reported their satisfaction with the availability of the device.

### **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

There is a system to identify and meet regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Management informs residents and representatives of residents’ right to privacy and confidentiality and they receive documented information and sign consent forms.

- Management and staff confirmed education on mandatory reporting of elder abuse and can readily access current policies and procedures relevant to their responsibilities.
- The home displays the Charter of residents' rights and responsibilities.
- Management provides all residents or their representatives with residential agreements with the appropriate information detailed including residents' rights and responsibilities.

### **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 has processes to ensure staff have appropriate knowledge and skills to perform their roles in relation to resident lifestyle. For further details on the home's education and staff development system and processes refer to expected outcome 1.3 Education and staff development.

Recent training and education opportunities relating to Standard 3 includes:

- privacy and dignity
- leisure activities for people living with dementia
- cultural diversity
- what happens after I leave you? (grief, loss, social and spiritual).

### **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

Management supports residents in adjusting to life in the home and on an ongoing basis. Staff assess residents' emotional support needs and preferences upon entry to the home and staff develop care plans to meet resident needs. Review of residents' emotional support needs occurs on a regular basis by nursing and lifestyle staff and staff update care plans as required. Management provides residents and representatives with a resident directory to assist their orientation to the home. The home is part of the community visitors scheme with visitors regularly visiting the home. Lifestyle staff run a one to one visiting program and visit all residents every morning. Residents and representatives confirmed their satisfaction with the initial and ongoing emotional support residents receive at 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

Staff assist residents to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include regular seated exercise programs, freedom of movement within the home and the use of individual mobility aids. The home has a visiting physiotherapist services. The home welcomes visitors and maintains contact with local community groups. Residents and representatives confirmed they are satisfied residents' independence is supported by 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

Staff respect residents' right to privacy, dignity and confidentiality. There is a support and independence policy in place that covers privacy and dignity. The home has all single rooms with private en suites or shared en suites and has a range of sitting areas and lounge areas for residents to meet privately with friends and family. Staff describe appropriate practices to protect residents' privacy and dignity including knocking on doors, not discussing private information in public areas and calling residents by their preferred name. Residents and representatives confirmed and we observed that staff respect residents' rights to privacy and 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 encouraged and supported to participate in a wide range of interests and activities. Staff complete a lifestyle profile assessment form on entry to the home. Staff then develop a lifestyle care plan in consultation with residents and representatives. Staff regularly review lifestyle care plans. Staff ensure the program includes a wide range of activities. Staff provide a monthly planner in large print to residents. Staff evaluate the effectiveness of activities through a formal process. Management obtain feedback on the program via regular surveys, meetings, direct feedback, reviewing daily activity sheets and 'have your say' forms. Residents and representatives are satisfied with the lifestyle program and confirm the support of residents to participate in a range of activities at the home.

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

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

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

The home meets this expected outcome

The organisation values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of the residents. Lifestyle staff identify residents' cultural and spiritual life on entry to the home through the completion of a lifestyle cultural and spiritual needs assessment. There is provision for church services for residents at the home including regular Catholic, Anglican and non-denominational services. There are theme days and special days held throughout the year. Staff have access to culturally specific services via the internet and through information folders to assist in meeting individual cultural needs as required. Residents and representatives report they are satisfied with the home's response to residents' cultural and spiritual needs.

### **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

There are processes that promote residents' right to exercise choice and control over their lifestyle. Residents and representatives are encouraged to participate in the assessment process. The home provides residents and representatives with regular meetings and 'have your say' forms to provide feedback on the home. Management have an open door policy to ensure they are easily accessible if needed. Management have a petty cash system in place. There is a wide range of activities on offer on both floors of the home and residents can choose their participation levels. Residents and representatives confirmed that their individual choices and decisions are encouraged, respected and supported by management and staff at the home.

### **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

The organisation has a system to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. Management provides information about security of tenure and residents' rights and responsibilities which are included in the residential care agreement and information packs. The facility manager discusses admission requirements and agreements with residents and representatives and can contact the organisation's head office for assistance if required. Any change of rooms will only occur after consultation with the resident and their representatives. Residents and representatives confirmed that residents have secure tenure within the home and are aware of resident's 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

The home’s continuous improvement system demonstrates that improvements in physical environment and safe systems are ongoing. For a description of the home’s system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Standard 4 include:

- In response to residents’ complaints about the glare from the double glass doors in the downstairs dining room, management tinted the doors. Management said residents reported the tinting is effective and they are now comfortable sitting in the dining room for lunch on sunny days.
- Staff identified the need for a reclining shower chair to provide an opportunity for residents who are confined to bed to have a shower. Following a trial of different shower chairs, staff selected a suitable and comfortable chair for residents. Management said staff reported the shower chair is very effective and meets residents’ needs.
- Management recognised the need to provide better outdoor furniture for residents. To address this need management purchased two outdoor furniture settings which are set up in two different courtyards. Each setting consists of two armchairs, coffee table and a two seater lounge chair. The wicker based furniture with cushioned seats is safer and more comfortable for residents, who have reported satisfaction with the new furniture.

### **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

There is system to identify and meet regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

- Management inform staff of occupational health and safety policy requirements. Corporate office and the home adhere to the relevant legislation and update policy as required.
- The home demonstrates compliance with annual essential services safety measures reporting requirements.
- The home shows evidence of following relevant protocols in relation to compliance with food safety regulations and guidelines.



#### **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 has processes to ensure staff have appropriate knowledge and skills to perform their roles in relation to the home's physical environment and safe systems. For further details on the home's education and staff development system and processes refer to expected outcome 1.3 Education and staff development.

Recent training and education opportunities relating to Standard 4 includes:

- fire training
- infection control
- food safety.

#### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

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

The home meets this expected outcome

Management is actively working to provide a safe, comfortable and homelike environment consistent with residents' care needs. Residents have access to courtyard areas, various lounges and dining areas including smaller areas for more private occasions with family and friends if desired. The lounge and dining areas have sufficient lighting including natural light for engagement in various activities and comfortable furniture for residents' care needs. Corridors are clear and wide with hand rails and all residents' rooms have heating and cooling systems. Maintenance management systems and regular environmental audits ensure the home is clean and appropriately maintained for residents' care and safety needs. Residents reported satisfaction with their living environment.

#### **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 demonstrates it is working to provide a safe working environment that meets regulatory requirements. Policies and processes guide staff to understand their rights and responsibilities relating to occupational health and safety and a poster in the staff room identifies relevant representatives. Management monitor the effectiveness of its occupational health and safety procedures through regular environmental and occupational health and safety inspections and through the review of incidents and maintenance requests. Management discuss occupational health and safety within the regular general staff meetings. Management ensures all equipment is subject to routine and preventative maintenance and staff complete product evaluation forms on new equipment. Staff report they are satisfied they work in a safe environment and can bring up any occupational health and safety matters.

#### **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 secure environment and safe systems that minimise fire, security and emergency risks. The home is equipped with fire prevention/fire fighting equipment and an external service checks and inspects emergency systems and equipment as required. Maintenance monitors the external service provider's services according to the preventative maintenance schedule. The home maintains an evacuation kit and emergency manual which outlines procedures for various emergency situations including for fire, evacuation, medical emergency and internal and external threats. Evacuation plans are on corridor walls throughout the home and emergency exits are free of obstruction. All staff attend fire/emergency training annually and described their responsibilities. The residents' handbook documents what to do in the event of an emergency and residents said they felt safe and secure.

#### **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 organisation has an effective infection control program in place. Infection control policies are accessible to all staff. Staff receive ongoing infection control education including hand hygiene. Management displays posters to educate staff and highlight the importance of infection control. Staff including laundry, cleaning and catering staff also have access to appropriate personal protective equipment. The home has current information to guide staff in managing infectious outbreaks. Management monitors infections via information in the individual unit monthly infection register. The infection data is analysed and reported and is benchmarked. We observed hand hygiene facilities around the home. Staff confirmed they are aware and have access to infection control information and could access personal protective equipment.

#### **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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff working environment. All food is prepared in a central kitchen and served directly to the residents' dining room and delivered to the upstairs dining room. Monitoring mechanisms in the kitchen include external and internal audits and reports and daily record sheets of temperatures. The home has a four week menu and the dietitian reviews the menu twice yearly. Schedules are in place to ensure that cleaning tasks are completed and the team observed the living environment and resident rooms to be clean during the visit. All laundry is completed onsite and we observed adequate linen services. Laundry staff offer a labelling service to all residents. The home has a system to manage lost property. Residents, representatives and staff confirmed that they are satisfied with the home's catering, cleaning and laundry services.