



Aged Care  
Standards and Accreditation Agency Ltd

## **Marana Gardens Hostel**

RACS ID 5230

10 Ridgeway Avenue

SOUTHPORT QLD 4215

Approved provider: Churches of Christ in Queensland

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 6 December 2015.

We made our decision on 15 October 2012.

The audit was conducted on 4 September 2012 to 5 September 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Marana Gardens Hostel 5230**

**Approved provider: Churches of Christ in Queensland**

## Introduction

This is the report of a re-accreditation audit from 4 September 2012 to 5 September 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 4 September 2012 to 5 September 2012.

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

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

## Assessment team

Team leader:	Karen Thurecht
Team member/s:	Jan Herbert

## Approved provider details

Approved provider:	Churches of Christ in Queensland
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## Details of home

Name of home:	Marana Gardens Hostel
RACS ID:	5230

Total number of allocated places:	71
Number of residents during audit:	69
Number of high care residents during audit:	52
Special needs catered for:	N/A

Street/PO Box:	10 Ridgeway Avenue	State:	QLD
City/Town:	SOUTHPORT	Postcode:	4215
Phone number:	07 5552 6888	Facsimile:	07 5552 6855
E-mail address:	danielle.lowe@cofcqld.com.au		

## Audit trail

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

### Interviews

	Number		Number
Service Manager	1	Residents/representatives	8
Roving Care Manager	1	Volunteers	1
Clinical Co-ordinator	1	Lifestyle therapist	1
Registered nurses	1	Administration assistant	1
Registered nurse/wound nurse	1	Catering staff	2
Endorsed enrolled nurse/continence nurse	1	Laundry staff (personal care workers)	3
Endorsed enrolled nurse	1	Cleaning staff	1
Care staff	12	Maintenance staff	2
Physiotherapist	1	Quality Co-ordinator	1

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	20
Personnel files	6		

### Other documents reviewed

The team also reviewed:

- Activities programs
- Audits
- Bus outing risk assessments and outing records
- Clinical observations and daily clinical information records
- Cleaning schedules
- Comments and complaints register
- Communication diaries
- Dietary and fluid lists
- Disaster plans
- Duties lists
- Education calendar
- Education attendance records
- Evacuation list
- External activities venue assessments and evaluations
- Fire management folder

- Food and fluid monitoring charts
- Food safety manual
- Food safety temperature records
- Hazard forms
- Incident reports and monthly summaries
- Infection control folder
- Job descriptions
- Maintenance records
- Material safety data sheets
- Medication refrigerator temperature records
- Meeting minutes
- Menus
- Monthly infection records and incident forms
- Police check matrix
- Residents' activities preference matrix
- Residents' activities satisfaction survey
- Residents' agreements
- Residents' consents including consent to display photographs and to celebrate birthdays
- Residents' handbook
- Residents newsletter
- Restraint assessments and authorisations
- Risk assessments
- Self-administration of medication assessments
- Staff orientation package
- Staff handbook
- Staff signature records
- Surveys
- Wound management plans

### **Observations**

The team observed the following:

- Activities in progress
- Activities programs on display
- Bus outing bag, documentation and supplies
- Charter of residents' rights and responsibilities on display
- Clinical and continence supplies
- Comments and complaints information
- Equipment and supply storage areas

- First aid kits
- Interactions between staff and residents
- Living environment
- Material safety data sheets
- Meal service at midday
- Medication round
- Notice boards
- Personal protective equipment in use
- Sharps waste disposal containers
- Spills kits
- Storage of medications



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Marana Gardens Hostel (the home) identifies, implements and evaluates continuous improvement activities through suggestion forms, internal audits, incidents and hazard recording, clinical indicator data, and individual and group meetings. Improvements are logged and discussed at relevant meetings, and actions are planned and monitored, before being evaluated through to completion. Stakeholders are provided feedback via correspondence, noticeboards, and meetings. Residents/representatives, staff and contracted staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- It was identified in a staff meeting that medication packages were frequently out of order and difficult to manage. As a result new folders that store medications in an established order have been implemented. Management report that workflows for registered nurses have improved as a result.
- Staff feedback indicated that increased care needs of residents in some cottages were impacting upon their ability to meet residents' needs adequately. As a result care hours were increased for care staff who float between cottages as required. Staff report that this has increased their ability to appropriately fulfil their roles.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated to reflect change and are accessible electronically and through information from management. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, education sessions, memoranda, communication books and notice boards. The home ensures relevant individuals have been screened through a current criminal record check and monitor for three yearly updates. Residents/representatives were informed of the re-accreditation audit through correspondence, meetings and notice boards.

### **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 maintains a comprehensive education schedule including mandatory training, in-service training sessions and self-directed learning packages. Staff are encouraged and supported to attend external learning opportunities. Internal and external education sessions are communicated to staff via education calendars, meetings and notice boards. Education opportunities are identified via meetings, feedback mechanisms and the changing needs of residents. Management monitor the skills and knowledge of staff through audits, observation of staff practice, attendance at mandatory education and via incident and hazard monitoring. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. Education relevant to Standard 1 includes but is not limited to, accreditation standards, internal management systems, processes and human resource information.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents/representatives are aware of how to access the complaint mechanisms within the home. Management and key personnel provide opportunities for residents/representatives to voice concerns and maintain an open door policy. Complaints are captured through individual or group meetings and management provides either verbal or written feedback to the complainant until closed. Changed processes or requirements to manage the complaint are communicated to relevant staff. External complaints information is displayed and available for residents/representatives to access.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home's mission and philosophy are documented and displayed throughout the home. New residents, staff and other stakeholders are informed about the home's philosophy, mission, values and commitment to quality through information handbooks, staff orientation processes and on an ongoing basis.

## **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

Employment processes at the home include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff receive 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified at annual performance appraisals, competency assessments, audits and attendance at education/training. Staff obtain a current criminal history clearance prior to commencement of work and alerts are provided to staff prior to expiry. To ensure that there is appropriate and adequate staffing for all shifts the home maintains a roster which is reviewed regularly in response to the changing care needs of the residents. Planned and unplanned leave replacements are maintained from the home's current staffing numbers or agency staff. Residents are satisfied that their needs are met by appropriately skilled 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

Processes to ensure there are appropriate goods and equipment available for service delivery include key personnel responsible to maintain stock levels and ordering procedures. Equipment needs are identified by management, staff and health professionals and are based on the needs and preferences of residents. Equipment and stock for specialised health and personal care, resident lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and/or corrective maintenance. Residents/representatives and staff are satisfied that adequate stocks of goods and equipment are provided by the home.

## **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

Systems and processes ensure that management, staff and residents/representatives have access to, and use of accurate and appropriate information. Processes to provide information to relevant stakeholders include written and electronic correspondence, individual and/or group meetings and memoranda that are distributed and displayed. The home has archiving procedures including destruction of documents to ensure that confidentiality and privacy is maintained when handling information. Electronic information is password protected with access restricted to appropriate personnel. Information is stored in established areas within the home. Monitoring of the information management system occurs through internal auditing processes as well as staff and resident/representative feedback. Sufficient information is provided to staff to enable their duties to be carried out effectively. Residents/representatives

are satisfied that the communication of information is timely and that management provides them with the information to make informed decisions.

### **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

Residents/representatives, staff and management are satisfied with the external service contractors providing the home's care and service needs. Service agreements and contracts with providers outline the home's requirements and the quality of service to be provided. External providers have a current criminal record check as required. The home has contracts with external services including cleaning, laundry, continence products, medical supplies, chemicals and catering.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to Standard 2 Health and personal care, staff record any adverse events in relation to resident falls, skin tears, medications, behaviours and absconding and this information is analysed for trends. Residents and staff are satisfied that the organisation actively promotes and improves residents' physical and mental health.

Examples of improvements related to Standard 2 include:

- An audit identified an opportunity for improvement in the management of residents with diabetes. As a result individualised diabetes management plans have been established in consultation with the resident and their doctor. Staff report a greater understanding of diabetes management and residents' individual needs.
- Management observation identified a need for improvement in staff consistency in relation to thickening fluids for residents. As a result an external provider has been engaged to provide pre-prepared thickened fluid products. Management report this has improved workflow and residents are receiving correctly thickened fluids and a greater variety of products.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant health and personal care. Management and staff are aware of their responsibilities in relation to the provision of specified care services and the notification of unexplained absences of residents.

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

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting residents’ physical and mental health. Education relevant to Standard 2 includes medication management, pharmaceutical information and specific health related issues for resident care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to assess, plan, manage and review residents’ individual care needs in conjunction with residents and their representatives. Information obtained from residents and representatives together with a range of focused assessments are used to prepare individualised care plans. A registered nurse reviews care plans every three months or more frequently if necessary to ensure the care provided is up-to-date and appropriate. Registered nurses are responsible for directing and supervising clinical care which is delivered by qualified and trained staff within the scope of their practice. Care staff described care consistent with residents’ care plans and were knowledgeable about residents’ care needs. Representatives advised they are kept informed of residents’ care and health changes. Residents and representatives interviewed are satisfied with clinical care provided.

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

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

#### **Team’s findings**

The home meets this expected outcome

Residents receive specialised nursing care appropriate to their individual needs and preferences. Registered nurses assess, supervise and review residents’ specialised nursing care needs. Information obtained from residents and representatives together with a range of focused assessments are used to prepare individualised care plans. Nursing staff refer residents to a range of allied health professionals and other specialists to assist the home to manage residents’ complex and specialised care needs. Current examples of specialised clinical care include catheter and stoma management and complex wound care. Staff described specialised nursing care consistent with care plans. Residents and representatives interviewed are satisfied residents’ needs are met.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents are referred to a range of allied health and medical specialists, and other related services in accordance with their needs and preferences. These include podiatry, dental, optometry and audiology services. Other clinical specialists available for advice, assessment and treatment include a speech therapist, dietitian, physiotherapist and medical specialists. The home liaises with a palliative care team, an older persons mental health team and an aged care early intervention management service when necessary. A review of residents’ files and other documentation showed residents are referred to health care specialists for advice, assessment, treatment and review, and appropriate changes to care plans are documented and implemented as a result. Residents and representatives interviewed stated residents are referred to health specialists when required and are satisfied with the choices available to them.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to manage the ordering, storage, administration, recording, review and disposal of medications. Qualified and trained staff use a blister pack medication system to administer prescribed medications. Liaison with the supplying pharmacy ensures new or changed medications are supplied promptly. Medication incidents and supply errors are documented and action is taken to correct incidents and errors. Actions include staff counselling and education, and follow up with the supplying pharmacy when supply or packaging errors occur. Medication charts include residents’ photographs and a record of any allergies. Medication orders are current, legible, signed and dated, and include the time and dose to be administered. Medications are stored securely and are refrigerated when necessary. Eye drops are dated when opened and are discarded 28 days later. Protocols are in place for the administration of PRN (when necessary) medications. A clinical pharmacist conducts regular medication reviews to assess interactions and contraindications, and makes recommendations regarding medication management. Residents and representatives interviewed expressed their satisfaction with the management of residents’ medications.

## **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

Staff assess residents’ pain using observation, and verbal and non-verbal assessments to identify, assess, monitor and evaluate residents’ pain. Care staff use medication and non-chemical strategies to relieve and manage residents’ pain. When appropriate nursing staff refer residents to the home’s physiotherapist, their medical practitioner or a palliative care team to assist with pain management. Residents and representatives interviewed expressed satisfaction with residents’ pain management and stated staff assist residents to be as free as possible from pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

When residents move into the home care staff discuss and document residents’ preferences for end of life care if residents and representatives wish. Care strategies to ensure the comfort and dignity of terminally ill residents include specialist advice, pain management and emotional support. The pastoral care team and visiting clergy are available to provide support for terminally ill residents and their representatives when requested. Families are encouraged to stay and to participate in residents’ care if they wish to do so. Care staff have received palliative care education to ensure the comfort and dignity of terminally ill residents is maintained.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Nursing staff assess dietary and nutrition requirements and preferences when residents move into the home. Assessments include meal size and texture, any oral or dental deficiencies, and swallowing difficulties. A dietitian is available to provide advice about any special dietary requirements, and a speech therapist is available to review residents with swallowing difficulties. Residents are weighed every month or more frequently if necessary to monitor changes. Significant weight loss or gain is investigated and residents are referred to a dietitian or medical officer for investigation and advice. The home provides residents with special diets, pureed meals, thickened fluids, and protein supplement drinks. Residents are encouraged to provide feedback at residents’ meetings and individually to staff or management. Residents interviewed are satisfied with the quantity, quality, temperature and presentation of meals. The home responds to residents’ comments about menu preferences and concerns, and adjusts menus to meet residents’ choices where possible.

## **2.11 Skin care**

*This expected outcome requires that “residents’ skin integrity is consistent with their general health”.*

### **Team’s findings**

The home meets this expected outcome

Residents’ skin integrity and their ability to manage their own personal hygiene requirements are assessed when they move into the home, and at regular intervals. Risk assessments identify those residents at risk of injury. Care staff use a range of aids and interventions to maintain skin integrity include repositioning, massage, protective aids, pressure relieving equipment and regular nail and hair care. Skin tears, wounds and any injuries are assessed, documented, treated, monitored and analysed for possible causes. A hairdresser and a podiatrist visit the home regularly. Skin integrity is monitored through observation, data collection and resident or representative feedback. Residents and representatives interviewed are satisfied with the skin care regimes provided to residents.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Nursing staff assess, document, monitor, manage and review bladder and bowel continence, and constipation. When necessary a continence management plan is developed in consultation with the resident or representative. Continence is promoted through initial and ongoing assessments, toileting regimes and the use of continence products. Residents are encouraged to drink additional fluids and to exercise to reduce constipation. Continence management is monitored through observation of staff practices, data collection including urinary tract infection rates and analysis and resident or representative feedback. The home has adequate supplies of linen and continence aids in varying sizes for residents’ use. Staff receive training in continence management and the use of appropriate continence products. Residents and representatives interviewed are satisfied with residents’ continence management.

## **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

When residents with challenging behaviours move into the home their behaviours are assessed, and a behaviour care plan is developed. Care staff observe the frequency and nature of challenging behaviours in an effort to identify triggers, and to develop effective management strategies. Possible physical causes such as pain or urinary tract infections are investigated when challenging behaviours are evident. Residents are reassessed as care needs change or if current interventions become ineffective. Care staff receive education and training in the management of challenging behaviours, and practices are monitored through observation and representative feedback. They have access to external specialists including an older persons mental health team and an aged care early intervention management service for advice and support if required. Representatives interviewed are satisfied with the way in which residents with challenging behaviours are managed at the home.

## **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.*

### **Team’s findings**

The home meets this expected outcome

The home’s physiotherapist assesses residents’ mobility and risk of falls when residents move into the home prior to the preparation of physiotherapy and mobility care plans. Residents are encouraged to exercise and are prompted and reminded to use appropriate aids and equipment to assist mobility and reduce the risk of falls. The incidence of falls is documented, monitored and analysed, and risk factors are identified. The home provides a range of manual handling equipment and mobility aids and has a system for hazard identification and reduction which assists in reducing the risk of falls. Care staff receive manual handling training and undertake manual handling competency assessments during orientation, then annually or when new manual handling equipment is introduced. Residents

and representatives interviewed reported residents are encouraged to remain mobile and active, and to use mobility aids when appropriate.

### **2.15 Oral and dental care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ oral and dental health, and their ability to attend to their own oral and dental care, are assessed when they move into the home, and are monitored by care staff. Residents are encouraged and assisted to brush their own teeth or dentures to maintain their independence. Care staff carry out mouth care when residents are unable to do so independently or when they are receiving palliative care. Residents’ diets take into account their oral and dental status to ensure they receive adequate nutrition. Dental services are available for residents, and when necessary the home arranges appointments for specialist dental care. Staff practices are monitored through observation, education, incident reporting and resident feedback. All residents and representatives interviewed are satisfied with the oral care provided to residents.

### **2.16 Sensory loss**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ sensory status is assessed when they move into the home to identify and manage sensory losses. Residents have access to specialist services including audiology, ophthalmology and optometry. Care staff assist residents requiring help to clean and maintain hearing aids and spectacles. Talking books and assistance with reading and writing letters and emails are available for residents with limited vision, and music provides aural stimulation for residents with reduced hearing. Residents’ sense of smell and taste is stimulated during meal service. Residents obtain tactile stimulation through massage. Residents interviewed reported staff assist them to maintain spectacles and hearing 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

When residents move into the home information about residents’ sleep routines and preferences is documented and care staff observe sleep patterns to assist with care planning and management. Residents who have disturbed sleep are encouraged to remain active during the day. Care staff identify causes for sleep disturbances where possible and maintain a quiet and comfortable environment at night. Non-chemical interventions used to encourage sleep include warm drinks and snacks during the night, massage, repositioning, pain and continence management, conversation and reassurance. Residents interviewed stated staff assist them to sleep without disruption, and are attentive when they have difficulty sleeping.

### **Standard 3 – Resident lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly evaluated from all lifestyle and care activities. Staff also contribute to improvements to resident lifestyle within regular meetings and encourage and support residents to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- Following an audit it was identified that handover information may not be kept confidential due to the location of the handover. The location has since been changed and the risk of breaching confidentiality has been significantly reduced.
- New activities boxes filled with activities have been implemented following resident feedback that after hours there were few activities. Residents report that they enjoy the games and activities on week-ends and after hours.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to resident lifestyle. Staff training and monitoring processes are effective in ensuring staff are aware of their responsibilities in relation to compulsory reporting.

#### **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 expected outcome 1.3 Education and staff development for information about the home’s systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing training in relation to resident lifestyle and management and staff demonstrate knowledge and skills relevant to their roles in the maintenance of residents’

rights. Education relevant to Standard 3 includes but is not limited to, elder abuse/compulsory reporting, resident rights and responsibilities and privacy and dignity.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

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

The home meets this expected outcome

The home supports residents in adjusting to life in their new environment and on an ongoing basis. The resident handbook provides prospective and new residents with information about the home and the services offered. New residents are welcomed, oriented to their surroundings and are introduced to staff and other residents. A pastoral care team and clergy from a number of different churches and religions are available to provide support. Lifestyle team members spend time with new residents and their representatives to obtain information about individual preferences and past history before preparing care plans. Care plans are reviewed every three months or more frequently if new or changed abilities and preferences are identified. Residents are encouraged and assisted to participate in activities of interest and to provide feedback about any concerns they might have. Residents and representatives reported residents feel supported when they move into the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home encourages residents to achieve maximum independence. They are assisted to maintain friendships and interests, and to participate in community activities in accordance with their individual abilities and preferences. Residents' level of independence and need for assistance are assessed when they move into the home and are regularly reviewed. The home arranges bus trips for those residents who can participate. Residents' independence is encouraged and maximised through regular exercise, access to newspapers and magazines, telephones and support to vote in elections. Residents' meetings provide the opportunity for residents to raise issues and provide feedback. Family and friends can visit at any time and we observed residents entertaining visitors in their rooms and in communal areas of the home. Residents interviewed confirmed they are encouraged to maintain friendships and interests.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents' right to privacy and dignity is respected and their confidentiality is maintained, for example, details of birthdays are not publicised and birthdays are not celebrated unless residents give their permission. The home securely stores residents' current and archived records and personal information. Computers are password protected and access is

restricted according to designation. Staff sign confidentiality agreements and a code of conduct requiring them to conduct themselves in a manner which maintains residents' rights, privacy, confidentiality and dignity. Staff distribute personal mail to residents, address residents in a courteous and polite manner calling residents by their preferred names and only entering residents' rooms with permission. Residents and representatives interviewed reported staff are respectful and maintain residents' privacy when carrying out care and treatment.

### **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' lifestyle preferences and wishes are assessed and regularly reviewed in conjunction with residents and their representatives. Lifestyle team members visit all residents when they move into the home to discuss their leisure and recreational interests and social interaction preferences before preparing care plans. Care plans and activities programs are reviewed and evaluated regularly to ensure they continue to meet residents' changing capabilities and preferences. Information about resident satisfaction is obtained from staff and volunteer observations, surveys, attendance, activities evaluations, residents' meetings and individual resident feedback. A varied and flexible program includes a range of activities designed to meet residents' current preferences and capabilities. Volunteers assist with the activities program and visit residents on a one-to-one basis. Residents and representatives interviewed reported residents enjoy the activities available to them.

### **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

Lifestyle assessments are completed when residents move into the home to identify each resident's cultural and spiritual preferences. Various church denominations conduct regular church services at the home and residents wishing to participate are encouraged and assisted to attend. Pastoral carers visit residents individually in accordance with residents' personal wishes. Activities reflect cultural diversity and residents celebrate culturally significant days such as Christmas, Easter, Australia Day and Anzac Day. Residents and representatives interviewed are satisfied with the pastoral care, spiritual services and support available to residents.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

Residents are encouraged and assisted to participate in choice and decision making about their care, lifestyle and environment. Residents and their representatives are consulted

regarding residents' preferences and they are invited to take part in care planning, review and evaluation. The resident handbook provides information which supports resident choice, and choice and decision making are encouraged through the complaints system, assessment and care planning processes, surveys, residents' meetings, and by direct feedback to staff and management. Residents have a choice of medical practitioner and allied health services. Residents and representatives reported residents are encouraged to exercise choice and control over their lifestyle while not infringing on the rights of other people

### **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 home has a policy and procedures to ensure residents have secure tenure, and understand their rights and responsibilities prior to moving into the home. Financial arrangements, security of tenure and the process for the termination of the agreement are discussed with residents and their representatives. The residents' agreement and handbook include information about security of tenure, schedules of the specified services, including those for high care residents, and information about complaints mechanisms. Residents or relatives are advised of specified services for high care residents when residents are re-assessed as eligible for high care services. The Charter of residents' rights and responsibilities is included in the agreement and is on display in the home. Residents and representatives interviewed are satisfied residents have secure tenure within the home and are aware of residents' rights and responsibilities

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to Standard 4 Physical environment and safe systems, information collected from staff about any hazards, incidents, infections, and the environment is analysed for trends. Staff and residents are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

- Feedback from residents led to the refurbishment of the home including new carpets, internal painting and new bathrooms. Resident feedback reflects their satisfaction with the improvements and their pride in the home’s appearance.
- Resident meetings identified ongoing dissatisfaction with the meals being provided and as a result the home changed the external provider supplying the meals. Resident feedback indicates residents are satisfied with the quality of meals now being provided.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. The home’s food safety program has been accredited by council and external audits conducted; a Food Safety Supervisor and a Fire Safety Adviser are available to guide staff practice.

### **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

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in maintaining the welfare of residents, staff and visitors in safety and comfort. Education relevant to Standard 4 includes but is not limited to, mandatory education for fire and emergency response and infection control.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The living environment is monitored through reporting and actioning of hazards and investigation of incidents. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. The residents are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable home like environment to support the lifestyle needs of the residents. Security arrangements are in place to ensure a safe environment for residents and staff over night. Residents/representatives are satisfied that management is actively working to provide a safe, comfortable and homelike 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 is actively working to provide a safe working environment that meets regulatory requirements. Processes and procedures to identify hazards, review safe work practices, evaluate new equipment and provide ongoing education to maintain a safe working environment are identified and the home provides information to direct staff practice. Workplace health and safety information is provided during orientation and staff meetings and annual mandatory training contribute to a safe working environment. Audits and risk assessments, hazards and incidents are logged and discussed at work place health and safety meetings and information is made available to staff through minutes of meetings. Staff are aware of the home's workplace health and safety system, contribute to safety improvements and indicate that management is responsive to providing a safe workplace.

#### **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 documented policies and procedures to manage fire safety, evacuations and other emergencies. Evacuation plans are located across the site in accordance with regulatory guidelines and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff. Mandatory fire safety training and education is provided for staff at orientation and annually and is monitored for attendance. Regular fire drills are conducted and staff have knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation.



#### **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 to identify and contain potential and actual sources of infection including in the event of an outbreak. Processes are established for the identification of resident infections and incidents are collated on a monthly basis for analysis and trending. Audits and risk assessments are undertaken and issues relating to infection control are discussed at workplace health and safety meetings and monitored via clinical governance reports and relevant meetings. Staff demonstrate an understanding of infection control practices relating to their area of work. Hand washing facilities are located throughout the home and personal protective equipment is available and used by staff. Laundry items are laundered in a way aimed at reducing the risk of cross infection, safe food practices are followed in the kitchen and cleaning schedules are in place for all areas of the home. Residents/representatives are satisfied with the care provided by the staff in the management of infections and with the cleanliness of the home.

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

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

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

The home meets this expected outcome

Residents expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Residents' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure their individual needs and preferences are met. The home provides meals which are delivered daily by an external provider and heated and served by staff in kitchenettes in the individual cottages. The menu is developed in consultation with residents and changed in response to resident feedback. Alternative meal preferences are provided. Residents/representatives are invited to forums to discuss menu issues and residents' satisfaction with the meals is monitored via surveys. There is a scheduled cleaning program which includes duty lists and schedules to guide staff to ensure weekly cleaning of residents' rooms and the environment. Laundry services are provided on-site and personal items are returned to residents within 24 hours.