



Aged Care  
Standards and Accreditation Agency Ltd

## **Melville Aged Care**

RACS ID 7875

Corner French & Stock Road

MELVILLE WA 6156

Approved provider: Balmoral Aged Care Group 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 11 May 2015.

We made our decision on 3 April 2012.

The audit was conducted on 8 March 2012 to 9 March 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

**Melville Aged Care 7875**

**Approved provider: Balmoral Aged Care Group Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 8 March 2012 to 9 March 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 8 March 2012 to 9 March 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:	Alison James
Team member:	Shirley Latham

## Approved provider details

Approved provider:	Balmoral Aged Care Group Pty Ltd
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## Details of home

Name of home:	Melville Aged Care
RACS ID:	7875

Total number of allocated places:	97
Number of residents during audit:	50
Number of high care residents during audit:	48
Special needs catered for:	Nil specified

Street:	Corner French & Stock Road	State:	WA
City:	MELVILLE	Postcode:	6156
Phone number:	08 9330 1911	Facsimile:	08 9317 1212

## Audit trail

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

### Interviews

	Number		Number
Facility manager	1	Therapy staff	2
Clinical nurse manager	1	Administration assistant	1
Clinical resource manager	1	Chef	1
Registered nurses	2	Catering staff	1
Enrolled nurse	1	Laundry staff	1
Assistants in nursing	9	Cleaning staff	1
Physiotherapist	1	Maintenance staff	1
Physiotherapy consultant	1	Residents/representatives	15
Occupational therapist	1		

### Sampled documents

	Number		Number
Residents' assessments, progress notes and care plans	6	Medication profiles and signing sheets	8
Therapy assessments and care plans	7	Resident files and agreements	3
Hazard reports	10	Service contracts	4
Staff files	5		

### Other documents reviewed

The team also reviewed:

- Accident and incident data
- Archiving system and files
- Audit file
- Bowel charts
- Care plan review schedule and family conference planner
- Cleaning schedules and task sheets
- Clinical indicators records and trends
- Clinical supply lists and purchase information
- Complaints and compliments file
- Diaries
- Education training matrix and records
- Electronic referrals
- Emergency manuals
- Essential and preventative maintenance schedules and records
- Food safety plan
- Fridge, freezer and meal temperature records
- Handover sheets
- Incident analysis file
- Infection control guidelines and surveillance file
- Job descriptions

- Mandatory reporting register
- Material safety data sheets
- Medication self-administration authorisations
- Memoranda
- Menus
- Minutes of meetings
- Occupational health and safety file
- Pest control records
- Plan for continuous improvement and improvement logs
- Poisons permit
- Police clearance records and statutory declarations
- Policies and procedures
- Registrations for professional personnel
- Resident information pack and respite letter and checklist
- Schedule eight register
- Staff information pack and agency orientation records
- Staff roster and allocation sheets
- Therapy statistics
- Visitors and contractors signing in and out book
- Volunteers handbook
- Weight charts
- Wound care plans and treatment sheets.

### **Observations**

The team observed the following:

- Activities in progress
- Building renovations in progress
- Care in progress signs
- Charter of residents rights and responsibilities displayed
- Complaints and suggestion forms and suggestion box
- Equipment and supply storage areas
- Fire fighting and preventative equipment
- Interactions between staff and residents
- Kitchen environment and food storage
- Living environment
- Medication round
- Modified crockery and cutlery
- Notice boards and with relevant information displayed
- Personnel protective equipment, hand sanitizers, outbreak kit, sharps and waste disposal receptacles
- Smoking area
- Staff access to information that enables them to perform their duties
- Storage of medications.

## Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The home has a system to ensure all stakeholders are aware of and can contribute to improving care and services. Mechanisms feeding into the continuous improvement plan include complaints, accidents and incidents, meeting minutes, feedback from suggestion forms, hazards, audits, and clinical data reviews. Opportunities for improvement are acted upon, closed out, and outcomes are analysed. Staff, residents, and representatives reported awareness of improvement activities and in some cases had actively contributed to the process.

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

- Feedback from residents, representatives and staff advised that residents requiring respite receive confusing and conflicting information. A welcome letter with a checklist of requirements has been developed and this is sent out to prospective respite residents. Feedback from residents requiring respite care about the letter and checklist has been positive.
- As a result of staff and resident feedback management changed current roster arrangements to maximise training opportunities without compromising resident care. Instead of short training segments, a full staff training day was trialled in November with good staff feedback. This has since been tailored for full effectiveness and staff attending training are now replaced for a full day on the roster.

#### 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

There are systems to ensure the organisation complies with relevant legislation, regulatory requirements, professional standards, and guidelines. The organisation receives updates on legislative and regulatory changes from its peak body and government sources. Management is notified of any changes, and staff receive information as required via memoranda, notices on the notice boards, and meetings. Changes to policies and processes in line with legislation occur, as required. The home ensures that registrations for staff and police checks are monitored for new and existing staff, volunteers, and contracted professionals.



### **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 that management and staff have the knowledge and skills to perform their roles effectively. Selection criteria, an interview process, an orientation and buddy system, education program, job descriptions, and staff appraisals support recruitment processes. Mandatory training is a part of an annual training schedule developed from information gathered through surveys, progress notes, appraisals, staff suggestions and residents' feedback, and in response to regulatory requirements. Staff reported that they are well supported with training and feel confident that they have the skills to perform their work effectively. Residents and representatives reported that management and staff are skilled, knowledgeable, and effective in their roles.

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

- Accreditation
- Continuous improvement.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

There are processes to ensure that residents and their representatives have access to internal and external complaint mechanisms and the residents' handbook, contracts, and brochures outline these avenues. Suggestion and complaint forms and a suggestion box are available. The effectiveness of the comments and complaints process is measured via audits and surveys, and identified trends flow into the home's continuous improvement system. Staff interviewed reported ways in which they can assist residents to make a complaint. Residents and representatives reported using formal and informal processes with staff and management as ways of resolving issues, and are satisfied with their access to complaints processes.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

Displayed on a wall in the lobby of the home and in various information documents, is the documented vision, values, philosophy, objectives, and commitment to quality statement for the organisation. Information is provided to residents and representatives on moving into the home via a resident's admission pack and agreement. Staff receive introduction to the organisation's values, vision, and philosophy at the time of recruitment, through the staff information pack, policies and procedures, and at induction.

## **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

There are processes to ensure there are sufficient appropriately skilled and qualified staff to meet the needs of the residents. The manager ensures that the home's staffing ratios and skills mixes are maintained at levels designed to meet the residents' changing care needs. Staffing levels are monitored through incident analysis, resident and staff feedback, audits and surveys. New staff receive orientation to the home's systems, have mandatory training, and are 'buddied' with a more experienced staff member for one or more shifts, as necessary. Staff reported that management increase shifts as workloads increase. Residents and representatives reported that staff are skilled and staff numbers are sufficient.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

There are stock control and ordering systems to facilitate the availability of an adequate supply of goods and equipment for quality service delivery. The home considers the needs of residents, staff feedback, and occupational health and safety requirements when purchasing new equipment. Designated and registered staff have responsibility for assessing needs and ordering equipment and stock for specific areas and tasks. Equipment is maintained through internal and external maintenance programs. Staff, residents, and representatives are satisfied there are adequate and appropriate stocks of goods and equipment available to provide care and services.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has effective information management systems. Policies and procedures guide the use, disclosure, storage, back-up, retrieval, and destruction of information. Memoranda, care plans, duty statements, handovers, email, diaries, notices, and meetings are used to ensure that information is communicated effectively. Information from clinical records and indicators, human resource/auditing/surveying processes, and reporting and feedback mechanisms is routinely collated, recorded, and analysed. Staff reported they are educated regarding information management and confidentiality at orientation and that they have access to sufficient information to guide their work in delivering care and services to residents. Residents and representatives reported that management provides them with satisfactory information verbally, by letter and telephone, in written material provided on moving to the home and noticeboards, and at meetings.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure that externally sourced services are provided in a way that meets the needs and goals of the home. Approved suppliers are utilised and service agreements specify safety requirements and the level of quality expected by the home. There are processes to monitor police certificates, indemnity insurance, and professional registrations. The quality of services is monitored via various feedback mechanisms, is used to evaluate services, and is taken into consideration on renewal of contracts. Staff, residents, and representatives reported satisfaction with the standard of externally sourced services.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

Examples of recent or current improvement activities related to Standard 2 are described below.

- Staff were seeking advice after hours on palliative care issues that led to the development of a palliative care package. This package includes training, equipment including a subcutaneous pump, a palliative care committee, and a memorial day for past residents. Residents, representatives and staff provided positive feedback on this initiative.
- Therapy assistants were referring to clinical staff about modified diets for residents that was time consuming and at risk if information not received or sought promptly. The weekly reviewed diet list and any changes are now provided to therapy staff and they report feeling more comfortable about meeting residents' needs appropriately.

### **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

There are systems and processes to identify and ensure that the home meets regulatory compliance in relation to the residents' health and personal care. There is a process to monitor the professional registrations of nurses and allied health staff. Registered nurses and allied health staff assess, plan and direct the care for high care residents. The home has a poisons licence, and medications are stored safely. The home has a policy for unexplained absences, and staff interviewed reported knowledge of this.

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

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

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

The home meets this expected outcome

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

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

- Continence management
- Palliative care
- Skin care.
- Wound care.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives interviewed reported they are consulted about resident's care needs and are satisfied with the care they receive. The home has processes to identify and assess clinical care needs of residents on moving to the home and six monthly thereafter. Care plans are developed to guide staff in the provision of care for individual residents. Clinical staff meetings are held monthly and resident care needs are discussed and reviewed as required. Staff are encouraged and supported to attend internal and external training to maintain their skills and knowledge.

## **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 and representatives stated they are satisfied that residents receive specialised care in accordance to their needs and preferences. Residents and representatives reported they are consulted about specialised nursing care needs. Assessments, implementing strategies and monitoring of residents with specialised nursing care needs including complex wounds, percutaneous endoscopic gastrostomy care, catheter care and continuous positive airway pressure management are completed by registered nurses. Specific nursing care plans that guide staff are developed and outline residents’ specialised nursing care needs including directives from general practitioners and other health professionals. Registered staff are on-site at all times to provide care and supervision. Nursing staff undertake education to enhance knowledge and skills.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives interviewed reported they are referred to appropriate health specialists in accordance with their needs and preferences, and are satisfied with access to health specialist services. The home has access to a number of specialised health services including a podiatrist, speech pathologist, physiotherapist and mental health services. A multi-disciplinary team involving the general practitioner contributes to the residents’ assessments, and identifies the needs for input required from other health specialists. Following consultation with the resident and/or their representative, a referral is arranged.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a system and process for the safe ordering, storage, administration, documentation and disposal of medications. Competent staff assist residents with their medications via a multi-dosed sachet administration system. Medication profiles and signing sheets contain up-to-date photographs of individual residents for identification. An external accredited pharmacist reviews each resident’s medications on an annual basis, and this information is made available for the general practitioner. Medication incidents are reported, addressed by clinical staff, and analysed monthly to identify trends. Residents and representatives stated they are satisfied that medications are managed safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives interviewed reported they are satisfied with how residents’ pain is managed. In consultation with the resident and/or their family, an assessment is completed for each resident on moving to the home, and as required. Strategies to reduce residents’ pain are identified in the individual resident’s care plan and evaluated by the registered nurse six monthly or sooner if required. As required medication and alternative interventions are used to alleviate resident’s pain including the use of heat packs, gentle massage and repositioning. Staff assess, evaluate and document the effectiveness of interventions and follow up if further considerations are required.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home’s approach to palliative care is maintained in accordance with the resident’s end of life wishes. End of life wishes are discussed with the resident and/or their representative on moving to the home or if preferred, when the time arises. When required, specific palliative care plans are developed specifying the resident’s personal care needs and pain management strategies. The registered nurse monitors the effectiveness of care interventions and pain management, and has access to external palliative care specialists if required. Staff reported how they support residents and their families throughout the palliative process.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ nutrition and hydration needs are identified on moving to the home and monitored on an ongoing basis. Residents’ likes, dislikes, preferences, and cultural needs are documented and communicated to the relevant staff. All residents are weighed on moving to the home and monthly thereafter, and those identified as having significant weight loss are commenced on nutritional supplements, and referred to a dietician if weight loss continues. Modified diets are prepared following an assessment by the registered nurse or speech pathologist for residents with swallowing difficulties, and modified cutlery and crockery is available if required. Staff assist residents with their meals and drinks if needed. Residents and representatives confirmed they are satisfied that residents’ receive adequate nutrition and hydration.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives reported they are satisfied with the care provided in relation to the residents’ skin integrity. The home has processes to ensure that residents’ skin integrity and associated health risks are identified on moving to the home. Where a risk of altered skin integrity is identified, treatments and nursing interventions are implemented. A range of aids is available including air mattresses, booties, cushions and moisturising creams. Incidents involving residents’ skin integrity are reported monthly with any follow up actions, and analysed to identify trends. Staff interviewed reported that they review each resident’s skin integrity on a daily basis and report any abnormalities to the registered nurse.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives interviewed confirmed that residents’ continence needs are being met. Residents’ individual continence needs are assessed on moving to the home, a care plan is developed and reviewed six monthly or sooner if required. Residents are assisted to maintain their continence using a range of measures including scheduled toileting and the use of appropriate continence aids. Bowel elimination and interventions are documented daily. Infections are monitored through the infection control program, and strategies are implemented when required. Staff reported they have sufficient supplies and training to manage residents continence needs effectively.

### **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

Behaviour assessments for residents are conducted that identify triggers, and effective strategies in managing challenging behaviours. If behaviours of concern are identified, a specific care plan is developed that includes strategies to guide staff in managing and minimising challenging behaviours. The effectiveness of behaviour management strategies are monitored for their effectiveness via clinical indicators and observations. Referrals to external mental health specialists are made as required. Staff interviewed described appropriate methods for managing residents with challenging behaviours. Residents and representatives interviewed stated that they are not adversely affected by the behaviour of other residents.

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

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

#### **Team’s findings**

The home meets this expected outcome

Residents and representatives reported that they are satisfied with the support provided to residents to maintain their independence. When residents move into the home, their mobility and dexterity are assessed by the physiotherapist and occupational therapist. Care plans and mobility charts are developed and reviewed regularly. An individualised exercise program is developed by the physiotherapist, and this is implemented by the physiotherapy assistant who monitors and documents the resident’s progress. Appropriate seating and mobility aids are available to promote and maintain each resident’s independence. The clinical incident reporting system includes the trend analysis and strategies of residents falls, and these are discussed at monthly falls committee meetings. Staff reported strategies to promote mobility and dexterity including exercise programs, activities and assistive equipment.

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

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

#### **Team’s findings**

The home meets this expected outcome

Residents and representatives interviewed confirmed that they are satisfied with the home’s approach to managing residents’ oral and dental care. On moving to the home, an oral and dental assessment is completed, and a care plan developed to identify strategies that guide staff to assist residents’ to maintain their oral hygiene needs. An annual dental check is offered, and if a resident is identified as having oral or dental issues consultation with the general practitioner, resident and families occur, and a referral to a dentist completed if required. Staff reported that they routinely assist residents with oral and dental hygiene.



## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives stated they are satisfied with the assistance from staff to manage residents’ sensory losses. Residents’ care needs related to sensory loss are identified on moving to the home, and a care plan is developed documenting strategies to guide staff to assist each resident manage their sensory loss and maximise their independence. Residents have access to, and are referred to appropriate health care specialists including an optometrist and audiologist. Staff described strategies used to assist residents with their sensory losses.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives confirmed that residents are able to achieve natural sleep patterns. On moving to the home, residents’ sleep patterns, disturbances and interventions are identified and documented in the resident’s individual care plan. Reviews are conducted six monthly or sooner if sleep disturbances are identified. In consultation with the resident or their representative and their general practitioner, medications and alternative interventions are used to assist residents obtain a natural sleep pattern. Staff interviewed reported strategies such as dimmed lights, reduced noise, warm drinks, toileting and pain relief are used to assist residents to settle.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

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

- An audit identified that not all staff were knocking on residents’ doors before entering rooms. Representatives and visitors were also seeking out staff to ascertain why residents’ doors were closed at times. These issues led management to provide training for staff concerning privacy and dignity and signs were made up for doors indicating when care was in progress. Staff and resident/representative feedback has been positive.
- A suggestion was made by staff to celebrate the Royal wedding. The chef made a wedding cake and residents and representatives were invited to bring in wedding photos for conversation on the day. The wedding ceremony was recorded and played back to residents. Residents and representatives provided positive feedback on the event and similar events will be held in the future.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

The home has system to ensure compliance with aged care legislation concerned with resident lifestyle that includes informing residents of fees and charges and mandatory reporting requirements. A charter of residents’ rights and responsibilities is displayed. Residents and/or representatives are offered a resident agreement, as required. Staff sign a confidentiality agreement and are mindful of each resident’s privacy and dignity.

#### **3.3 Education and staff development**

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

##### **Team’s findings**

The home meets this expected outcome

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

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

- Elder abuse training
- Grief and loss.
- Spark of life.

### **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

Residents and representatives confirm the support provided by the home is effective in meeting residents' individual needs and preferences. Prior to moving to the home, residents or their representatives are supplied with information about the admission process and the services offered. On moving into the home, residents are orientated to their surroundings, introduced to staff and other residents, and encouraged to personalise their room. Assessments are completed after a settling in period that identifies each resident's emotional needs, and individualised care plans are developed and reviewed on an ongoing basis. Staff provide extra support to residents throughout the transition period, and care staff interviewed reported that any changes in the resident's emotional status are referred to the registered nurse. Religious personnel visit the home on a regular basis, and staff have access to other denominations. Residents are referred to mental health specialists if required.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents and representatives reported they are satisfied with the home's assistance to maintain and support the residents' independence. Residents' abilities and wishes are assessed on moving to the home, and a care plan is developed to ensure residents are able to make choices that promote independence. Residents are assisted to maintain independence through social and therapy activities, and maintain friendships within the home and the community. Relatives and friends visit the home, and a number of residents undertake bus outings or independent outings with their family and friends.

### **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

Each resident's right to privacy, dignity and confidentiality is recognised and respected. Resident information is stored confidentially and only accessible by authorised staff. Residents have shared rooms with a hand basin and shared ensuite, and we observed the use of privacy curtains and 'care in progress signs' when staff attend to resident care. Residents' cultural needs and preferences are taken into account when planning of care is undertaken. Staff were observed interacting with residents in a respectful manner and were

able to describe appropriate measures to ensure each resident's right to privacy, dignity and confidentiality are recognised and respected. Residents and representatives interviewed confirmed that staff are respectful and are satisfied that each resident's privacy, confidentiality and dignity are maintained.

### **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 and representatives interviewed reported that residents are encouraged and supported to participate in a wide range of interests and activities. Residents described being consulted about previous and current interests, and that staff remind them of activities that are occurring each day. An occupational therapy assessment and a social history are completed for each resident on moving to the home to identify each resident's interests, and a care plan is completed. A range of internal and external activities are developed as part of the activity program, and include activities for residents with sensory, cognitive or mobility impairment. The activity planner is displayed around the home, and therapy staff record resident's attendance and participation at activities. The therapy program is reviewed on a monthly basis by the therapy staff, and in consultation with the residents and their families. Staff reported how they assist residents to attend and participate in activities.

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

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

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

The home meets this expected outcome

Residents and representatives interviewed reported that staff value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. They reported that they are consulted about their beliefs, and events of importance are celebrated including cultural days of Christmas, Easter, and other days of significance. Residents individual interests including customs and beliefs are identified on moving to the home and a care plan developed. A number of visiting religious personnel visit the home regularly. Staff interviewed reported that they use the resident's care plan to gain an understanding of the resident in regard to cultural and spiritual practices.

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

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

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

The home meets this expected outcome

Residents and representatives interviewed reported satisfaction with the opportunities residents have to make choices and decisions over their lifestyle. They reported that they are consulted during the care planning process and on an ongoing basis, and residents have a choice of doctor, time they wish to attend to activities of daily living, choice of meals and activities they wish to attend. Internal and external complaints mechanisms, resident/relative

meetings, surveys and care conferences offer opportunities for residents and their representatives to express their views. Staff reported that the resident's choice not to attend activities is respected.

### **3.10 Resident security of tenure and responsibilities**

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

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

The home meets this expected outcome

Residents and representatives interviewed reported that they are satisfied residents have secure tenure within the home and understand their rights and responsibilities. Information regarding the internal and external complaints and advocacy services, and the charter of residents' rights and responsibilities are documented in the resident information handbook and displayed. Consultation with the resident or their representative is undertaken prior to room transfers. Management reported that they are aware of the requirements of advising residents of any changes to their care and services.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- Feedback provided by staff and an agency assistant in nursing was that it was difficult to identify residents’ by food trays. Management developed laminated cards with resident information regarding dietary and fluid requirements and photos which are now displayed on trays. Staff feedback is that this initiative saves time and residents receive the correct tray
- In response to residents’ complaints and unsatisfactory results from audits in March and September the organisation has embarked on a project to improve the dining experience for residents. Initiatives include a CD player to provide appropriate background music, television being turned off, residents being seated appropriately, meal courses being served one at a time, dishes being removed between courses and plastic food scrapers are used to reduce noise levels. Verbal feedback from residents is positive and a full audit will be conducted across the organisation.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has management systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering premises, and fire emergency preparedness are inspected and audited. Material safety data sheets are stored with chemicals, and infection control guidelines are available. The home has a food safety program to provide guidance to catering staff.

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

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- Fire training
- Infection control
- Occupational health and safety awareness.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home provides a safe and comfortable environment, consistent with residents' care needs. The home presented as clean and free of insects or pests. The evaporative air conditioning is supplemented with fans in resident's rooms. Residents are encouraged to personalise their rooms with pictures and mementos from the family home. Environmental audits and inspections are regularly undertaken and actioned, and there is a maintenance program with linkages to hazard management. Further assessments by allied health professionals are conducted for residents identified at safety risk, and protocols are established to manage residents who may wander. Residents and representatives reported satisfaction with how the home ensures a safe and comfortable 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

There are processes to educate staff at orientation and on an ongoing basis regarding occupational safety and health responsibilities. The home uses accident and incident reporting mechanisms, audits, preventative and corrective maintenance schedules, hazard reporting, and continuous improvement reports to identify, and take action on potential hazards. Information regarding occupational safety and health is communicated to staff through meetings, awareness raising events, memos, and notice boards. The home has one trained occupational health and safety representative who provides, audits, education, and other strategies to ensure preventative measures are in place to minimise risk.

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

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

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

The home meets this expected outcome

The home has systems and processes to ensure a safe environment is maintained that reduces the risk of emergencies, fire, and security breaches. Fire security and emergency procedures are available to staff, residents, and visitors, informing them of how to proceed in the event of an emergency. Contracted fire services carry out routine inspections, tagging, and testing of fire systems and equipment, and the home acts on recommendations. The buildings are equipped with security systems, emergency lighting and response kits,

sprinklers/hydrant, and smoke doors, and the home conducts routine fire drills. Residents who leave the building are signed in and out as contractors and visitors. Staff attend fire and safety training, and reported how to access information and equipment in response to an emergency

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Policies, guidelines, and outbreak kits are available to assist staff. Infection data is collated, analysed, and trends noted to ensure action is taken to reduce infections. Equipment and signage used to lessen risk of infection are in use, and we observed the accessibility of personal protective equipment in all areas of the home. Infection control is a mandatory training topic for all staff who reported prevention strategies when interviewed by the team. Residents and representatives reported satisfaction with the home's infection control program.

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

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

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

The home meets this expected outcome

Systems and processes for catering, cleaning, and laundry are provided to enhance the residents' quality of life and meet the residents' needs. The chef attends resident meetings to obtain suggestions and hear feedback, and the dietician approved menu allows for residents' choice. Allergies and likes and dislikes are obtained at entry to the home and updated for the kitchen as required. Cleaning and laundry services are provided seven days a week by housekeeping staff who are guided by scheduled tasks and duties, and high cleaning is undertaken as per the maintenance program. A mopping kit is used for each room and there is a labelling and sorting system to prevent loss of clothing. All hospitality services are provided in a way that meet infection control requirements, and are monitored via feedback, audits, and surveys to identify opportunities to improve. Residents, representatives, and staff reported satisfaction with the hospitality services provided.