



Aged Care  
Standards and Accreditation Agency Ltd

## **Murray Haven Hostel**

RACS ID 0012

98 Punt Road

BARHAM NSW 2732

Approved provider: Murray Haven Homes Inc

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 10 June 2015.

We made our decision on 12 April 2012.

The audit was conducted on 14 March 2012 to 15 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  
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# Site Audit Report

**Murray Haven Hostel 0012**

**Approved provider: Murray Haven Homes Inc**

## Introduction

This is the report of a site audit from 14 March 2012 to 15 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 a site 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 14 March 2012 to 15 March 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of 2 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:	Gillian Walster
Team member:	Elizabeth Palmer

## Approved provider details

Approved provider:	Murray Haven Homes Inc
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## Details of home

Name of home:	Murray Haven Hostel
RACS ID:	0012

Total number of allocated places:	35
Number of residents during site audit:	33
Number of high care residents during site audit:	6
Special needs catered for:	Secure dementia unit

Street:	98 Punt Road	State:	NSW
City:	Barham	Postcode:	2732
Phone number:	03 5453 2080	Facsimile:	03 5453 2700
E-mail address:	mhaven1@bigpond.net.au		

## Audit trail

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

### Interviews

	Number		Number
Facility Manager	1	Residents/representatives	10
Registered nurses	2	Medical Practitioner	1
Care staff	4	Ancillary staff and maintenance staff	4
Activities officer	1		

### Sampled documents

	Number		Number
Residents' files and care plans	5	Medication charts	10
Lifestyle care plans and files	7	Personnel files	4
Resident agreements	3		

### Other documents reviewed

The team also reviewed:

- 'Opportunity for improvement' forms
- Activities plans, schedules and evaluation
- Bus outings folder
- Business agreements
- Cleaning schedules
- Clinical forms and charts
- Continuous improvement plan
- Disaster management plan
- Duty lists
- Emergency folder
- Food authority license
- Food safety program
- Infection notification form
- Internal audit schedule and audits
- Job descriptions
- Kitchen temperature checks and cleaning schedules
- Maintenance book and schedule
- Mandatory reporting folder
- Material safety data sheets
- Meeting minutes and memorandums
- Police checks and professional registrations
- Policies and procedures
- Resident feedback box
- Resident surveys
- Residents' information booklets and handbook
- Roster
- Smoking risk assessments
- Staff education attendance and competencies
- Staff performance appraisal forms

- The home's self assessment
- Vision, mission and philosophy statement

### **Observations**

The team observed the following:

- Activities bus
- Activities in progress
- Art room
- Charter of residents rights and responsibilities
- Cleaning trolley and cleaning in progress
- Clinical equipment
- Emergency kit and supplies
- Equipment and supply storage areas
- Fire equipment, maps, signage and lighting
- Fire panel and sprinkler system
- First aid and diabetics kits for bus outings
- Interactions between staff and residents
- Living environment
- Medication refrigerator and storage
- Medications administered
- Menu displayed
- Outbreak equipment
- Personal protective equipment
- Resident and staff smoking areas
- Secure access areas and external door alarms
- Storage areas
- Waste disposal systems

## **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

Management demonstrates continuous improvement across the Accreditation Standards. The continuous improvement system uses verbal and written suggestions, meetings, audits and resident and representative survey data. Suggestions, comments and complaints are actioned, generally evaluated and reported to stakeholders through a variety of information mechanisms including word of mouth, newsletters and letters. Staff are aware of continuous improvement mechanisms and residents and representatives said they are able to contribute and that management is responsive to their requests.

Recent evaluated improvements in relation to Standard 1 include:

- Catering staff identified they needed a form to be completed when admitting new residents. The new form has been created which lists residents’ likes and dislikes, food allergies and drink and meal requirements and is used for all new and respite residents. Residents said their food requirements are met.
- Management recognised the need for a second registered nurse to relieve the care manager during leave and provide support. Management have established a job share position and a second registered nurse has been employed. Management and staff said the new arrangement is working well.
- Staff requested a log book to manage general queries. Management have placed a book in the document room for all staff to access and the appropriate person replies and actions any issues which are identified.

### **1.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance in regards to relevant legislation, regulatory, professional standards and guidelines. Information is received through peak bodies, external service providers and government department communiqués. Management generally monitor these avenues for regulatory and legislative changes and assess the changes for their potential impact on policies and procedures. Staff are made aware of all requirements through access to policies and procedures, memoranda, handover, information sessions and education. Management seek staff, resident and representative input where relevant including through the home’s meetings process. A police record check and monitoring process is maintained for all relevant personnel and volunteers. Stakeholders were informed of the re-accreditation audit and have access to a comments and complaints process.



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

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

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

The home meets this expected outcome

Management and staff demonstrate knowledge and skills required for performance in relation to meeting the Accreditation Standards. Staff are provided with information relevant to their roles through orientation, mandatory training and other mechanisms of communication. Education needs are identified through input from performance appraisals, staff feedback, industry liaison and observation of staff practice. Staff are provided with access to the home's information system relating to policies and procedures and relevant educational material. Management monitor training processes and follow up to ensure completion and general understanding. Staff report they receive a variety of education and management is supportive of their educational requirements.

Recent examples of education include:

- Accreditation: your role and responsibilities
- The aged care complaints scheme
- Board members: roles, responsibilities, liabilities and protections

### **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

The home's internal complaints/improvements system is accessible to residents, representatives, staff and visitors. Feedback can be lodged in writing, raised at meetings or through open door communication. There are displays showing external avenues for complaints and advocacy services. Information is provided to stakeholders about the internal and external complaints processes through meetings and the resident' handbook. Two appointed residents act as representatives and raise concerns directly with management. Staff said they can also advocate for residents and are comfortable to raise comments and complaints. Residents and representatives are aware of their right to complain and are satisfied with the response from management and outcomes provided.

### **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 vision, mission and philosophy are displayed and provided to stakeholders and included within the resident handbook. The home's values of care are discussed with residents and representatives prior to and on entry to the home. Staff are provided with the home's philosophy of care during their orientation and through a staff handbook. The strategic plan is documented and accessible within the resident information booklet. Management conveyed confidence in the home's ability to provide a continuum of appropriate residential aged care and services. Residents and members of the community

confirmed that both they and the board provide ongoing practical input into the home's planning process reflective of its vision mission and philosophy.

## **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 systems and practices for ensuring staff are able to meet residents' needs. Management assess resident needs and adjust staffing hours to meet their changing requirements. New staff are given a handbook, position description and an induction program. All staff complete an annual performance appraisal and are required to complete competencies and attend education sessions. Staff confirm they were oriented to the home, vacancies in the roster are filled and they receive training. Residents and representatives were happy with the level of care they receive.

## **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

The home has systems to ensure there are adequate stocks of goods and equipment for quality service delivery. Appropriate staff are responsible for the monitoring and ordering of stock for catering, medical, cleaning, maintenance, stationery and lifestyle requirements and laundry services are externally contracted. There are stock rotation processes for perishable items and stock is stored as appropriate in clean and secure areas. There is a preventative maintenance schedule for equipment, a system for tagging and testing of electrical appliances and corrective maintenance is completed in a timely manner. The team observed appropriate stocks of goods and equipment located throughout the home. Staff, residents and representatives said the home supplies and maintains goods and equipment to meet their needs and management are responsive to their requests.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home can demonstrate information management systems ensure information is accessible to all stakeholders and routinely updates and reviews documentation. Care and lifestyle information is documented in hard copy format and a visual resident whiteboard in the care office provides for daily information pertinent to each resident. Privacy, confidentiality and security of resident and staff information is maintained in restricted areas accessed by authorised personnel. Communication of information occurs through mechanisms such as meetings, resource folders, notices and memoranda. There are secure internal and external processes to archive outdated and destroy confidential information.

Staff, residents and representatives confirmed satisfaction with quantity and quality of information received.

### **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 can demonstrate a system to ensure externally sourced services meet the home's needs and quality goals. All external contractors are required to sign formal business agreements. An incident or quality improvement form is raised when there are deficiencies in service and these are then addressed with contractors. The home evaluates the performance of external service providers through audits and contractual review. Staff, residents and representatives express satisfaction with the quality of the external services currently provided.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home pursues continuous improvement related to residents' physical and mental health, with the overall system described in expected outcome 1.1 Continuous improvement. Residents and representatives are satisfied with the care provided to residents and the opportunities to provide suggestions and feedback to the home.

Examples of recent improvements relating to Standard two include:

- An issue highlighted that care staff were unsure when to call for assistance. The local general practitioner in consultation with management has devised a protocol for staff to follow when incidents occur or when residents are unwell. The general practitioner has provided education at a staff meeting. The protocol is placed in the front of progress notes and staff said they are now aware of when to call for assistance and of the processes required.
- Due to increasing frailty of residents staff requested a stand up lifting machine to help residents from chairs. Management trialed and purchased a new lifting machine, staff said they are satisfied with the new machine and said residents have commented they now feel safer while being lifted.
- A board member suggested the home needed back up floor alarm mats and wall button call transmitters. Management said they have purchased a small supply which are readily available if required.
- Staff highlighted there were numerous residents requiring insulin and some residents required different types of insulin at different times of the day. Management purchased secure boxes to contain each resident's insulin and attached them to shelving in resident rooms. This has led to safer, faster and more convenient administration of each resident's insulin as staff are able to directly locate each residents insulin.

### **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

The home has systems to ensure compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing certifications and systems for storage, checking and administration of medications in accordance with regulatory requirements. Registered nurses assess, plan and evaluate resident medication and specialised care needs. Staff receive information on residents who may abscond and compulsory reporting by reference to folders provided. Staff state they are informed about the legislative and regulatory requirements.

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

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

#### **Team’s findings**

The home meets this expected outcome

The home has an education program to ensure staff have appropriate knowledge and skills to perform their roles effectively in relation to residents’ health and personal care. Refer to expected outcome 1.3 Education and staff development for the overall system of the home. Education in relation to Standard two includes:

- Diabetes managing hypo and hyperglycaemia
- Medication management
- Wound management
- First aid

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Systems in the home ensure residents receive appropriate clinical care. Staff conduct assessments and care plans generally inform staff of individual care needs. Regular evaluation of residents using a resident of the day process occurs. Appropriately qualified and experienced staff provide care to residents and records of care are maintained. Regular medical reviews and increased monitoring occurs when needed. Staff said they have sufficient rostered time to provide the planned care for residents. Residents are complimentary of the care provided and said that staff respond quickly and properly to any episodes of ill health or accident and representatives are informed appropriately.

### **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

Appropriately qualified staff identify and meet specialised nursing care needs of residents in the home. Referral and consultation with health professionals occur. Staff are provided with education in areas of complex care specific to the residents’ needs. Residents with specialised care needs include those with diabetes, wound management, oxygen therapy and pain management. Staff said they have sufficient time and resources available to provide specialised care and residents and representatives said they are satisfied with the specialised care residents receive.

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

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

### **Team’s findings**

The home meets this expected outcome

Staff refer residents to specialists as required and as preferred. The medical practitioner visits the home at regular intervals. The physiotherapist assesses residents when they enter the home, provide exercise programs and review residents as required. Speech pathology, dietitian, podiatry, optometry, auditory, wound management, dental services, palliative care and external mental health services review residents when referred by the home. Residents said staff refer them to specialists as needed and assist them in visiting outside specialists as required.

## **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

There are systems to safely and effectively manage residents’ medication. Medication competent staff administer medication using a multi dose packaged system. Audits are conducted to monitor the system and an external pharmacist reviews residents’ medications. The home has processes to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. Medications administered on an as needs basis are recorded in progress notes and generally include an evaluation of the medication intervention. Staff administering medications said they understand the medication management system used at the home and residents said they are satisfied with their medication management.

## **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

There are systems and processes to ensure residents are as free as possible from pain. Staff conduct a pain assessment when residents enter the home and a care plan is formulated. Staff assess residents’ verbal, non verbal and behavioural indications of pain and implement appropriate strategies. Strategies used to assist residents include analgesia, massage and heat and cold packs. Staff said they monitor residents’ pain including non verbal response to pain when necessary and provide interventions as needed. Staff record the use and effects of interventions and strategies. Residents said staff respond appropriately whenever they have 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

Staff provide care to residents who are terminally ill and promote their comfort and dignity needs. Residents’ advanced care directives are established when residents enter the home. Staff access medical care for residents as necessary and make referrals to external services when required. Consultation with representatives occurs regarding the care environment and their role in the residents’ care. Care for residents includes nursing care, pastoral and complementary care and staff help support families at this time. Staff said the comfort and dignity of terminally ill residents is maintained.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to ensure residents receive adequate nutrition and fluids. The home identifies each resident’s special nutritional needs through regular assessments including monitoring of body weights, intake and identification of poor appetite. Staff access speech pathologists and dietitians when needed to assess swallowing difficulties and to assist with nutrition requirements. Meals are planned with residents’ likes and dislikes, individual special needs and requirements taken into account. Management review residents’ satisfaction through regular care plan reviews and resident feedback. Nutritional supplements are provided and personal assistance is provided when required. Residents said they are generally happy with the meals provided to them.

## **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

There are systems to promote residents’ skin integrity consistent with their overall health. Skin assessments identify residents at risk of skin breakdown. Strategies to promote skin integrity include protective devices and the use of emollient creams. Staff assist residents with ambulation, nutrition and special skin preparations when required. Staff monitor skin tears and wounds, access consultants as required and records of care are maintained. Staff said they are familiar with the skin care needs of residents. Residents and representatives said they are satisfied with the home’s approach to maintaining resident’s skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to manage residents’ continence and toileting requirements. Staff assess continence needs of residents and the assistance they require. Care plans generally outline strategies to promote continence levels and independence. Staff are provided with education to assist residents with continence requirements and discreetly maintain residents’ dignity. Staff said they have access to sufficient continence aids for residents’ needs and state their knowledge of residents’ toileting requirements. Residents said staff meet their continence needs and aids are provided to assist their independence.

## **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

Staff provide care for residents with challenging behaviours. Staff assess residents behaviours on entry to the home, care plans are compiled in consultation with representatives and review is generally undertaken as required. Staff access medical practitioners and advisory services for residents who require additional review and management of challenging behaviours. Staff have access to education and resources and provide assistance to residents in a calm, respectful manner and said they are supported in managing residents behaviours. Residents and representatives said they are satisfied with the management of behavioural issues within 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

Staff provide care that promotes residents’ mobility and dexterity. Staff assess residents mobility capacity and a physiotherapist and occupational therapist provide individual exercises and mobility consultation. Staff conduct falls risk assessments and review residents when required. The activities officer organises exercise programs, regular walks and outings. Staff follow the homes’ policies and procedures when incidents occur where residents have fallen. Appropriate mechanical transfer equipment is available and staff said they have manual handling training and are provided with safe transfer techniques. Residents said their mobility and dexterity is encouraged.



## **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 is maintained and assessments for oral and dental needs and preferences are conducted on entry to the home. Care plans are developed and reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures as appropriate. There are processes for monitoring the cleaning, storage and replacement of toothbrushes and other oral equipment. Residents are able to identify their preferred provider of dental care and staff assist residents to attend dentists and technicians when able. Residents confirm they are assisted to maintain their preferred dental care regimes and to attend the dentist of their choice.

## **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

When residents’ enter the home staff assess and manage residents sensory deficits. Assessments identify environmental risks and staff implement measures to maximise resident’s safety. Staff assist residents to attend appointments either to their preferred specialist provider or specialist providers are accessed by the home when required. The home has adequate handrails, wide corridors, accessible signage and secure outdoor areas. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents indicated they were satisfied with the support provided by staff.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

The home provides care to residents to assist them in achieving natural sleep. Assessments of residents’ typical sleep patterns occur and staff regularly review residents to check for changing needs. Strategies in care plans include settling and waking times, bedding and environmental preferences for sleep. Pharmacological and non pharmacological methods help promote sleep. Staff said they are aware of residents sleep patterns and their environmental and comfort preferences. Residents said that staff respect their wishes and the home is quiet at night and that they generally sleep well.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to residents’ lifestyle, with the overall system described in expected outcome 1.1 Continuous improvement. Regular meetings provide opportunities for residents and representatives to raise concerns and discuss any issues related to residents’ lifestyle and other matters. Residents and representatives are satisfied they are offered opportunities for input to the lifestyle program at the home.

Examples of recent improvements relating to Standard three include:

- Following a volunteer suggestion management purchased a bus for transporting residents to activities. The bus has provision for a lifting device for wheelchairs. Management have also purchased the lifter, wheelchair tie downs and sign writing. Staff and residents said the bus has enabled many new outings and residents said they are very happy with the bus and the trips they have made.
- A small dog accompanied a new resident to the home. Following a trial the dog has been approved and allowed to stay and is now much appreciated by all residents and staff.
- A resident requested to have their own landline provided in the dementia wing. Management organised this and the resident is now happy to have their own telephone and is able to communicate with their family at any time.

### **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 a system for identifying and ensuring compliance with relevant legislation, regulatory requirements and guidelines, professional standards and required changes to practice. Residents and representatives are provided with a resident agreement and resident handbook. These detail information relating to their security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff state they receive information related to privacy, elder abuse, mandatory reporting responsibilities and residents’ rights. Residents and representatives confirmed the home provides appropriate information in this area, suitable to their needs and tenure requirements.

### **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

The home has an education program to ensure staff have appropriate knowledge and skills to perform their role effectively in relation to residents' lifestyle. Refer to expected outcome 1.3 Education and staff development for the overall system of the home. Education in relation to Standard three includes:

- Support relationships with families and carers
- Managing behaviours of concern
- 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 demonstrates that each resident receives support in adjusting to life in the new environment and on an ongoing basis. A social profile is developed in consultation with the resident and representatives from information gathered both prior and on entry to the home. Regular pastoral services and referral to other appropriate services are available to residents as required. A strong community supports the home and members visit regularly and provide input for integrated social events. Residents' emotional needs are monitored through regularly evaluated personal care and lifestyle plans that are reviewed three monthly or more frequently when needed. Residents and representatives said the home is supportive in meeting their individual needs and preferences in an appropriate and supportive manner.

### **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 demonstrates that systems are in place for residents to achieve maximum independence. Residents are encouraged to maintain friendships within the home and community that are appropriate to their individual needs and preferences. Residents are supported to use assistive devices such as hearing aids and walking frames to maintain their independence. They are also encouraged to participate in decisions about their physical, intellectual, spiritual, financial and social care. Independence is enhanced by personalised resident rooms enabling residents to have their own furniture and belongings. Residents and representatives said they are satisfied with the support and encouragement given by staff to enable residents to remain as independent as possible.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management demonstrates each resident's privacy, dignity and confidentiality is recognised and respected. Staff and volunteers are provided with relevant information regarding privacy, dignity and confidentiality through orientation, meetings, education and handbooks. Staff practices maintain residents' confidentiality and staff are discreet when managing care needs. The appointed privacy officer ensures a continual focus on privacy and dignity throughout the home. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals. Residents and representatives said they are satisfied that their right to privacy, dignity and confidentiality is recognised and respected by management and staff.

### **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

The home offers residents a varied lifestyle program that incorporates a wide range of activities to support residents' interests, physical needs, cognitive, social, emotional and spiritual requirements. Staff complete a lifestyle assessment and an individual program with leisure interests and activities for each resident. Residents' are supported and encouraged to participate in various activities such as crafts, art programs, music, feature events. In addition to integrated activities, specialised activities are also held within the secure unit. The home offers one to one options for residents who choose not to be involved in group activities including visits from community members and volunteers. Activity plans are developed yearly and reviewed on a monthly basis and resident participation is regularly monitored and evaluated. Review of the activity program occurs through observation, surveys, resident feedback and regular meetings. Residents' said they are satisfied with the activities on offer and participate in decision making about their lifestyle.

### **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

Management demonstrates its processes, systems and external relations are effective in valuing and fostering each individual resident's interests, customs, beliefs and cultural and ethnic backgrounds. The home identifies the cultural and ethnic background, spiritual beliefs, social history and values of residents through the admission process. Monitoring processes include care plan reviews and one-to-one discussions with residents from both staff and volunteers. Pastoral services provide support for residents including terminal wishes, and regular religious services are held at the home from various denominations. The home celebrates cultural and spiritual events of significance such as Easter, ANZAC day, and residents' birthdays. Residents and representatives said they are satisfied that their cultural and spiritual preferences are supported and valued.

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

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

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

The home meets this expected outcome

Management demonstrates the rights of each resident and/or their representative to make decisions and exercise choice and control over the resident's lifestyle are recognised and respected. The home uses consultative processes to actively obtain information from residents and representatives including surveys, resident meetings, feedback and one to one communication. Monitoring processes include personal care and activity plan reviews, and evaluation of feedback such as the opportunity for improvement forms. Staff encourage and assist residents to participate in decisions about the services provided to them and to make choices based on their individual preferences. Residents and representatives said that they are satisfied with their participation in making decisions and choices about their care needs and other issues that affect their daily life.

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

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

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

The home meets this expected outcome

Management demonstrated that residents have secure tenure within the residential care service and understand their rights and responsibilities. On entry to the home residents are provided with a resident handbook that details information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Resident agreements are offered to all residents and include details regarding security of tenure and documents care and services provided. Residents and representatives are informed via letter regarding changes to the provision of services, such as moving from low to high level care. Staff are informed of resident rights through orientation and ongoing training with resident satisfaction monitored through surveys and feedback processes. Residents and representatives said they are satisfied that they have good access to information regarding their rights and feel secure in their tenure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems, with the overall system described in expected outcome 1.1 Continuous improvement. Staff and residents state the home promotes a safe and comfortable living environment.

Examples of recent improvements relating to Standard four include:

- Following a staff members request management have purchased soluble bags for use when washing soiled clothes in the washing machine. Staff said this has made the process of laundering residents’ soiled clothes more efficient and there is less risk of cross contamination.
- Following a resident comment that they were having difficulty turning taps in their bathroom on and off, management replaced the taps with levers. The resident reported they are now able to turn the taps on and off easily.
- A management initiative has been the installation of fire blankets in smoking areas for residents and staff. All smoking areas now have suitable equipment.

### **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

Systems enable the home to meet regulatory and legislative requirements relating to the physical environment and safe systems. Management review any impact that changes may have on policies, procedures and work practices and plans updates as required. Internal procedures, staff meetings and audits monitor performance in the area of regulatory compliance. The home can demonstrate compliance with food safety, infection control, workplace health and safety and fire and safety regulations, legislation and guidelines. Staff stated relevant information is passed onto them in a timely manner and follow-up measures are undertaken to ensure understanding.

### **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

The home has an education program to ensure staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer

to Expected outcome 1.3 Education and staff development for the overall system of the home. Education in relation to Standard four includes:

- Fire safety awareness
- Manual handling
- Work health and safety act 2012 train the trainer

#### **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's environment reflects the safety and comfort needs of the residents. The home provides single personalised rooms with en suite bathroom accommodation for residents. Regular audits monitor the living environment, maintenance programs are in place and incident and hazard reporting systems enable maintenance issues to be reported, prioritised and actioned. Residents have access to an effective call bell system and signs throughout the building are clear, easy to understand and easily seen. Residents said they are very happy with their surroundings and feel safe and comfortable living at the home.

#### **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

The home demonstrates systems are in place to ensure safety of residents, staff and visitors. Staff receive workplace health and safety training on induction and are required to complete compulsory manual handling annually. Equipment is available to safely assist residents and regular risk assessments completed to ensure overall safety within the home. Maintenance requirements, potential hazards and incidents are reported with regular auditing conducted to review safety issues. Staff are aware of the home's workplace health and safety system and state they are consulted about equipment purchases. Staff report they are satisfied management is active in providing a safe work environment. Staff, residents and their representatives report satisfaction in relation to safety measures and the equipment provided.

#### **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 to manage fire, security and emergencies with fire equipment, sprinklers and floor plans located throughout. Emergency exits are clearly marked and provide clear egress and detection and fire-fighting equipment is regularly serviced. The home has a backup generator, ensures regular tagging and testing of electrical appliances and monitors entry including secure keypad access. Orientation education on fire and emergencies for staff is supported by six monthly mandatory training. A recently developed

disaster management plan and emergency evacuation kit ensures safe systems and processes can be followed should an unplanned event occur. Chemicals are stored according to safe storage guidelines with appropriate material safety data sheets. Staff and residents said they know what to do upon hearing an alarm and there are systems in place for evacuation in the event of an emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The infection control program at the home includes policies and procedures, education, and monitoring of infection rates. The incidence of resident infections is monitored and regular audits occur. Guidelines on the management of outbreaks such as gastroenteritis and influenza are accessible and staff demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Outbreak kits, spill kits and sharps containers, personal protective clothing and equipment and hand hygiene facilities are available throughout the home. Catering staff comply with food safety guidelines and cleaning staff use a system of cloths and mops to ensure infection prevention. Staff said they receive infection control training including outbreak procedures.

#### **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

Catering services are provided by the home and are consistent with the needs and preferences of the residents. Food is prepared daily with residents' dietary information and special needs and preferences documented and available to staff. Menus are prepared with alternatives including soup, salad or sandwiches available. A menu board displays the meals provided for the day. Cleaning is provided during the week, cleaning staff perform their duties guided by schedules, wear protective equipment when required and generally document and demonstrate safety and infection control practices. The team observed the home to be clean and well maintained. The home launders personal clothing and resident's clothes are labelled if required. Residents said they are satisfied with the home's catering, cleaning and laundry services.