



Aged Care  
Standards and Accreditation Agency Ltd

## **Naroo Frail Aged Hostel**

RACS ID 0273

152 Long Street

WARIALDA NSW 2402

Approved provider: Gwydir Shire Council

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 8 December 2015.

We made our decision on 18 October 2012.

The audit was conducted on 11 September 2012 to 12 September 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Naroo Frail Aged Hostel 0273**

**Approved provider: Gwydir Shire Council**

## Introduction

This is the report of a re-accreditation audit from 11 September 2012 to 12 September 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 11 September 2012 to 12 September 2012.

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

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

## Assessment team

Team leader:	Christine Logan
Team member/s:	Debra Smith

## Approved provider details

Approved provider:	Gwydir Shire Council
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## Details of home

Name of home:	Naroo Frail Aged Hostel
RACS ID:	0273

Total number of allocated places:	21
Number of residents during audit:	20
Number of high care residents during audit:	2
Special needs catered for:	Not applicable

Street/PO Box:	152 Long Street	State:	NSW
City/Town:	WARIALDA	Postcode:	2402
Phone number:	02 6729 1314	Facsimile:	02 6729 1780
E-mail address:	naroohos@bigpond.net.au		

## Audit trail

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

### Interviews

	Number		Number
Facility manager	1	Residents/representatives	9
Registered nurse	1	Volunteers	2
Care staff	3	Recreational officer	1
Administration officer	1	Maintenance officer	1
Catering staff	3	General practitioner	1
Pharmacist	1		

### Sampled documents

	Number		Number
Residents' files	6	Medication charts	8
Summary/quick reference care plans	6	Personnel files	5
Resident agreements	5		

### Other documents reviewed

The team also reviewed:

- Activity calendar
- Chemical records and material data sheets
- Comprehensive medical assessment
- Continuous improvement records: comments and complaints records, audit tools and results, questionnaires, continuous improvement plan
- Doctors' communication book
- Education records: attendance matrix, education calendar
- Fire equipment maintenance reports, annual statement of fire maintenance and emergency flip charts, evacuation plans
- Food safety program records and food license
- Human resource management records: rosters, duty statements, job descriptions, police certificates, staff handbook
- Incident and accident records and trend analysis
- Infection control records and trend analysis
- Maintenance records: preventative maintenance schedule, maintenance book, service reports
- Medication documentation including schedule 8 drug register, pharmacy order, medication reviews and medication manual
- Memoranda

- Minutes of meetings
- Mission statement and philosophy of care
- Policies and procedures
- Purchase orders
- Reference information: clinical care, workplace health and safety, legislation, professional guidelines, infection control
- Residents' files including care plans, general consent forms, observations, assessments for dietary preferences and requirements, skin integrity, personal hygiene, nutrition and hydration, sensory, mobility, medication, behaviour, continence, leisure and lifestyle and progress notes,
- Residents' handbook and entry information
- Self-medicating assessment
- Service contracts

### **Observations**

The team observed the following:

- Activities in progress
- Bird aviary
- Catering service in operation
- Circulation enhancing equipment
- Cleaning and laundry service in operation
- Equipment and supply storage areas
- Hairdresser
- Hand-washing and sanitising facilities in use
- Interactions between staff and residents
- Living environment
- Lockable drawers in residents' rooms
- Mobility aids and equipment
- Noticeboards displaying re-accreditation audit information, activity calendar, minutes of meetings, comments and complaints and advocacy mechanisms
- Oxygen concentrators
- Personal protective equipment in use
- Sharps and contaminated waste disposal containers,
- Staff security pagers and pendants for residents
- Storage and administration of medications
- Visitor sign in book

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has an effective system for actively pursuing continuous improvement across all four Accreditation Standards. The quality improvement program includes activities to monitor, assess, action and review the home's processes, practices and service delivery. Suggestions and ideas for improvement are initiated by stakeholders through meetings, audit results, feedback and verbal discussion. Activities which support quality improvement include regular meetings with residents/relatives, staff and the advisory committee, observation of practices, an internal audit program, monitoring of maintenance activity and trend analyses of clinical indicators. Stakeholders are provided with feedback on improvement actions taken as appropriate.

Examples of improvements in relation to Accreditation Standard One include:

- In response to feedback from staff, management reviewed rosters and workloads and identified the need for improvement. After discussion with staff and residents, changes to the roster were trialled including a change in the distribution of hours and shift times. As a result, feedback from staff indicates they are now achieving the workload and management reported there has been a noticeable reduction in sick leave. Minutes from staff meetings indicate staff are satisfied the changes have improved their ability to meet the required workloads.
- After reviewing information management systems, management identified risks associated with having archives stored in a shed adjacent to the home and a need to improve filing systems, access and storage of current paper based files for residents. Administration and management staff then reviewed storage areas, identified more suitable storage space within the home and streamlined the process for storing records and files for residents. As a result, administration staff and management consider the changes now provide more efficient and effective access to records when required and ensures a more secure storage.

#### 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 effective systems and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines relevant to Standard One, including criminal history checks and meeting Accreditation Standards



requirements. Key personnel maintain networks within the aged care industry to ensure currency with legislative changes and subscribes to an external service to provide updates to legislation as they occur. There is access to internet based information as well as information from the department of health and ageing that is distributed to staff and residents through education sessions, meetings, notices and memoranda. Management review the home's policies and procedures to ensure they are in line with amended legislation and contain current information. Monitoring of compliance includes scheduled internal audits, staff competency assessments, performance appraisals and observation of staff practices.

### **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

There are effective systems to ensure management and staff have appropriate knowledge and skills to perform their roles. Management encourage and support staff to attend education programs internally and externally covering the four Accreditation Standards and a contracted education service provides regular education sessions. Competency assessments are conducted on an ongoing basis and as required. Management develop training calendars based on mandatory training requirements, staff development needs and staff feedback. Other sessions are implemented in response to resident care needs, legislative changes, audit results and analyses of clinical indicators. The home offers training and education on or off-site, in groups and one-on-one. Management maintain a record of staff participation and monitor attendance. Examples of education relevant to Standard One include accreditation requirements, use of equipment, management skills and documentation requirements.

### **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 has effective processes to ensure stakeholders have access to internal and external complaints mechanisms. Resident and staff handbooks provide details of complaints and comments mechanisms. Residents are regularly reminded of these mechanisms at meetings and improvement forms are accessible. Management encourages an open door policy for residents/representatives to raise issues. A record of issues raised is maintained through the continuous improvement process and feedback is offered individually. Management monitor trends in complaints and discuss outcomes at relevant meetings. Residents/representatives are aware they can raise issues of concern or make comments as they wish and are confident that actions are taken in response to issues raised.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home's mission, values, and philosophy of care are documented and are displayed in the main entry corridor. These are recorded in key documents such as resident and staff handbooks. There are policies that outline the home's commitment to providing quality services. As a council based approved provider, the mission statement and philosophy of care is reviewed every four years as part of practices associated with electing new community council representatives.

### **1.6 Human resource management**

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

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

The home meets this expected outcome

The home has a range of processes to effectively ensure there are sufficient and appropriately skilled and qualified staff. Recruitment processes include interviews with applicants and checking of references and qualifications prior to commencement of employment. All staff have mandatory police checks (certificates) prior to commencing and there are processes to ensure these are maintained. Review of changes in resident care needs and workloads occurs on a regular basis to check the sufficiency of staffing with particular focus on occasions of increased resident needs. Management develop work routines with staff and there are orientation processes, duty lists and job descriptions to support new staff. New staff are supported to understand their duties and performance is monitored on an ongoing basis. Staff are able to meet the residents' care needs and residents consider staff respond to their needs appropriately and in a timely manner.

### **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 effective processes to ensure there are appropriate goods and equipment for quality service delivery. Key personnel monitor stock supplies and ensure orders are placed and received in a timely manner. Staff check the quality of stocks when received and return unacceptable items where indicated. Staff monitor equipment requirements for sufficiency and there is a maintenance program to ensure equipment remains fit for its purpose. Relevant allied health professionals are involved in equipment selection. There is appropriate storage and accessibility of stocks and equipment. Staff have access to sufficient and appropriate equipment and stock supplies and have input into the choice of items ordered.

## **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 effectively implements a range of information management processes. There are computerised and paper based processes to support operational and clinical services. Key information is generated into electronic reports to support monitoring of service delivery. There are password protection processes, designation of access control to suit relevant roles and to control access to key information and computer back systems are generally in place to provide security of computerised records. There is an archive process and secure storage of records. Staff maintain confidentiality and conduct verbal handovers discreetly. Key information is communicated through verbal mechanisms, email, clinical records, daily treatment sheets, memoranda, meetings, minutes of meetings, notices, newsletters, policies and procedures. Staff and residents are well informed of key issues and are able to access relevant information when needed.

## **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 effective processes that ensure all externally sourced services are provided in a way that meets service needs and goals. External service providers are subject to contractual conditions that outline the specific service requirements and expectations for standards of service. Key personnel monitor the performance of external providers and monitor the quality of services provided. External services provide evidence of police check certificates and supervision is implemented where needed. Residents and staff are given opportunity to offer feedback regarding satisfaction with services. Staff and residents are satisfied with the external services 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

Refer to expected outcome 1.1 Continuous improvement for information regarding the continuous improvement system which exists in the home. Staff suggestions, feedback and monthly analysis of resident incidents, such as falls, skin tears and medications contribute to improvements in relation to Accreditation Standard Two. Examples of improvement initiatives related to Standard Two Health and personal care are as follows:

- Care staff identified several residents experiencing circulation problems in their lower limbs that had not responded to medical treatment. A staff suggestion to trial circulation enhancing equipment was discussed with staff, general practitioner, registered nurse and residents. A resident trialled the equipment and reported positive results. Other residents requested to use the equipment and in some instances purchased their own equipment. The home purchased additional equipment and developed policies and procedures for safe and consistent use of the equipment. As a result of this program, residents report improved circulation, reduction in pain and improved general well-being. Staff gave examples of improved circulation for residents, with fewer reports of leg pain, improved skin colour and sensation of the lower limbs. Records indicate there have consistently been 50% of residents using this equipment since January 2012 and all have reported positive outcomes to management.
- Management identified through monitoring of clinical documentation that on occasion, staff were omitting to complete some tasks, especially tasks that were not daily duties. After discussion with staff and review of existing computer documentation systems, management introduced a daily treatment sheet that is generated from the computerised records already in use. As a result, staff have a record of the daily changes and tasks that includes periodic tasks. Staff report they are now confident they are completing all tasks as required and more efficiently. Management report that audits and observations indicate that staff are completing all tasks more effectively.
- In recognition of the issues experienced by residents with sight impairment, clinical staff arranged for support from a specialist service to offer suggestions to improve independence for these residents. As a result, the home has sourced specialised equipment to improve independence, for example:
  - A sensor has been installed on a residents' walking aid to alert the resident to obstructions. As a result the resident is now mobilising more independently.
  - A calendar with enlarged letters and numbers has been displayed on the noticeboard and improve the residents' ability to relate to calendar events without asking staff.
  - Light covers have been removed from several residents' rooms to improve the quality of light and promote independent mobility and function within the residents' rooms.As a result, residents are more confident with independent mobility. Residents and staff report residents with vision impairment are now more independent and seek assistance less often.

## **2.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home ensures compliance with legislation relevant to health and personal care including processes for managing medications, monitoring registration of registered staff and ensuring residents receive appropriate care and services.

## **2.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills. Staff have skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. Staff education sessions relevant to Standard Two include mental health issues, clinical documentation and Parkinson’s disease.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Residents/representatives believe they receive appropriate clinical care and gave examples of staff going out of their way to ensure their personal health is optimised. The facility manager and registered nurse are in the process of reviewing all resident assessments and care plans as they transfer paper-based records to the computerised system. Residents are assessed on entry to the home and their individual needs and preferences regarding care and medical treatment are sought and implemented. The resident, family, general practitioner, care staff and other interested parties are consulted and care plans reviewed six monthly to identify changes. The home is adjacent to the local community hospital and transfers residents there when necessary. A local doctor is available for consultation 24 hours a day. Changes in resident care needs are communicated during handover and staff use a daily care plan summary as a reference tool and check list. Care staff said they receive ongoing education and believe they have the skills and equipment to provide a high standard of care to residents.

## **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

The home has a system for ensuring residents’ specialised nursing care needs are identified and met by appropriately qualified or educated staff. The home is currently caring for residents with specialised nursing care needs such as blood glucose monitoring, wound dressings, oxygen therapy and insulin dependent diabetes. The home ensures care staff receive specific training to manage specialised care when necessary. The home liaises with specialist advisers from the local area health service and community health and has twenty-four hour access to registered and specialist nurses at the adjacent hospital. Staff and residents/representatives interviewed and the review of documentation confirm residents’ specialised nursing care needs are attended to according to residents’ needs and preferences.

## **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

Interviews with residents/representatives and staff and a review of clinical documentation confirm the home has a prompt and responsive system for referral of residents to appropriate health specialists in accordance with the resident’s needs and preferences. A physiotherapist is available from the local area health service for consultation. The services of podiatrists, dietitians, optometrists, audiologists, dentists and geriatricians are available when required or requested by residents/representatives. Staff and residents confirm the home arranges referrals and transport to appointments as necessary. Complimentary therapies such as foot spas from care staff and foot care from the community health services are popular along with the use of circulation enhancing equipment.

## **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 demonstrates the management of medication is safe and meets relevant legislative and regulatory requirements and professional standards and guidelines. A registered nurse or appropriately trained care staff administer medications. A pharmacy pre-packed medication system is used and internal audits and reviews of medication management are conducted regularly. There is a Medication Advisory Committee which discusses and guides all aspects of medication management and administration. The home uses an accredited clinical pharmacist who reviews all medications annually. The facility manager, pharmacist and registered nurse monitor and educate staff if there are medication incidents or staff practices identified needing improvement. We observed all medications to be safely stored. Residents/representatives reported they are satisfied residents’ medication is 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

The home has an effective system to assess and manage residents’ pain. Residents are assessed for pain on entry to the home and a pain management plan initiated where necessary. We observed these plans to be implemented, documented and regularly reviewed. Staff are able to identify verbal and non-verbal indicators of pain and inform the general practitioner when residents experience pain or their pain management is not effective. Alternative strategies to medication interventions are encouraged such as heat packs, gentle exercise and use of the circulation enhancing equipment which includes stimulators that are placed on different areas of the body. Residents confirm they are as free as possible from pain. Several commented they enjoy the circulation enhancing equipment and their pain relief has improved since moving to the home.

## **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 ensures the comfort and dignity of terminally ill residents and provides an opportunity for all residents/representatives to make choices about resident care when faced with a terminal illness. The home respects the individual cultural or religious needs of the resident and their family and recognises the family’s right to private time with the resident. If the resident requires complex nursing care they are transferred to hospital in consultation with the family. Staff demonstrated an awareness of the needs and requirements of terminally ill residents.

## **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

Interviews with staff and review of documentation indicate residents’ nutrition and hydration needs are assessed, documented and regularly reviewed. Meals and drinks are prepared on site and residents’ dietary needs, fluid requirements and preferences are documented and the kitchen staff informed. A choice of meal and drinks is offered to residents and special and texture modified diets are available as required. The changing needs and preferences of residents are closely monitored through observation, weight recording, resident meetings and discussions with residents/representatives. The resident is referred to the general practitioner, dietitian and speech pathologist if there are nutritional concerns. Residents said they enjoyed the food, their suggestions were actioned and they were given choices.

## **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

The home has a system to ensure residents’ skin integrity is consistent with their general health. Residents have a skin assessment when they move into the home and any ongoing issues are managed by their general practitioner and registered nurse. Preventative pressure care management and use of the appropriate equipment such as specialised mattresses, cushions and boots are implemented following assessment of residents’ needs. Residents’ skin integrity is monitored daily by care staff during activities of daily living who report any abrasions, rashes or abnormalities to the manager or registered nurse. Wound management charts document dressings required, frequency of treatment and progress of healing. Residents said they are satisfied with the care provided to maintain their 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 a comprehensive system to ensure residents’ continence is managed effectively. Residents are assessed when they move into the home and a care plan is developed when necessary. This is regularly reviewed and residents are given assistance to help maintain and regain their continence. Continence aids and appropriate assistive devices are sourced and provided in accordance with residents’ preferences. Staff demonstrated they have knowledge in the use of continence aids and understand the importance of regular fluids, routine urinalysis and the use of aperients when necessary to promote healthy bowel and urinary continence. Residents/representatives confirmed continence is managed 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

A review of documentation including care plans, the results of accidents/incidents audits and discussions with management and staff show residents with challenging behaviour are assessed, care plans reviewed and referrals made when necessary. The home has a restraint free policy and residents presenting with challenging behaviours are assessed for causes, triggers and other factors that could affect their behaviour. The home consults with a specialist regional gerontologist to assist in managing challenging behaviours as required. Care staff recently had training in mental health and behaviour problems to assist in managing residents’ behaviour. Residents/representatives appreciate the commitment, patience and skills staff demonstrate while managing residents with challenging behaviour.



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

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

### **Team's findings**

The home meets this expected outcome

The home has a system to ensure the optimum levels of mobility and dexterity are achieved for all residents. All new residents are assessed to establish manual handling requirements, mobility, falls risk and their level of pain. They are routinely reassessed three monthly or when changes are identified such as after falls or illness and referrals made to the physiotherapist when necessary. Residents have access to appropriate assistive devices to improve and maintain their mobility and dexterity. Exercise classes are held regularly and residents are encouraged to attend. Residents are also encouraged to walk to the dining room for meals and to participate in a variety of activities. Residents/representatives said they are satisfied with the assistance given to residents to maintain or improve their mobility and dexterity.

## **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

The home has strategies to ensure residents' oral and dental health is maintained. All care staff said they receive education in oral and dental care and assist residents to maintain daily dental and oral health. Residents are assisted to attend their dentist as required. A review of clinical documentation indicates residents' dental hygiene is assessed, documented, regularly reviewed and acted upon. Residents/representatives said the home provides appropriate diet, fluids, referrals and specialist equipment to ensure residents dental and oral health is maintained.

## **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

The home has systems to effectively manage and identify residents' sensory losses. Residents' senses are assessed when they move into the home and those identified as having sensory deficits have management strategies documented in their care plans and are assisted to access equipment or services to support them. Programs are developed with the activities officer to promote sensory stimulation and regular foot spas given as part of residents' care plans. Staff said they receive training in sensory loss and the maintenance of specialist equipment.

## **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’ sleep patterns are assessed on moving into the home with input from the resident and their family allowing individual preferences to be identified and documented. Residents’ ongoing sleep patterns are reviewed and sleep disturbances monitored and referred to a general practitioner if alternative methods have not been successful. Staff said residents who experience sleep disturbances are given emotional support, assisted with toileting, assessed for pain or infections and provided with warm drinks or snacks as requested.

Residents/representatives said they are satisfied with the way sleep is managed at the home and residents said their personal preferences are respected by staff.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. Staff and resident suggestions and feedback contribute to improvements in relation to Accreditation Standard Three. Examples of improvement initiatives related to Standard Three Resident lifestyle are as follows:

- Representatives of the home’s advisory committee suggested the home install a bird aviary for residents’ enjoyment. After discussion with residents about the type of birds they wished to have, a bird aviary suited to housing parrots was installed and several parrots were sourced. Residents consider the bird aviary offers them an additional interest and talking point, the birds are interesting to watch and they are involved in checking the birds are fed and the cage is cleaned.
- After feedback from residents, management have revised the residents’ handbook and now include specific details of potential costs of accommodation and calculation of bonds. We reviewed the new handbooks and observed the information provides specific figures and examples of calculations to support prospective residents establish the costs that apply to their situation. Management consider the new format will improve the support for future residents’ decision making and financial planning.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home ensures compliance with legislation relevant to resident lifestyle including processes for ensuring residents have security of tenure; maintain residents’ privacy and the mandatory reporting of assaults.

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

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills. Education provided relevant to Standard Three includes mandatory reporting requirements, privacy and residents’ rights and responsibilities.

### **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 has a system to ensure residents receive support in adjusting to life in the home and on an ongoing basis. All new residents and their family or representative receive a comprehensive orientation to their new environment including information, introductions and environmental familiarisation. The recreational activity officer consults with the resident and their family to identify preferences then continues to assess and provide ongoing support. Documentation and interviews confirm residents' emotional status and needs are identified and monitored consistent with the home's philosophy. Residents and representatives praised staff and said their cheerful approach to work created a positive atmosphere in the home. A resident commented the 'Staff are terrific. They help me when I ask them but respect that I like to be left alone sometimes.' Staff commented they 'feel the residents are like family.'

### **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 said they are assisted to maintain their independence, friendships and participate in all aspects of community life within and outside the home. Residents are encouraged to personalise their rooms with their own bed quilts, bedside table, chair, small fridge, paintings, photos and personal memorabilia. Transport is provided to the local shopping centre either in the community bus or council car and residents are encouraged to manage their personal financial affairs. A range of activities are available seven days a week and residents are encouraged and assisted to participate. Residents who choose to vote are assisted with postal voting or accessing electoral booths.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents said their right to privacy, dignity and confidentiality is recognised and respected. They state staff knock on doors before entering their rooms and feel comfortable raising any concerns with management or staff. Staff are aware of their responsibilities concerning resident privacy, dignity and confidentiality. Residents' records and personal information is stored on password protected computers and secure filing cabinets in locked rooms. Staff handovers and confidential resident information is discussed in private and non-current medical and associated records are archived and stored securely. There are communal and private areas for residents to spend time alone or with others. Staff interactions with residents show warmth, respect, empathy and understanding.

### **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 said they are encouraged and supported to participate in a range of interests and activities. New residents are assessed by the recreational activities officer and information is gathered from the resident and family about their leisure interests and preferences. Staff are generally aware of individual residents' social interests and preferences. The activity program is displayed on notice-boards and a copy given to each resident. An activity officer is employed seven days a week. Activities include bus trips, entertainment, bowls, bingo, movies, special events such as Anzac Day, Melbourne Cup, Australia Day and a 'residents' choice' option. Evaluations are conducted to ensure they reflect the ongoing and changing interests of residents.

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

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

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

The home meets this expected outcome

Residents believe their individual interests, customs, beliefs, cultural and ethnic backgrounds are valued and fostered. These are assessed on entry to the home and reflected in individual care plans. Visiting ministers of religion and pastoral carers from local churches support residents to maintain affiliations inside and outside the home. An ecumenical religious service is held monthly with denominations rotating responsibility. Most residents attend and residents who have no specific religious affiliation said they enjoy participating.

### **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 confirm they are provided with information to enable them to exercise choice and decision-making without infringing on the rights of others. The Charter of Residents' Rights and Responsibilities is displayed in the home and included in resident information. Documentation shows residents' personal preferences are identified. Referrals to health professionals are made in consultation with the resident and representatives. The rights of residents to refuse treatment are respected and relevant documentation is stored confidentially in residents' files. Residents said they choose whether they wish to participate in activities and other events at the home. They appreciate staff cooperating with personal choices such as times for showers and going to bed.

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

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

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

The home meets this expected outcome

The home has effective processes to ensure residents have security of tenure and understand their rights and responsibilities. Each resident or authorised decision maker is provided with information prior to entry. Details of entry requirements and ongoing tenure are explained prior to and during the entry period. Key personnel monitor the levels of residents' care required and negotiate transition to appropriate high care providers if the resident's care needs are unable to be sustained at the home. Each resident has an agreement regarding care and service provision and are provided with details of their rights and responsibilities. Residents have access to information to remind them of their rights and responsibilities and management promote opportunities to discuss this information at residents' meetings.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. Staff suggestions, feedback and monthly analysis of incidents, maintenance reports and audit results contribute to improvements in relation to Accreditation Standard Four. Examples of improvement initiatives related to Standard Four Physical environment and safe systems implemented by the home are as follows:

- Staff and residents raised concerns to management relating to uncomfortable heat and glare in residents’ bedrooms that have westerly facing windows. In response, management discussed window shade options with residents and sourced external blinds that offer 75% sun filter for these rooms. The blinds also provide an option to be raised when not needed and are transparent enough to maintain visibility of the outdoor areas for residents. As a result, residents and staff are satisfied with the improved living environment including the reduction in glare inside the rooms and indicate the temperature of the rooms is more comfortable. Management also note there has been a reduction in the use of air conditioning in these rooms and that several residents who dislike air conditioning are now more satisfied with the bedroom temperatures.
- Management reviewed the living environment and identified a need to improve the quality of floor coverings and to replace sections of carpeted walkways with a more appropriate floor covering to improve safety and cleaning. After discussion with residents, a non-slip vinyl has been installed to replace the carpet in corridors. Staff and residents report the new floor cover is easier to clean and maintain, easier to walk on and safer for handling trolleys and wheeled equipment. In addition, bedroom carpets have been replaced with a better quality carpet and additional blinds and curtains have been installed to enhance the rooms. Residents consider the upgrade has improved the quality of their living environment.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory Compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Standard Four. The home has a food safety program, infection control program and processes for monitoring fire and workplace health and safety requirements.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills. There is education provided relevant to Standard Four including fire and emergency procedures training, infection control, food safety, workplace health and safety and manual handling.

### **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 processes effectively ensure the environment is safe and comfortable for residents. There are a range of indoor and outdoor areas for private or group events. Staff monitor the environment and mobility aids to reduce risk of falls and key personnel monitor the environment using audits, observation, review of incidents and hazards and feedback from staff and residents/representatives. Staff are aware of incident reporting processes and trends are monitored to minimise risk of injury related to the living environment. Staff monitor temperature of rooms and use heating or cooling systems as needed. Residents have access to a call system if they need assistance. Maintenance staff generally coordinate a range of ongoing maintenance procedures to ensure the environment remains safe and comfortable. Maintenance services maintain the grounds and residents have access to outdoor areas if they wish to sit outside. Residents are satisfied with the home's living environment and are supported to personalise their rooms.

### **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 has processes to ensure there is a safe working environment that meets regulatory requirements and staff are aware of their obligations. There are hazard and incident reporting processes and trends are analysed to direct corrective actions or education. Management support coordination of safety procedures and audits to monitor compliance. Chemicals are stored appropriately and relevant material data sheets are accessible. Staff are trained in the safe use of equipment and there is a maintenance program to ensure equipment remains fit for its purpose. Staff receive education about manual handling and workplace health and safety as part of the orientation process and annual mandatory training program. Manual handling practice is monitored and transfer equipment is available to support ongoing safe practice. Staff and management are aware of workplace health and safety requirements.



#### **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 effective processes to ensure the risk of fire, security and other emergencies is minimised. There are maintenance programs for emergency equipment and emergency response plans to guide staff in the event of a fire or other emergency. Audits are conducted to support monitoring the emergency systems. Staff receive education about fire, security and emergency procedures as part of the orientation process and annual mandatory training program. There are lock up procedures that include securing doors and windows and staff monitor visitor entry to the building. There are sensor alarms on external doors and a perimeter fence to provide additional security. Fire systems are maintained regularly and fire fighting equipment and evacuation plans are accessible throughout the building. Staff are aware of the actions to take in the event of a fire, security or other emergency event.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program that covers all service areas. Key personnel monitor infections, report these through computerised records that contribute to monthly reports and trend analysis. Infection control and outbreak management guidelines are accessible and staff are familiar with these requirements. Staff complete cleaning and laundry as part of their daily care routine and there is a food safety program to guide food services. External services provide pest control and waste disposal services regularly. The home offers residents and staff immunisations. Staff receive competency based education during orientation and annual repeat education sessions as part of the mandatory training program. Staff are aware of infection control practices and have access to reference resources, procedures, sanitising and personal protective equipment and hand-washing facilities.

#### **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

The home has a range of systems and processes to support hospitality services and the working environment. Management complete audits regularly and feedback from staff and residents/representatives is sought through satisfaction surveys and meetings to determine quality of service delivery. Catering staff prepare and cook meals fresh on site with consideration of residents' preferences and dietary needs. Staff generally monitor the quality of food using its food safety program and guidelines for appropriate storage of food. There is an organisational menu that is adapted in response to residents' preferences. Care staff complete cleaning and laundry services on a daily basis and achieve same day return of personal clothing to residents. Residents are satisfied with the quality of hospitality services provided.