



Aged Care  
Standards and Accreditation Agency Ltd

## **Oaklands Park Lodge**

RACS ID 6300

395 Morphett Road

Oaklands Park SA 5046

**Approved provider: Southern Cross Care (SA & NT) Incorporated**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 March 2015.

We made our decision on 23 January 2012.

The audit was conducted on 19 December 2011 to 20 December 2011. 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



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# Site Audit Report

**Oaklands Park Lodge 6300**

**Approved provider: Southern Cross Care (SA & NT) Incorporated**

## Introduction

This is the report of a site audit from 19 December 2011 to 20 December 2011 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 19 December 2011 to 20 December 2011

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:	David Stevens
Team member:	Joy Sutton

## Approved provider details

Approved provider:	Southern Cross Care (SA & NT) Incorporated
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## Details of home

Name of home:	Oaklands Park Lodge
RACS ID:	6300

Total number of allocated places:	70
Number of residents during site audit:	67
Number of high care residents during site audit:	22
Special needs catered for:	People with dementia or related disorders

Street:	395 Morphett Road	State:	SA
City:	Oaklands Park	Postcode:	5046
Phone number:	08 8291 8000	Facsimile:	
E-mail address:	andrew.larpent@southernxc.com.au		

## Audit trail

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

### Interviews

	Number		Number
Corporate management team	6	Residents/representatives	8
Management team	3	Clinical care, lifestyle, ancillary staff, and volunteers	15

### Sampled documents

	Number		Number
Resident files	12	Medication charts	8
Summary/quick reference care plans	13	Personnel files	6

### Other documents reviewed

The team also reviewed:

- Audits, surveys
- Call bell monitoring data
- Cleaning rosters
- Comments and complaints records and feedback flow chart
- Continuous improvement plan and records
- Critical incident contingency plan and folder
- Dietitian reports
- Duty statements
- Essential safety provisions manual
- Food safety audit report
- Handover reports, memorandums, diaries, communication books
- Incident, infection and hazard analysis and trending data
- Lifestyle documentation
- Ministers specification 76 and related fire safety data
- Nurse initiated medication folders
- Police registration checks
- Policy and procedure manual
- Preventative and reactive maintenance data
- Recruitment policies and procedures
- Resident and staff handbooks
- Residents' information package
- Staff rosters, and performance management records
- Staff training and registration records, training plan, education folder and training evaluations
- Temperature monitoring records
- Testing and tagging records
- Various meeting minutes

## **Observations**

The team observed the following:

- Activities in progress, activity calendar
- Acts/regulations/guidelines
- Certificate of certification
- Certificate of occupancy and statement of compliance
- Charter of residents rights
- Comments/suggestion box
- Complaints and advocacy information
- Equipment and supply storage areas
- Evacuation plans
- Fire signage, suppression and surveillance equipment
- First aid boxes
- Infection control brochures
- Infection control supplies and kits
- Interactions between staff and residents
- Internal and external living and working environment
- Key pad security
- Resident and staff notice boards
- Residents using mobility aids
- Safe operating procedures
- Storage of medications and licences

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Oaklands Park Lodge has a systematic and planned approach to continuous improvement. Continuous improvement initiatives are generated at the organisational and site level through analysis of data and information collected from internal audits, resident and staff meetings, incident and hazard data, suggestions, and evaluations. The home has a continuous improvement plan and annual schedules for auditing and reviewing compliance with the Accreditation Standards. The plan for continuous improvement is regularly updated and timeframes set for evaluation of the benefits to residents and staff. The progress, inputs, and outcomes of continuous improvement activities are monitored at the site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to management systems, staffing and organisational development in the last 12 months:

- The home was experiencing difficulty with getting pathology results in a timely manner. The process of communicating with the pharmacy was also problematic as faxed medication orders were not always acted upon promptly by the pharmacy. The home reviewed the information management processes for both of these areas and implemented improved systems. New software has been installed for obtaining pathology results which provides a secure and quicker response time. The nursing staff are also able to view cumulative results more easily and compare these. A new process has also been instigated for the pharmacy involving setting a consistent time each day when orders are faxed and a reply received back from the pharmacy that the order had been processed. Feedback from staff indicates the communication systems for receiving pathology results and faxed pharmacy orders are more efficient and reliable.
- The home reviewed the feedback mechanisms available to residents and their relatives and identified these could be made more user friendly. A specific event was organised to meet with residents and relatives to encourage their participation in providing feedback and getting to know staff and management. The home has also introduced processes for recording any verbal feedback for logging and analysing this information. Feedback from residents and relatives shows they are satisfied with the openness of the home to feedback and the various mechanisms available to them.



## **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 organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards at the site and organisational level. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and organisational auditing processes, resident and staff incident data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home's communication processes. These include recent changes to the Accreditation Grant Principles and the Aged Care Complaints Scheme. Relevant staff are aware of regulatory requirements relating to management systems, staff and organisational development.

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

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

### **Team's findings**

The home meets this expected outcome

The organisation and home has processes for identifying and planning staff education and development based on training needs analysis, staff appraisals, audits, comments and complaints, feedback, and organisational processes. Staff have access to a wide range of training opportunities at the site and organisational level. The training plan is regularly updated in response to changes in resident's needs and staff input. Information on external education and training is provided to staff on topics relevant to their roles. There are processes for recording staff education and tracking staff attendance at mandatory and elective training sessions and regular monitoring of staff practices and competencies. In the last 12 months management and staff have participated in training related to management systems including the computerised care management system and quality accreditation.

## **1.4 Comments and complaints**

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

### **Team's findings**

The home meets this expected outcome

Residents and representatives are satisfied with their access to complaints processes and the responsiveness of management and staff to their comments or concerns. The home has a system for logging, tracking progress, and reporting outcomes for all compliments, comments and complaints received. Residents and their representatives are provided with information about internal and external complaints mechanisms on entry to the home and on a regular basis. Organisational and site procedures are followed to action and evaluate concerns raised verbally or in writing. There are processes for maintaining the confidentiality of residents and their representatives throughout the complaints process and for reviewing the effectiveness of the home's complaint mechanisms.

### **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 organisation and home has documented its mission and principles statement detailing the organisation's commitment to older people to achieve quality outcomes through promoting independence and wellness, dignity of living, optimum feasible quality of life and choice of services. This information is consistently reflected to stakeholders through brochures, handbooks, policies and the organisation's web address.

### **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 processes for identifying and assessing the required staffing levels and skill mix to meet resident's needs on an ongoing basis. There are processes for recruiting staff with the identified skills and inducting new and temporary staff. Management conduct regular performance appraisals for all staff positions and seek feedback from staff to enable them to meet the requirements of their role. The home has processes for reviewing staffing levels and the skills mix within each area. The staffing roster is adjusted in accordance with changes in resident care requirements. There are site and organisational processes for recognising staff achievements and providing support as required. Staff work together as a team to complete their required tasks. Residents and their representatives are satisfied with the responsiveness of staff and the level of care provided to them.

### **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 processes for assessing the goods and equipment required for the delivery of quality services. Residents and staff are consulted in equipment selection or replacement. The home has processes for monitoring and maintaining adequate stock levels of supplies and equipment. There is a system for preventative maintenance and repairs to provide plant and equipment that is fit and appropriate for use. The home has sufficient storage space for equipment and stock, and processes for ordering and stock rotation linked to organisational policies and procedures. Residents and staff are satisfied with the level of goods and equipment provided by the home to meet their needs.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to provide management, staff and others with access to appropriate information to enable them to perform their roles. Information is stored securely and archived using the organisation's protocols in line with legislative requirements. Resident and staff incidents and infection are collated and trended on a monthly basis to assist in monitoring staff practice. The home provides residents and their representatives with access to information on entry to the home, and on an ongoing basis to assist them to make decisions about their care and lifestyle. Staff are informed of changes to resident care plans and needs using the home's handover and communication processes. Residents and their representatives are satisfied they have access to information to assist them to make informed decisions about their care and lifestyle on entry to the home, and on an ongoing basis. Staff are satisfied with their access to information.

## **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 organisation and home has processes to identify the provision of external services based on residents' needs and operational requirements. Service agreements detail the qualifications of suppliers, and the type and quality of service to be delivered. All external contractors are orientated to the site and supervised as appropriate. There are processes for monitoring the ongoing compliance and performance of external suppliers at the site and organisational level. Residents and staff are satisfied with the quality and delivery of the externally contracted 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

Continuous improvement initiatives related to resident's health and personal care are generated at the organisational and site level through analysis of data and information. This information is collected from internal audits, resident and staff meetings, incident data, suggestions, and evaluations. The plan for continuous improvement is regularly updated and timeframes set for evaluation of the benefits to residents and staff. The progress, inputs, and outcomes of continuous improvement activities are monitored at the site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to residents' health and personal care in the last 12 months:

- The senior nursing staff identified the need to increase opportunities for residents to exercise and maintain their dexterity. The home employed a physiotherapy aid for nine hours a week to provide extra support to selected residents for exercise. The physiotherapy assistant takes residents for walks and assists them with exercises. Feedback from residents shows they find the extra exercise helps them to maintain their independence and general wellbeing. Staff feedback indicates the additional exercises have supported residents to maintain and improve their movement, and helped to lift resident's mood.
- A review of behaviour management strategies in the memory support unit identified the need to increase the range of strategies employed by staff to help reduce agitation and settle residents. The home consulted with the Alzheimer's Association and developed different strategies for reminiscence. One of the strategies includes developing specific reminiscence folders for each resident to use when they are agitated. Feedback from staff indicates the new strategies for promoting reminiscence assist with settling residents on an individual basis. Residents' relatives are satisfied with how the home assists in reducing resident agitation and behaviours in the memory support unit.

### **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 organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to residents' health and personal care at the site and organisational level. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and organisational auditing processes, resident and staff incident data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home's communication processes. The home has

processes for complying with legislation for advanced directives, Guardianship Board orders and the provision of specialised medical care. Relevant staff are aware of regulatory requirements relating to residents' health and personal care. This includes the provision of prescribed care and services, medication administration and storage, the registration of nurses and allied health providers, and duty of care 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 organisation and home has processes for identifying and planning staff education and development based on training needs analysis, staff appraisals, audits, comments and complaints, feedback, and organisational processes. Nursing and care staff competencies are tested annually and their practice monitored through regular audits to ensure they have the appropriate level of knowledge and skills to meet residents' needs. The site specific training plan is regularly updated in response to changes in resident needs and staff input. There are processes for recording staff education and tracking staff attendance at training sessions. In the last 12 months nursing and care staff have participated in training relating to health and personal care. This includes training on palliative care, pain management, and insulin therapy. Nursing and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

Residents and representatives are satisfied resident's clinical care needs are met. Qualified staff consult with residents/representatives and health professionals to assess residents for their clinical care needs. These assessments occur when residents first enter the home and care plans, drawn up following this assessment, are generally reviewed on a regular basis. Staff have access to this information and changes as they occur and are aware of resident's clinical care needs. Medical officers are involved and information is transferred prior to and following hospital visits as needed. Staff practices and assessment tools are monitored using audits, care reviews, observation, and incident and infection data, staff appraisals and feedback mechanisms.

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

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

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

The home meets this expected outcome

Residents and representatives are satisfied the specialised nursing care needs of residents are identified and met. These needs are identified during assessment, by qualified staff, when residents enter the home and on an ongoing basis. Treatments are specified, with medical officer involvement, and generally monitored using the home's monitoring tools. Staff have access to appropriate training, advice, equipment and resources to give specialised

care. Residents are referred to specialists as necessary to assist in the management of care. Documentation of specialised nursing care incidents occurs and is actioned by qualified staff.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives are satisfied residents are referred to appropriate health specialists as needed. The home, in consultation with medical practitioners, assesses residents on entry to the home and on a regular basis for the need to refer to health specialists. These include specialist medical practitioners, physiotherapists, podiatrists, speech pathologists, mental health services, wound specialists and dietitians. Information on resident status is given to health professionals and any results or information gained from out-of-home referrals is scanned into resident’s notes. The home is involved with programs to reduce the number of hospital admissions by using the medical practitioner and staff for on-site consultations. Staff are aware of the need to refer residents to health specialists and monitor these processes through audits, feedback mechanisms, and observation.

## **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

Residents and representatives are satisfied medication is management safely and correctly. The home has policies and procedures to assist in guiding medication management practice. Staff are provided with training and credentialing with specific study days to monitor and improve their skills in medication management. Medication is stored safely and securely with provision for residents wishing to self medicate. Enrolled nurses are aware of checking and recording processes for ‘as needed medication’. Medication reviews, along with training and advice are given on a regular basis by the home’s pharmacist. The home has protocols for the administration of ‘nurse initiated’ medication. The home generally monitors medication administration and processes through regular audits, incident recording and analysis and feedback mechanisms.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives are satisfied with resident’s pain management. Using the home’s consultative assessment processes, residents are assessed on entry to the home and on an ongoing basis to identify strategies to manage their pain or potential pain. Alternative approaches to pain include massage, heat packs and regular exercise programs. Staff evaluates the effectiveness of ‘as needed’ analgesia. Staff are aware of the non verbal indicators of pain and give this information to registered staff to action when identified. Residents are referred when necessary to medical practitioners for further assistance to manage pain levels.

## **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

Representatives are satisfied with the management of resident’s palliation in the home. Residents and/or representatives and health professionals are consulted about palliation care needs of residents and encouraged to complete terminal wishes. Palliation specialists are consulted when residents are nearing the end stages of their lives. The home has access to complementary therapies and assist residents with cultural, emotional and spiritual support as required. Staff are provided with training and familiar with the palliation requirements of residents. Staff practices and assessment tools are monitored using the home’s monitoring processes.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives are satisfied residents receive adequate nourishment and hydration. The home adopts a systematic approach to the assessment and identification of resident’s nutritional and hydration needs taking into consideration their cultural, religious and personal dietary preferences. Residents are monitored for weight variations and referred to health professionals to identify strategies to manage these variations. Information on strategies to satisfy resident requirements is communicated to kitchen and care staff. Assistance is given to residents to maintain their independence and dignity when eating. Supplements are given to residents requiring additional nutritional support. Staff practices and assessment tools are monitored using the home’s feedback mechanisms, incident data, staff appraisals and information gained for resident care plan reviews. Staff are aware of residents’ dietary requirements.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives are satisfied resident’s skin integrity is maintained in line with their general health. The home assesses residents on entry to the home and identifies those at risk of skin impairment. Strategies are implemented to assist residents to maintain their skin integrity and documented in care plans. Wound management is provided and monitored by qualified staff with referrals to specialist health professionals as necessary. Staff practices are monitored using audits, incident data analysis, feedback mechanisms and observation.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives are satisfied with the continence management of residents. The home assesses residents for their continence needs when they enter the home and review implemented strategies to assist in maintaining, improving continence levels or maintaining social continence on an ongoing regular basis. Staff are aware of these strategies and assist residents as necessary, paying attention to their privacy needs. Infection rates are monitored with staff implementing strategies to manage these infections. Staff practices and assessment tools are monitored using audits, incident and infection data analysis, feedback mechanisms and care plan appraisals.

## **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

Residents and representatives are satisfied with the home’s management of challenging behaviours. Registered nurses assess and identify strategies to manage resident’s challenging behaviours. Strategies are documented on resident care plans and staff are familiar with these strategies. Training has been provided to staff on managing these behaviours. Incidents are generally documented, analysed and trended to improve practice. Staff practices and assessment tools are monitored using audits, feedback mechanisms, observation and care plan appraisals.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives are satisfied with resident’s mobility and dexterity management. Consultative assessment processes are used to identify residents at risk of falls taking into consideration a range of resident issues including history, cognition and sensory impairment. The services of allied health professionals are used to assist in maximising resident’s mobility and dexterity ability. Residents are assisted with regular exercise programs, massage, and pain management strategies to maximise their mobility and dexterity. Incident data is collated, analysed and reviewed to assist in identifying trends. Staff practices and assessment tools are monitored using audits, feedback mechanisms, care plan reviews, and observation.



## **2.15 Oral and dental care**

*This expected outcome requires that "residents' oral and dental health is maintained".*

### **Team's findings**

The home meets this expected outcome

Residents and representatives are satisfied oral and dental health is maintained in the home. Resident preferences for dental services are noted and oral and dental care plans developed to include daily care and assistance required. Care needs are regularly reviewed and regular dental services are accessed in the home when necessary. Oral and dental care processes are monitored through care reviews, audits, and nutrition and pain monitoring processes. Staff are aware of resident's oral and dental care needs.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Team's findings**

The home meets this expected outcome

Residents and representatives are satisfied with the home's management of sensory losses. The home uses its consultative assessment processes to gather information on resident's sensory losses. Staff are familiar with strategies to manage these losses. This information is recorded in care plans and identifies and includes strategies to manage these deficits and alert staff to required interventions. Residents have access to health professional for assistance and advice to manage any deficits. Staff practices are monitored through audits, feedback mechanisms, and observation.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

Residents and representatives are satisfied residents are able to sleep comfortably. Residents are assessed on entry to the home on their natural sleep patterns. Strategies to assist in a good nights sleep are identified and transferred onto resident care plans. These include preferences in lighting and door positions. Staff, in the special unit, have also trialled the use of cereal for residents not settling. Staff practices and resident comfort is monitored through resident surveys, audits, care plan reviews, and staff and resident feedback.

## **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

Continuous improvement initiatives related to residents’ lifestyle are generated at the organisational and site level through analysis of data and information collected from internal audits, resident and staff meetings, suggestions, and evaluations. The plan for continuous improvement is regularly updated and timeframes set for evaluation of the benefits to residents and staff. The progress, inputs, and outcomes of continuous improvement activities are monitored at the site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to residents’ lifestyle in the last 12 months:

- The lifestyle coordinator identified some residents who would enjoy growing their own plants and vegetables. In consultation with residents, the home set up raised garden beds in the general garden area and in the memory support unit garden area. Residents assist in choosing and looking after the plants and vegetables. Feedback from residents’ and their relatives indicates they enjoy seeing the plants and vegetables grow and find gardening relaxes them. Staff feedback shows residents find gardening both stimulating and calming.
- The residents requested specific cultural days to focus in more depth on a specific culture and its customs, history and food. The lifestyle coordinator researched and developed plans for cultural days. To date the residents have participated in a Nepalese, Japanese and Scottish cultural days. This has included specific activities, articles on display, and food. Feedback from residents shows they find the cultural days very interesting and a good opportunity to learn about other people’s traditions and discuss this information with other residents.

### **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 organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to residents’ lifestyle at the site and organisational level. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and organisational auditing processes, and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home’s communication processes. Relevant staff are aware of regulatory requirements relating to resident lifestyle, including protecting resident’s privacy, maintaining confidentiality of resident information, and providing resident agreements that assist them to understand their rights and responsibilities.

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

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

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

The home meets this expected outcome

The organisation and home has processes for identifying and planning staff education and development based on training needs analysis, staff appraisals, audits, comments and complaints, feedback, and organisational processes. Lifestyle and care staff performance is appraised annually and their practice monitored to ensure staff have the appropriate level of knowledge and skills to meet residents' needs. The site specific training plan is regularly updated in response to changes in residents' needs and staff input. Information on external education and training is provided to staff on topics relevant to their roles. There are processes for recording staff education and tracking staff attendance at training sessions and regularly monitoring staff practices and competencies. In the last 12 months lifestyle and care staff have participated in training relating to resident lifestyle including documentation for lifestyle staff and education provided through lifestyle network meetings. Lifestyle and care staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Residents and representatives are satisfied with the way the home assists them to adjust to the home environment and meet their emotional needs on an ongoing basis. The home has processes for supporting residents to adjust to living in the home and addressing their emotional needs. Resident's emotional support needs are assessed on entry to the home and strategies developed to meet their needs as part of their care and lifestyle plan. There are processes for communicating this information to staff and adjusting care plans to reflect updated strategies and techniques. Professional counselling and health services are used if additional emotional care is needed. The effectiveness of the strategies, including matching with volunteers, enhancing resident's self-esteem and promoting social interaction are regularly reviewed by the home to ensure resident's individual needs are met.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents and representatives are satisfied with the variety of family and community activities they participate in and staff support of their independence. The home has processes for identifying barriers to individual resident's independence and implements strategies to maintain independence. These include environmental, lifestyle, care practice and risk assessments focused on optimising residents' capacity. Residents are supported to continue their interests and interact with family and community groups. The home regularly reviews the changing needs of residents, the environment and strategies to assist them to maintain and enhance their independence, participation, and friendships. The home has

processes to support residents to rehabilitate and/or maintain their mobility and independence.

### **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 and representatives are satisfied with the assistance provided by the management and staff to maintain their privacy, confidentiality and dignity. The home has processes for identifying and implementing strategies to meet resident's individual preferences for privacy and dignity. The staff handbooks, policy and procedure documents and information displayed in the home reflect and demonstrate that resident's right to privacy, dignity and confidentiality is recognised and respected by the management and staff. Staff practices are regularly monitored by the home and reflect recognition and respect for resident's privacy and dignity in providing personal care, participation in lifestyle activities, and personal/cultural requirements. The home stores resident's records securely, provides spaces for residents to store personal belongings, and entertain family members and friends in private areas of the home.

### **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

Resident and representatives are satisfied with the leisure programs and activities they are engaged in which are consistent with their individual needs and preferences. The home has processes for identifying resident's individual lifestyle needs and preferences, developing plans, and monitoring the effectiveness of strategies to support residents' participation in a range of activities and pastimes of interest to them. Processes for the assessment of resident's lifestyle needs at the time of entry to the home provide information on resident's backgrounds and preferences. This information assists care and lifestyle staff in planning and meeting their lifestyle needs. The organisation has introduced a new lifestyle documentation system which is implemented at the home. Residents changing needs, levels of acuity, and participation are monitored, and adjustments made to individual and group activity programs to meet their ongoing needs and preferences. There are processes for conducting evaluations of individual and group programs. Staff encourage and assist all residents to attend their preferred activities and interests.

### **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 are satisfied with the way staff support their cultural and spiritual needs and expectations. The home identifies the cultural background, spiritual beliefs, history and values of residents on entry to the home and implements strategies to address their needs on an ongoing basis. Residents are supported to engage in events and activities of spiritual

significance to them. This includes recognising the individual wishes of residents and supporting them to participate in religious services both within and outside of the home. The home recognises the cultural background of residents and promotes participation in cultural activities. There are processes for accessing additional information on cultural needs and resources, and arranging for interpreters. The home has processes for monitoring and evaluating resident's spiritual and cultural needs.

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

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

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

The home meets this expected outcome

Residents and representatives are satisfied with their level of participation in making decisions and choices about their care needs and other issues that affect their daily life. The home encourages and assists all residents and their representatives to participate in decisions about their care, the services provided to them, and to make choices based on their individual preferences. There are consultative processes for providing information to residents and their representatives about their rights and responsibilities. The home supports and encourages resident input into decisions about the services provided to them in relation to hospitality, health and personal care, the living environment and lifestyle activities.

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

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

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

The home meets this expected outcome

Residents and representatives are satisfied with how the home supports their security of tenure. The home has processes to inform residents about their security of tenure and their rights and responsibilities at the time of entry to the home. Residents and representatives are provided with a handbook and information on independent sources of advice. The home informs and consults with residents and representatives about changes in rooms and legislation. Residents and representatives are kept informed of the arrangements for their security of tenure, rights and responsibilities on an ongoing basis.

## **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.

Continuous improvement initiatives related to physical environment and safe systems are generated at the organisational and site level through analysis of data and information collected from internal audits, resident and staff meetings, incident and hazard data, suggestions, and evaluations. The plan for continuous improvement is regularly updated and timeframes set for evaluation of the benefits to residents and staff. The progress, inputs, and outcomes of continuous improvement activities are monitored at the site and organisational level. Residents and staff are aware of the continuous improvement program and their suggestions are acted upon by the home.

The home has implemented the following improvement initiatives relating to the physical environment and safe systems in the last 12 months:

- The home experienced a critical incident with a resident from the memory support unit wandering off following an appointment with the hairdresser in the general area. The home investigated the incident and reviewed the precautions already in place to maintain a secure environment for residents who are prone to wandering. Residents from the memory support unit are now provided with recognisable badges for times when they leave the area for activities and appointments with the hairdresser. The badges discreetly identify to staff that the residents are from the memory support unit. Feedback from staff shows the badges are easily recognisable but discreet, enabling residents to still attend activities and appointments in the general area of the home. The incident log shows that no residents from the memory support unit have been found wandering in the general area since the new badges were introduced.
- A security incident at night prompted an overview of the home's security measures. The general manager and maintenance officer reviewed the current arrangements for the evening and daytime. The large roller doors which provide entry to the services area had been left open during the day but are now kept permanently shut unless there is a delivery. Additional security rounds have also been set up for staff to follow at the end of each afternoon to check all areas. This is in addition to security checks by staff at night. Feedback from residents and staff indicates they feel secure in the home and are satisfied with the improved security arrangements.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The organisation and home has processes for identifying and accessing all relevant legislation, regulations, and professional standards relating to the physical environment and safe systems at the site and organisational level. Policies and procedures are reviewed and updated to reflect changes in legislation and standards. The home monitors ongoing compliance through site and organisational auditing processes, resident and staff incident

data, hazard reports and staff input. Staff are informed about changes in legislation, regulations and professional standards through the home's communication processes. Relevant staff are aware of regulatory requirements relating to the physical environment and safe systems, including implementing occupational health and safety regulations, monitoring and maintaining fire safety systems and maintaining appropriate storage and identification of chemicals used in the home.

#### **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 organisation and home has processes for identifying and planning staff education and development based on training needs analysis, staff appraisals, audits, comments and complaints, feedback, and organisational processes. Staff participate in focus groups and meetings for sharing ideas, information and best practice for addressing resident needs. Staff performance is appraised annually and their practice monitored through a skills/knowledge checklist to ensure an appropriate level of knowledge and skills to meet resident needs. The training plan is regularly updated in response to changes in resident needs and staff input. Information on external education and training is provided to staff on topics relevant to their roles. The home has processes for recording staff education and tracking staff attendance at general and mandatory training sessions including manual handling, fire and emergency procedures, food safety, and infection control. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

#### **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

Residents and representatives feel safe and secure in their environment with access to clean, well maintained communal, private, and secure outdoor areas. Residents with limited mobility have access to monitored call bells and staff assistance. The home monitors electrical equipment through a testing and tagging program and has a preventative maintenance regime. Staff are aware of accident, incident and hazard reporting processes and legislation relating to absconding residents. The organisation has a policy of minimum restraint with protocols and policies to reduce risk when restraint is used. Strategies to minimise the use of restraint include coded doors, sensor mats, low, low beds and floor mats. The home monitors the living environment through regular audits, comments and complaints mechanisms, surveys and meeting forums.

#### **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 is actively working to provide a safe working environment that meets regulatory requirements. Monitoring occurs through hazard, incident and infection reporting and risk analysis, feedback mechanisms, and auditing processes. Occupational health and safety meetings are held on a regular basis with opportunity for input from all staff. Training is provided to staff on a regular basis on safe work practices. Safe operating procedures are available. Staff are aware of hazard and incident reporting procedures and safe working protocols and are consulted about their work environment.

#### **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

Policies and procedures outlining fire, security and emergency procedures are accessible to all staff. Training is provided at orientation and is a yearly mandatory component of employment. Mock fire drills and evacuations have been conducted to give confidence to staff in handling emergency situations. The home now has accessible up-to-date lists detailing resident transfer requirements. External contractors, along with the home's maintenance staff, monitors and maintains fire safety and emergency equipment. The home has a certificate of connection and certificate of occupancy for the new building. Audits, fire drills, and workplace inspections assist in monitoring compliance with emergency procedures.

#### **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 appointed staff to manage its infection control program with support provided at a corporate level. Contingency plans, information on current outbreaks and resources are available to staff at the home. Staff are provided with training, booklets on infection control guidelines and personal protective equipment and are familiar with strategies to minimise the risk of spreading infection. Pest control is monitored through external contractors. Staff and residents have been encouraged to take up immunisation opportunities offered by the home. Information on infection outbreaks is documented and analysed to identify trends and minimise risk. Infection control practices are monitored through audits, infection data analysis and trending, staff appraisals, observation and feedback processes.



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

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

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

The home meets this expected outcome

Residents and representatives are satisfied with the provision of hospitality services and information provided to them about these services. Information, gathered on resident's preferred needs and preferences, is transferred through to the kitchen and pantries using the home's communication processes. Residents are given choice with a rotating menu. Residents and representatives are given opportunity to provide feedback through meeting forums, surveys and suggestion forms on the services offered. The home has a food safety plan and monitors temperatures accordingly. The home adheres to regular and ad hoc cleaning schedules and has processes for laundering of personal clothes and linen. The home uses its feedback processes, audits, surveys and observation to monitor staff practices and assessment tools.