



Aged Care  
Standards and Accreditation Agency Ltd

## **Oakwood Aged Care**

RACS ID 6965

6 Ellis Street

ENFIELD SA 5085

Approved provider: Tolega Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 29 May 2016.

We made our decision on 15 April 2013.

The audit was conducted on 18 March 2013 to 19 March 2013. 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

**Oakwood Aged Care 6965**

**Approved provider: Tolega Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 18 March 2013 to 19 March 2013 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 18 March 2013 to 19 March 2013.

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:	Judy Aiello
Team member:	Joy Sutton

## Approved provider details

Approved provider:	Tolega Pty Ltd
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## Details of home

Name of home:	Oakwood Aged Care
RACS ID:	6965

Total number of allocated places:	78
Number of residents during audit:	70
Number of high care residents during audit:	70
Special needs catered for:	People with dementia or related disorders People with culturally and linguistically diverse backgrounds

Street	6 Ellis Street	State:	SA
City	ENFIELD	Postcode:	5085
Phone number:	08 8260 6888	Facsimile:	08 8260 6754
E-mail address:	don@oakwoodagedcare.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management	3	Residents/representatives	8
Nursing and care staff	12	Admin, Lifestyle and ancillary staff	8

### Sampled documents

	Number		Number
Residents' care and lifestyle plans and progress notes	10	Medication charts	5
Summary/quick reference care plans	8	Personnel files	4

### Other documents reviewed

The team also reviewed:

- Audit reports and schedule
- Clinical assessment tools
- Clinical observation records
- Comments, complaints and suggestions forms
- Communication books
- Continuous improvement logs, data, audits, and schedules
- Criminal history checks and professional register
- Food safety plan and related data
- Incident, hazard and infection logs
- Job descriptions and duty statements
- Lifestyle attendance records
- Lifestyle program
- Mandatory reporting logs
- Material safety data sheets
- Memorandums, communication books, handover sheets and diaries
- Menus
- Ministers specification 76 and related data
- Orientation records
- Policies and procedures
- Preventative and reactive maintenance logs
- Registered and enrolled nurse competency pack
- Regulatory compliance register
- Resident newsletters
- Resident of the day records
- Residents' care profiles
- Residents' information handbook
- Residents' surveys
- Restraint documentation
- Sample resident agreement
- Staff appraisals
- Staff handbook
- Staff rosters

- Testing and tagging records
- Training calendar, education data base and related documentation
- Triennial fire certificate
- Various meeting minutes

### **Observations**

The team observed the following:

- Equipment and supply storage areas
- Interactions between staff and residents
- Living environment
- Storage of medications
- Archive storage
- Complaints and advocacy information
- Emergency response folders
- Equipment and supply storage areas
- Fire suppression and surveillance equipment
- Group and one-to-one activities
- Interactions between staff and residents
- Internal and external living and working environments
- Meal service
- Medication storage, licences and related data

## 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 processes to identify improvement opportunities and monitor performance against the Accreditation Standards. Continuous improvement initiatives are generated through feedback and suggestions from residents, representatives, staff, observation, complaints and information collected from audits and surveys. The continuous improvement log is systematically structured to record, show progress, review and evaluate each initiative. Residents, representatives and staff are aware of the continuous improvement program and are confident the home acts on their suggestions for improvement.

Examples of improvements implemented over the past twelve months and relevant to Standard 1 Organisational development and management systems include:

- A staff file audit identified not all paper work was collected or stored in a consistent way. As a result new packages for each staff category have been introduced that identify needed documentation. All existing employees' files have been reviewed and filed in these packs. The initiative will be fully evaluated in the next month.
- The management team identified the home had no takeaway information for prospective residents and their families or brochures to promote their home. A brochure containing information relevant to the home has been produced, handed out to prospective residents and sent to hospital placement officers to promote the facility. This initiative has proved beneficial with requests for the brochure resulting in several reprints.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has systems to identify and manage regulatory compliance through industry and peak bodies advising the approved provider of changes. Alerts are sent through to the manager of the home who advises designated staff or residents/representatives as appropriate. To assist tracking, this information is logged in the regulatory compliance register. Policies, procedures and documentation are reviewed and changed as necessary in response to changes in legislation and guidelines. Staff are aware of regulations relating to their practice. The home has a systematic approach to monitoring criminal history checks and professional registrations. Residents and representatives have been advised of the accreditation site audit within the legislated timeframes.



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

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

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

The home meets this expected outcome

The home has processes for identifying and planning training based on staff and management appraisals of gaps in staff knowledge and practice. Opportunity for training is available both on-site and through external courses. These include management courses and questionnaires to ascertain understanding. Staff education is tracked with non-attendance followed up and monitored through staff appraisals. Staff are satisfied with access to training opportunities.

In the last 12 months management and staff have participated in training related to management systems. These include English as a second language and Diploma of management.

### **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 have access to internal and external complaints mechanisms and are aware of these options. Residents, on entry to the home, are advised of complaints avenues through resident agreements and on an ongoing basis through newsletters and resident meetings. Information relating to complaints mechanisms is displayed prominently in the home giving interested parties the ability to raise suggestions and complaints confidentially, verbally or in writing. Complaints are dealt with promptly and in writing when applicable. Residents and representatives are satisfied with access to complaints mechanisms and are able to raise issues through suggestion forms, resident meetings, care consultations or on a one-to-one basis. Residents and representatives are satisfied with the home's responsiveness to addressing issues.

### **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 has documented their mission statement, philosophy and commitment to providing a quality service. The mission and philosophy are displayed in the home and included in resident and staff handbooks.

## **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 systems to monitor there are adequate appropriately skilled and qualified staff. Staff are employed based on their qualifications, experience, reference checks, criminal history check clearance and suitability to work in aged care. Staff are orientated to the home's philosophy of care and code of conduct and are monitored whilst settling in to the home's routines and procedures. Mandatory training and regular performance appraisals assist the home monitor staff skills. Agency staff are utilised for vacant shifts not filled by regular staff. Residents and representatives are satisfied with provided care, lifestyle and hospitality services. Staff are satisfied they have enough time to perform their duties.

## **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 generally supplies sufficient goods and equipment to provide the necessary care to residents. Designated staff take responsibility to order, store and rotate goods required in the home. Calibration of equipment is monitored and occurs on a regular basis. Staff are aware of their tasks to maintain a clean environment and store equipment to ensure accessibility and prevent damage. Staff are provided with training to use equipment and have safe operating procedures to assist in this process. Residents and staff are generally 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 a range of management systems to provide staff, residents and representatives with information. Admission processes, resident meetings, newsletters, care and lifestyle reviews provide residents and representatives with information to make decisions about the care and services residents receive. Lifestyle and care plans, communication books, diaries, memorandum, progress notes, handover and meetings generally provide staff with the relevant information to perform their roles. Management have regular meetings to discuss feedback, comments and complaints and other clinical issues. Confidential information is stored securely, archived as required, and destroyed according to legislative requirements. Administrative electronic information is password protected and backed up each day. Information systems are monitored through audits and resident and staff feedback. Residents and representatives are satisfied residents are provided with information to assist them to make decisions about residents' care and lifestyle.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to identify the provision of external services based on resident needs and operational requirements. Written and verbal contracts specify the level of required services. The management team monitor criminal history checks and qualification of service providers. Staff are able to provide feedback on provided services, with the home monitoring and liaising with providers when service is not up to standard. Residents, representatives and staff are satisfied with the quality and delivery of the externally contracted services.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Continuous improvement initiatives related to Standard 2 Resident health and personal care are generated through analysis of data and information collected from incidents and infections, audits, staff, allied health, and resident/representative feedback.

Examples of improvements implemented over the past twelve months and relevant to Standard 2 Health and personal care include:

- Following a medication incident the home identified it could improve storage of diabetic supplies to reduce the risk of incorrect medication being given. Clearly labelled sealable boxes have been introduced to store individual diabetic medication. Evaluation has shown a reduction in risk associated with medication administration.
- To further reduce the number of interruptions whilst dispensing medication, staff requested 'Do not disturb' bibs. A number of staff are wearing these disposable bibs and they report it has assisted in reminding others not to interrupt them during this period.
- To reduce the risk of falls and increase staff awareness, 'falls risk stickers' have been created and are now included on resident care plans and at the bedside. Evaluation shows they have been beneficial to alert staff to increased resident falls risk.

### **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 regulatory compliance systems and processes.

In relation to Standard 2 Health and personal care, the home monitors the provision of clinical and specialised care by qualified staff. Registered nurses take responsibility to assess high care residents and give treatments as prescribed under the Quality of Care Principles 1997. The management team and clinical staff are aware of regulations and compliance relating to schedule one services, specialised nursing care, clinical care and medication management. Training has been provided on reporting requirements for absconding residents under the Accountability Principles 1998.

### **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 education and staff development systems and processes.

In relation to Standard 2 Health and personal care, the home has provided training for staff on a range of topics relating to clinical care including behaviour, pain, and medication management.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

There are processes to provide residents with appropriate clinical care. Interim and subsequent comprehensive care plans are developed from assessment processes. These are conducted in consultation with the resident, their family and relevant allied health and general practitioner services. Care plans and relevant assessment information are accessible to staff and work sheets guide daily care tasks. Handovers, communication books and white board messages assist staff awareness of residents’ care needs. Care plans are regularly reviewed according to a schedule and procedure which includes documented ‘resident of the day’ observations and evaluations over 24 hours. Clinical care is monitored through audits, key performance indicators, resident observations, care reviews and residents’ feedback. Residents and representatives are satisfied that care provided meets residents’ needs

### **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’ specialised nursing care needs are appropriately met. Registered nurses conduct resident assessments, plan and evaluate residents’ care needs. Care plans include guidelines for specialised aspects of care and staff have access to procedures and guidelines. Equipment and supplies for specialised care are maintained. Wounds are graded according to complexity, assessed and reviewed by registered nurses and managed according to staff skill. External services are accessed as required and staff training in complex or new procedures provided. Specialised nursing care is monitored through regular care reviews, resident observations and general practitioner reviews, incident reporting and audits. Residents and representatives are satisfied residents’ specialised nursing care needs are met.

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

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

### **Team’s findings**

The home meets this expected outcome

There are referral processes for health and related services to meet residents’ needs. Entry assessment and care review processes identify residents’ referral needs. Residents and their representatives are informed of the services available. Regular visiting services include physiotherapy and podiatry with attendance by a speech pathologist and dietitian by referral. Other services such as the optician, dentist and audiologist are currently arranged by appointment according to resident choice. Transfer forms for acute care provide information about residents’ care and review needs, current medications and terminal wishes. There are processes to update care plans and advise staff of changes in care needs, relevant to referral outcomes. Health and related services are monitored through regular care reviews and resident of the day processes, allied health reviews, resident observations, incident reporting and process audits. Residents said they are referred to other health and related services according to their needs.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to manage residents’ medication safely and correctly. Medications are administered by registered and enrolled nurses from pre-packed sachets, according to policies and procedures. Medication management needs are assessed and a management plan documented in residents’ care plans. Relevant details are noted on the medication chart and regularly reviewed. There are procedures for nurse initiated, self administration and ‘as required’ medication management. Medications are safely and appropriately stored and monitored for currency. Medication management is monitored by regular general practitioner reviews, clinical pharmacy profiles, audits and incident reporting and assessment of staff competency. Residents are satisfied their medications are managed safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to ensure residents are as free as possible from pain. Pain assessment processes include observation and recording of non verbal cues for all residents and assessment by the physiotherapist. Pain management and therapy plans are documented and regularly evaluated. Alternative therapies to medication to assist resident comfort include massage, heat packs and heat rubs. ‘As required’ pain management medication use is monitored and there are separate medication charts for residents requiring restricted substances. Pain management is monitored through resident observation, incident reporting and pain audits, care and physiotherapy reviews and resident feedback. Residents are satisfied their pain is managed.

## **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

There are generally processes to maintain the comfort and dignity of terminally ill residents. Initial entry processes identify resident end-of-life care preferences. When terminal care is imminent an end-of-life care plan is commenced and commencement noted in the resident’s progress notes. A brochure on palliative care is provided to representatives and spiritual support arranged as requested. Effectiveness of care is routinely evaluated on implementation and the care plan varied accordingly. Palliative care equipment is available and external support services are accessed for advice. Staff have recently received palliative care training. The home audits palliative care processes and has received compliments from representatives about palliative care provided.

## **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

There are processes to provide adequate nutrition and hydration to residents. A risk-based nutrition assessment is used to plan for residents’ nutrition and hydration needs. Baseline weights are documented on entry and regularly monitored. There are guidelines for actions in the event of weight loss and referral processes for speech pathology and dietitian assessments. A range of nutrition supplements and food and fluid textures are provided according to assessed need. Staff receive training in swallowing difficulties. Residents make daily meal choices, are assisted with meals and provided with utensils to aid independence. Nutrition and hydration is monitored through food and fluid intake charts, resident observation, regular re-assessment during care reviews, and allied health reviews. Residents and representatives are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs. The home’s menu is due for review by a dietitian.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to maintain residents’ skin integrity. Skin integrity assessments identify at-risk residents. Skin integrity management plans include prevention strategies such as regular moisturisers, position change and pressure relieving mattresses. Foot care plans are also used for high risk residents and there are regular hand and nail care and hairdressing services. There are procedures for wound and skin tear management and healing rates are trended. The incidence of skin tears and pressure wounds are monitored and skin integrity is regularly reviewed during resident of the day processes and care reviews. Nutrition monitoring processes assist this process and risk management. Residents and representatives are satisfied with the care provided to maintain residents’ skin integrity.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to manage residents’ continence needs. Observations of residents’ continence management needs are documented on entry, and assist assessment and planning of residents’ support requirements, toileting schedule and required aids. Toileting requirements are documented on a daily schedule and sign sheet used by care staff. Bowel management plans, management guidelines and daily monitoring charts are regularly reviewed and monitored. Aperiart use and effect is documented in progress notes and natural bowel patterns supported by diet. Staff training in continence management has been provided. The incidence of urinary tract infections is regularly analysed and continence management processes monitored through resident observation and feedback, incident reporting, aid use, care reviews and audits. Residents and representatives are satisfied with support provided to maintain residents’ continence.

## **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

The needs of residents with behaviours of concern are managed effectively. Behaviour is monitored and documented over several days, on resident entry. These monitoring processes are repeated when changes in resident behaviour are noted. While staff are requested to identify triggers to behaviour, this was not evidenced from documentation. Descriptive behaviour management plans are developed for each, identified, behaviour. A sensory area is used to provide a relaxing environment for residents with dementia. Referrals are made for residents with difficult behaviours. Staff have received training in dementia and behaviour management and there are guidelines for communicating with residents who have dementia. There are procedures and relevant documentation for the assessment, risk identification and authorisation of restraint. Restraint care plans are documented. Behaviour management is monitored through behaviour incident reporting, resident observation, regular restraint and care reviews. Residents and representatives are satisfied with the home’s approach to managing behaviours of concern.

## **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’ mobility and dexterity is optimised. Mobility and transfer needs are assessed and required aids identified and supplied. Residents at risk of falls are identified and risky activity consent forms are documented for at-risk residents who choose to continue to mobilise. There are daily exercise plans prepared by the physiotherapist, who regularly attends for exercises, treatments and resident reviews. A physiotherapy aid supports this process. Walking groups and exercises are included in the lifestyle program in addition to activities to maintain and enhance dexterity. Staff manual handling training includes the safe transfer of residents and the use of lifting equipment. Mobility and dexterity is monitored through



resident observation, falls incident reporting, care and lifestyle reviews. Residents and representatives are satisfied residents' mobility and dexterity are supported.

### **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

There are processes to maintain residents' oral and dental health. Oral and dental assessments identify oral health and dental care needs which are documented in care plans. A range of care and oral hygiene strategies are used including dry mouth gels, mouth toilets and mouth rinses following meals. There is a toothbrush replacement program. Dental technician services are available and dental care is arranged by appointment. Oral and dental care is monitored through resident of the day care review processes, behaviour and pain assessment processes and nutrition monitoring. Residents and representatives are satisfied with the support provided to maintain residents' oral and dental health.

### **2.16 Sensory loss**

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

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

The home meets this expected outcome

Residents' sensory losses are identified and managed. All five senses are assessed on entry. Specific care plans for sight and hearing are documented and deficits in taste, smell and touch are noted in relevant sections of the care plan. Required aids are labelled and maintained. Sensory experiences are provided for residents such as cooking, gardening and hand massages. Large print and talking books are provided for sight impaired residents. Management of sensory loss and referral needs is monitored through incident reporting, resident observation and feedback and care reviews. Residents and representatives are satisfied with the home's approach to managing residents sensory loss and providing sensory experiences.

### **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' natural sleep patterns are supported. Residents' sleep patterns are observed during the first few days following entry and in consultation with the resident a sleep plan is documented, including preferred rising and settling times. Settling plans include residents' choice of bedding, warm drinks, preferred lighting and attending to pain management and continence needs. The use of as required sedation is monitored and residents with unsettled sleep referred to the general practitioner. Residents' sleep is monitored through resident observation and feedback, incident reporting, audits and care review processes. Residents were observed taking rest breaks during the day. Residents are satisfied with the support provided to achieve natural sleep and rest patterns.

### **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.

Continuous improvement initiatives related to resident lifestyle are generated through information received from residents, representative and staff feedback, surveys and audits.

Examples of improvements implemented over the past twelve months and relevant to Standard 3 Resident lifestyle include:

- To give residents greater choice a variety shop has been opened and operates on a weekly basis. Residents were consulted and given opportunity to name the shop and request items to be sold. Evaluation has shown residents appreciate the availability and choice offered at the shop and steady patronage keeps increasing each week.
- To provide an inclusive system for prize giving and not exclude residents requiring modified diets, staff introduced a non exclusive prize for the winners. Redeemable ‘reward cards’ are presented to the winners who are able to choose a gift from the variety shop.

#### **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 regulatory compliance systems and processes.

In relation to Standard 3 Resident lifestyle, the home has systems and processes to monitor and protect residents’ privacy, maintain confidentiality of resident information and provide resident agreements that assist them to understand their rights and responsibilities. Staff are aware of privacy legislation, and compulsory reporting requirements.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

In relation to Standard 3 Resident lifestyle, the home has provided training for staff on a range of topics including lifestyle and culturally accountable practice. The lifestyle coordinator is being supported to complete Certificate IV in lifestyle.

### **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 are supported to adjust to their new environment and provided with ongoing emotional support. Initial resident profile information and care and lifestyle assessments generally identify residents' emotional support needs. Referral for identified depression is arranged. Residents are oriented to the home, introduced to staff and other residents and provided with a handbook and lifestyle program. A welcome note is placed in the resident's room where personal items are encouraged. Representatives are encouraged to share meal times and participate in activities. Significant events are identified and acknowledged according to resident choice, and residents supported to write letters, to continue to visit family or to make phone calls. Residents are encouraged to socialise and attend activities as they settle in. Emotional needs are monitored through resident observation and feedback, generally through participation levels, care and lifestyle reviews. Residents and representatives are satisfied the emotional support provided is appropriate to residents' needs.

### **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 are assisted to maintain their independence and participate in community life. Care assessments identify residents' physical and cognitive capacity to maintain their independence during activities of daily living. Lifestyle programs and risk management approaches support residents' independent lifestyle choices. The home arranges access taxis and outings to community activities and cultural clubs, chosen by the residents, and community visitors attend the home. Personal shopping opportunities are arranged both within and outside the home and the daily newspaper is delivered to residents on request. Voting facilities are made available when required. Resident independence is monitored through incident reporting, resident observation, care and lifestyle reviews, audits, resident meetings and regular lifestyle surveys. Residents are satisfied with the assistance provided to maintain their independence, friendships and links to the community.

### **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

There are processes to maintain residents' privacy and generally to identify their privacy and dignity needs. The resident care profile assessed on entry includes some aspects of residents' privacy and dignity needs and care plans refer to resident choices for clothing, makeup, hair dressing and preferred care staff. There is no specific reference to privacy and dignity needs in lifestyle assessments, however lifestyle plans include information on resident preference for private time and a private visitors room is available in the home. Some residents are accommodated in share rooms with shared bathroom facilities. There is access to privacy screens and capes for use during daily care. Staff were observed to knock on residents' doors prior to entering their rooms. Residents are informed of the home's privacy policy and sign a release form for the use of private information. Resident information is securely stored. Residents and representatives are satisfied residents' privacy and dignity needs are met.

### **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

There are processes to encourage and support residents to participate in a wide range of activities. Lifestyle assessment processes identify residents' past interests and preferred activities they would like to continue or new experiences they might enjoy. A monthly program includes regular resident favourites plus a range of other activities suggested by residents. These include regular outings and bus trips, concerts, a knitting group and bowling competitions. An on-site shop has been set up following resident request. Residents are supported to attend activities or engage in individual sessions relevant to their capacity and choices. Resident meetings are held regularly to discuss lifestyle planning. Resident satisfaction with leisure interests and activities is monitored through audits, regular monthly surveys, resident meetings and feedback processes and generally through lifestyle evaluations and reviews. Residents are satisfied they have access to a range of activities to meet their needs.

### **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' cultural and spiritual backgrounds and preferences are respected. Assessment processes identify residents' cultural backgrounds, language and spiritual preferences. Special dietary needs are accommodated. Lifestyle plans indicate resident choices for spiritual support and engagement and clergy and visitors from a range of denominations attend the home. Days of cultural significance are celebrated to reflect the backgrounds of residents in the home. Information on specific cultures is provided for staff in addition to relevant language cue cards. A range of cultures are also represented amongst staff who are able to communicate with residents in their own language. Cultural boxes have been

prepared to support resident reminiscing about their country of birth. Cultural and spiritual needs are monitored through audit processes, resident feedback and regular meetings, and lifestyle surveys. Residents and representatives are satisfied with the home's approach to supporting residents' cultural and spiritual preferences.

### **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 participate in decisions about their care and services and are supported to exercise their choices. Care assessments identify residents' cognitive capacity and identify resident advocates when required. Assessments and care planning are conducted in consultation with the resident and their family and there are accessible processes to provide feedback to the home. Residents' choices to participate in activities are respected and risk assessments conducted when residents choose to engage in activities which may pose a risk, such as smoking. Advocacy information is displayed in the home. Choice and decision making processes are monitored through care reviews and lifestyle surveys, resident meetings, and comment and complaint processes. Residents and representatives are generally satisfied they are able to exercise choice and control over care and lifestyle services.

### **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

Processes provide for residents' security of tenure and residents are assisted to understand their rights. Information on residents' rights and security of tenure is provided on entry and documented in the resident agreement and resident handbook. Information on alternative sources of advice is available and advocacy services attend the home to update residents and staff on their role and access processes. The Charter of residents' rights and responsibilities is displayed in the home. Required changes to accommodation are made in consultation with the resident and their representative and agreed outcomes documented. Legal services review resident agreements and resident satisfaction with security of tenure is monitored through feedback processes, resident meetings and care consultation. Residents understand their rights and feel secure in their tenure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Continuous improvement initiatives related to Standard 4 Physical environment and safe systems are generated through analysis of data and information collected from environmental audits, resident/representative feedback, hazard, incident and infection data analysis and trending.

Examples of improvements implemented over the past twelve months and relevant to Standard 4 Physical environment and safe systems include:

- To give residents an entertainment and smoking area an outdoor courtyard was refurbished and made safe. Trees and stumps were removed, ground area paved and made even and a veranda installed. The refurbishment has improved opportunity for increased socialisation of residents and families, more barbeques and minimised the risk of falls.
- The living environment has been improved for residents in six rooms with the reduction of beds in these rooms. The former four bed rooms now contain two beds and have been refurbished to remove unwanted plugs and switches, curtains and tracks. Residents moving into these rooms have appreciated the extra space and comfortable environment. This refurbishment has also enabled the home to accommodate married couples requesting shared accommodation.

### **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 regulatory compliance systems and processes.

The home has processes to monitor and maintain regulatory compliance relating to physical environment and safe systems. This includes implementing occupational health and safety regulations, monitoring and maintaining fire safety systems, certification codes, infection control guidelines and food 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 education and staff development systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home has provided training for staff on a range of topics including fire and emergency, manual handling, hand washing and infection control.

### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has systems to provide residents with a safe and comfortable living environment and access to communal and outdoor areas. 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 home has a restraint policy and acknowledges both physical and chemical restraint. Staff monitor restrained residents to reduce risk. The living environment is monitored through audits, observation and resident and representative feedback. Residents and representatives are satisfied the home is safe and comfortable.

### **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 systems in place to monitor and improve health and safety and generally provide a safe working environment that meets regulatory requirements. Monitoring occurs through hazard, incident and infection reporting and analysis, staff feedback, auditing processes, and review of work practices. Occupational health and safety is discussed at staff and management meeting with opportunity for input from staff and the occupational health and safety representative. Staff are provided with training on safe work practices when they commence work and on an ongoing basis. Policies and safe operating procedures are accessible to staff. Staff are aware of their responsibility to maintain a safe environment, safe working procedures 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

The home has implemented systems to provide a safe environment through minimisation of fire, security and emergency risks. Staff are provided with regular training in fire and emergency procedures and have appropriate equipment to use in the event of an emergency. Evacuation plans and emergency procedures are accessible to all staff and staff and residents are aware of their responsibilities and actions in response to an emergency. The home has current fire certification and a disaster management plan. Electrical items are tested and tagged according to Australian Standards. Staff practices are monitored through mandatory training sessions in fire and emergency, questionnaires and audits.

#### **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 implemented systems and processes to provide an effective infection control program. Contingency plans, information on current outbreaks and resources are generally available to staff at the home. Staff are provided with training 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 minimise risk. Infection control practices are monitored through audits, 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

The home has systems to provide catering, cleaning and laundry services. Residents are provided with information on the provision of services when they enter the home and are encouraged to give feedback as services are provided. Information on the food preferences, likes, dislikes and allergies is collated and available to assist staff when organising meals. Cultural and religious choices are considered and respected. Residents are given daily choices and meals and snacks are served with staff support. Cleaning and laundry services are provided to meet residents' privacy and dignity needs. Services are monitored through audits, surveys and resident feedback. Residents are satisfied with the catering, cleaning and laundry services provided by the home.