



Aged Care  
Standards and Accreditation Agency Ltd

## **Rainbow Bush Nursing Home Annexe**

RACS ID 4383

2 Swinbourne Avenue

RAINBOW VIC 3424

Approved provider: West Wimmera Health Service

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 10 November 2015.

We made our decision on 18 September 2012.

The audit was conducted on 14 August 2012 to 15 August 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Rainbow Bush Nursing Home Annexe 4383**

**Approved provider: West Wimmera Health Service**

## Introduction

This is the report of a re-accreditation audit from 14 August 2012 to 15 August 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 14 August 2012 to 15 August 2012.

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

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

## Assessment team

Team leader:	Ann De Pellegrin
Team member:	Colette Marshall

## Approved provider details

Approved provider:	West Wimmera Health Service
--------------------	-----------------------------

## Details of home

Name of home:	Rainbow Bush Nursing Home Annexe
RACS ID:	4383

Total number of allocated places:	10
Number of residents during audit:	10
Number of high care residents during audit:	9
Special needs catered for:	N/A
Email address for submission of audit assessment information:	jsmith@wwhs.net.au

Street:	2 Swinbourne Avenue	State:	Victoria
City:	Rainbow	Postcode:	3424
Phone number:	03 5391 4222	Facsimile:	03 5391 4228
E-mail address:	jsmith@wwhs.net.au		

## Audit trail

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

### Interviews

	Number		Number
Management/administration staff	8	Residents/representatives	6
Clinical/care/allied health and lifestyle staff	11	Hospitality/environment/safety staff	5

### Sampled documents

	Number		Number
Residents' files	6	Resident agreements	2
Summary/quick reference care plans	4	Personnel files	9
Medication charts	4	Service agreements	4
Lifestyle care plan	3		

### Other documents reviewed

The team also reviewed:

- Activity program
- Audits and results
- Cleaning schedules
- Communication records and correspondence
- Comments and complaints register and records
- Consent to use/disclose information
- Dangerous drugs register
- Data, trend and benchmarking analysis
- Dietary information records and diet list
- Education plan, evaluations, records and analysis reports
- Emergency services records
- Environmental inspection reports
- Food safety plan, external audits, certification and related records
- Gastro enteritis outbreak guidelines
- Handover sheet
- Human resources records and information
- Incident reports
- Infection surveillance data
- Information packs and handbooks
- Job descriptions and duty list
- Lifestyle assessment, documentation and resources

- Material safety data sheets
- Minutes of meetings
- Nurse registrations and staff competencies
- Occupational health and safety records and risk assessments
- Police check register and statutory declarations records
- Policies and procedures
- Preventative and reactive maintenance records and inspection reports
- Product and equipment evaluation records
- Quality improvement plan and continuous improvement protocols
- Referrals
- Refrigerator temperature monitoring charts
- Regulatory compliance records
- Residents' clinical care records, evaluations and protocols
- Rosters
- Strategic plans, annual review and quality report
- Suppliers and contractor list and delivery checklists

### **Observations**

The team observed the following:

- Activities in progress
- Brochure display, feedback forms and suggestions box
- Cleaning and laundry in progress
- Equipment and supply storage and waste management areas
- Fire fighting equipment, egress routes and evacuation maps
- Interactions between staff and residents
- Lifting machines and mobility aids
- Living environment
- Meal and refreshment service
- Medication administration and the storage of medications
- Mission statement and the Charter of residents' rights and responsibilities on display
- Noticeboards, menu and information displays
- Personal protective equipment and waste disposal system
- Staff assisting residents with meals

## 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 established systems to actively pursue continuous improvement supported and linked to the organisation's improvement and quality system within a risk management framework. Management and staff identify improvements from a variety of opportunities, including stakeholder comments, meetings, quality activities, incidents, observations and inspections, strategic plans and residents' changing needs. Improvements are recorded, actioned and monitored within the continuous improvement plan and other activity registers, with formal or informal satisfaction sought from stakeholders or individuals. Key personnel drive and evaluate the system, with regular evaluation, progress reports, analysis and benchmarking reviewed by corporate management. Staff state they are encouraged and actively participate in the home's continuous improvement processes. Residents and representatives confirm ongoing improvements occur at the home.

Examples of improvement initiatives in relation to Standard 1 include:

- Following a review the organisation has updated the policy for verifying death. With staff input, management developed a summary checklist to assist with the key concepts. The summary entails six key points in regards to the deceased person - heart rate, breathing, eye pupil status, stimulus or motor response and monitored times. Staff feedback shows they find the checklist easier to consult and management stated staff are now following protocols.
- In response to residents' high care needs, through the organisation's sponsorship program the home has attracted and employed two registered nurses and one enrolled nurse. Sponsored overseas staff are required to undertake a university bridging course prior to formal commencement in their designated position. Nursing staff confirmed the appointments have taken place and have increased the skilled workforce at the home.
- An inter hospital transfer form has been developed following delayed or missed transfer information. The form ensures vital information is not lost when a resident returns to the home from treatment provided in acute care. Nursing staff confirmed the new process is assistive to their role and provides clear directives and vital clinical information when a resident transfer occurs.



## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives updates and changes through the organisation’s subscription to professional advisory services, peak industry bodies, legislative and government communiqués and peer reviews. Regulatory changes result in review of policies and procedures, with associated information updated and communicated to relevant stakeholders. Management also utilise orientation, information handbooks and other communication mechanisms to flag specific regulatory compliance issues. Monitoring and observation of staff practice ensures staff knowledge and practices are consistent and compliant with regulatory requirements. Staff state they receive information regarding regulatory changes and reiterated their responsibilities related to work roles. Residents and representatives state they are satisfied they are kept informed and notified of the re-accreditation audit.

Examples of regulatory compliance relating to Standard 1 include:

- A system for continuous improvement is in place and a range of policies and procedures incorporating professional and regulatory guidelines, equal employment opportunities, harassment and confidentiality.
- Management demonstrated they notified residents, representatives and staff of the re-accreditation assessment within the required timeframe.
- The home maintains a system for ensuring the currency of police checks, statutory declarations, volunteers and external contractors’ as required.
- A register of professional registrations is maintained and monitored and all registered and enrolled nurses have current registration with the Australian Health Practitioner Regulatory Agency.
- Appropriate and secure information storage and destruction systems are in place.

## **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 demonstrates staff have relevant knowledge and skills to undertake their roles effectively. A comprehensive education program, including a mandatory education study day and a clinical study day, is held each year. Ongoing monitoring of skills and knowledge occurs through performance review, meetings, observation and staff feedback. An education planner is developed and displayed in relevant areas for staff information. The program includes competencies, orientation and mandatory training via several methods, such as on line, in house presentations and written competencies. Staff report they are encouraged and supported to attend education including external courses.

- Recent training and development opportunities relevant to Standard 1 include:
- Bullying and harassment

- Electronic documentation
- Incident reporting

#### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home ensures the internal and external complaints mechanisms are accessible to all stakeholders. During the entry phase this information is verbally explained and documented in information handbooks and resident agreements. Feedback forms and external complaints brochures relating to advocacy services and the external complaint process are accessible, with suggestion boxes located at various entry areas in the building for anonymous input. Comments and complaints are logged, actioned and tracked to ensure effective outcomes, with responses acted upon in a timely manner. Stakeholders have various opportunities to raise comments or complaints including relevant meeting groups, regular resident and/or representative consultation, surveys and informal interaction. Management has an 'open door policy' and a complaints officer for the organisation is available. Staff state they are clear about their responsibilities in responding to complaints and assisting residents in documenting their concerns. Residents and representatives state they are comfortable in approaching staff and management with any 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 displays the organisation's philosophy and vision, mission and values statements in the home and communicates this philosophy to stakeholders through information booklets, newsletters, orientation programs, policy and procedures and resident agreements. The organisation is committed to the provision of a high standard of resident care through components of the quality management system, continuous improvement, better practice and innovation, benchmarking and annual strategic planning with all stakeholders. Staff confirm they are informed of the mission statement and indicated their commitment to providing quality care for residents and their families. Residents and representatives confirm their satisfaction with the quality of care and services provided.

#### **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 employs appropriately skilled and qualified staff to deliver care and services to residents in accordance with the standards and residential care service's philosophy and objectives. Established organisational policies and procedures are in place. New staff and

trainees undertake an orientation program and probationary period. Education, training and other professional development opportunities are encouraged and support may include funding and sponsorship. Current position descriptions, duty lists and procedure manuals are available to staff and define individual responsibilities and other requirements. Staff allocations within the home are monitored to ensure an appropriate mix of skills and attributes to deliver service requirements. Casual, bank and regular agency staff fill vacant shifts. Staff appraisals, audits, competencies and performance observations ensure staff practice and knowledge is maintained and enhanced. Staff, residents and representatives report satisfaction with staffing levels and residents expressed satisfaction with the skills, knowledge and responsiveness of staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has systems to ensure appropriate goods and equipment are available for quality care and service delivery. Key staff regularly order clinical and non-clinical supplies through organisation approved suppliers. Stock is rotated where required and goods stored in clean, tidy and secure storage areas. Equipment is trialed and evaluated prior to purchase and in consultation with professionals, with training provided to staff. A preventative and corrective maintenance program ensures equipment is in good working order. The organisation supports the maintenance, replacement and supplementation of inventory and equipment through budget allocations, ordering systems and the provision of corporate resources. Hospitality, clinical and other health and general supplies are regularly ordered by nominated staff through preferred suppliers. Staff, residents' and representatives' expressed satisfaction with the quality, quantity and availability of stock and equipment as required.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The home has effective information management systems to ensure all stakeholders have access to current information on the home's processes and activities. This includes information mechanisms such as meetings, memoranda, communication books, an intranet portal, newsletters, notices and/or care consultation to convey information to stakeholders. There are established processes for updating resident care information, document and data control information performed by key staff according to a review schedule. Information privacy and confidentiality principles apply and monitoring of the information management system occurs through internal audits and stakeholder feedback. The home securely stores electronic and paper based documentation accessed by only authorised staff with varying access. Computerised documentation is backed up daily, with electronic and archive records stored appropriately offsite. Staff confirmed they have access to current information relevant to their roles and are kept informed of changes or updates. Residents and representatives indicated their satisfaction with the level and promptness of information provided to them.

## **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 has processes to ensure all externally sourced services are provided in a way that meets residential and operational needs and service quality goals. Procedures for establishing contracted services, selection criteria and regulatory requirements are in place. There is a system to monitor individual contractors' performance in an ongoing manner, with consideration to residents, staff and management feedback. An organisational service agreement is currently being introduced as contracts are renewed and management state services may be terminated as a result of poor performance. We observed a supplier and contracted service list available in staff work areas. Staff, residents and representatives state they are satisfied with the services provided by the external contractors who service the home.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home pursues continuous improvement related to residents' health and personal care with the overall system described in expected outcome 1.1 Continuous improvement. The home identifies continuous improvement activities related to clinical care through input from residents, representatives and staff, care plan reviews, observation, incident reports and feedback from health care professionals and other stakeholders. All identified improvement opportunities are documented on action plans and information on clinical indicators is regularly collected and analysed. Through observation, interviews and document reviews, the team noted the home actively pursues continuous improvement processes through consultation and in responsive to feedback from its stakeholders.

Examples of improvement initiatives in relation to Standard 2 include:

- Management identified tasks completed by care staff were not part of their duties, resulting in inconsistencies in clinical care when allied health professionals make changes to resident care needs. As a result, a print out of the changes provides updates during staff handover. The task is now delegated to registered nurses, which has resulted in care plans being more reflective of residents' care needs and timelier changes occurring.
- A review of urinary tract infection data identified a resident with a catheter at higher risk of ongoing infections. A different type of catheter was trialed, which required less changing than other types and reduced the risk of infection. This has resulted in no further incidence of infections for the resident.
- Following an audit on medication administration, a number of initiatives were implemented to improve safety. These include a discussion with the medical practitioner regarding how the medication charts are signed off, employment of an independent pharmacist auditor and a process of a referral for residents who refuse medications. Audits undertaken following these initiatives show an increased compliance rate.
- A recommendation by a medical practitioner and further discussion with management resulted in the purchase of an ear syringing machine. A registered nurse attended training on micro suction and curettage techniques using the machine, with the service provided to residents as required. Two residents with a newer type of hearing aid have benefited from the increased frequency of treatment, rather than waiting for the medical practitioner.
- A discussion with staff regarding ongoing skin tears with several residents in the same location resulted in further research of suitable aids. The home purchased thin and softer type of leg and forearm protectors, particularly for areas such as the forearm, with those residents providing input on comfort and ease of moving. This resulted in more protectors purchased and used for residents at risk of skin tears. Management stated and documentation shows for one resident this has reduced the leg skin tears significantly from four to almost nil per month since these protectors were introduced.

## **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

Management has systems to identify and promote compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding health and personal care. The home and organisation monitor regulatory compliance related to Standard 2 through audits, supervision of work practices and staff competency tests. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance. Staff state they are satisfied they are kept informed of regulatory changes via meetings, memoranda and at handover.

Examples of regulatory compliance relating to Standard 2 include:

- The home demonstrates knowledge and practise of its legislative obligations in relation to medication management, storage and relevant protocols.
- Appropriately qualified staff plan, supervise and undertake specialised nursing care. For example, a registered nurse oversees care plans of residents with high care needs.
- The home has a policy and procedure to guide staff response should a resident be inexplicably missing from a home.

## **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

Management demonstrated staff have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 include:

- Continence care
- Diabetes care
- Falls management
- Medication management
- Nutrition/malnutrition screening
- Oral care
- Wound care

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive clinical care appropriate to their individual needs and preferences. Initial and ongoing assessments and care plans define care requirements to meet individual resident’s health and personal care needs. A registered nurse is responsible for the evaluation of clinical care and review of care plans. Established processes monitor the effectiveness of care through audits, education and review of staff practice. Staff are informed of individual care needs and changes to care by verbal handovers, care plan review and progress notes. There is evidence clinical incidents are monitored and evaluated and clinical problems reviewed by appropriate health professionals. Residents and representatives said they are satisfied with the clinical care provided.

## **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

Assessment of residents’ specialised care needs occurs on entry to the home by qualified nursing staff. Specialised care at the home includes diabetes management, wound and catheter care. A registered nurse provides and evaluates specialised care and demonstrates support and advice from external specialists occurs. Medical practitioners are involved in specialised care planning and evaluation, including diabetic and wound management. Residents and representatives are satisfied appropriately qualified staff meet specialised nursing care needs.

## **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

The home refers residents to health specialists and services according to their assessed needs and preferences. A medical practitioner visits residents regularly and as required. Other health professionals provide services on site, including physiotherapy, nutrition, occupational therapy and speech pathology. Resident interviews and documentation confirms the home arranges referral to medical specialists outside the home as needed. Teleconference facilities at the home provide specialist consultation and review, including with a geriatrician. Residents and representatives said the home arranges external specialist appointments and provides assistance to attend, including transportation to appointments.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The medication management system meets required legislative and regulatory standards. Staff demonstrated adherence to defined medication procedures and competency training is completed. A medical practitioner undertakes assessment and review of resident medications regularly. An independent pharmacist undertakes a yearly review of residents’ medications. Medication assessment includes allergies and administration instructions. The home’s system ensures medication supply is reliable and accurate. Storage and recording of medication administration is in accordance with legislation including a dangerous drugs register. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review undertaken accordingly. Medication advisory meetings are held. Residents report they are satisfied with medication administration.

## **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

Assessment of pain occurs on entry to the home and includes pain history and effectiveness of current therapies. A review of documentation confirms assessment tools include verbal and non verbal signs of pain. Ongoing assessment and evaluation of therapies occurs and documented in care plans and progress notes. Medical practitioners monitor pain and effectiveness of analgesia on a regular basis. Residents and representatives said they are satisfied with pain management interventions used in the home.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has care systems in place to support residents requiring palliative care. Completion of palliative care plans occurs in consultation with families, medical practitioners and other professionals as needed. A registered nurse at the home has completed a palliative care course and provides expertise and support to other staff. External palliative care specialists provide assistance with care planning and support staff as needed. Staff describe care measures they undertake when caring for terminally ill residents, which include comfort and dignity measures.



## **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

On entry to the home residents’ nutrition and hydration needs and dietary preferences are determined. Generally, there are effective communication processes in place to inform the kitchen of residents’ dietary requirements and choices. Review of residents’ nutritional status occurs regularly, the dietician visits the home once a month and staff follow a weight and nutrition monitoring procedure. Referral to the dietician and speech pathologist occurs according to assessment results. We observed assistance given to residents at meal times in a homely dining environment. Residents and representatives are complimentary of the meals served at the home.

## **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

On entry to the home assessment of skin integrity occurs for all residents and ongoing monitoring occurs based on individual needs. Skin care plans outline residents needs and includes nutrition, continence, mobility and behaviour. Staff said they monitor the condition of residents’ skin while attending to daily care and maintain skin integrity using various methods based on individual needs. Qualified nurses undertake wound care and monitor skin conditions. Documentation confirms individualised wound care monitoring occurs and medical practitioners monitor skin conditions. Resident and representatives said they are satisfied with skin care provided at the home.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Documentation and interviews confirm assessment of residents’ continence history takes place on entry to the home and monitoring and review occurs thereafter. Detailed assessment of continence is collected to formulate an individualised care plan, toileting schedule and continence aid requirements. Care plans inform staff of residents’ needs and the type of continence aids required. Staff report continence education is undertaken as required and sufficient levels of continence aids are available to meet resident needs. Residents said staff manage their continence effectively and maintain their privacy and dignity when providing assistance.

### **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 home has systems to assess and effectively manage residents’ behaviours. Behaviour assessments identify concerns and care plans outline individual triggers and management strategies. Review of care plans occurs regularly to evaluate current interventions and resident response. An external aged/psychiatric care team visits residents as required and staff report they receive education on behaviour management. We observed staff interacting and assisting residents in a respectful and therapeutic manner. Residents and representatives said they are satisfied with the home’s approach to managing behaviours.

### **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 assessment occurs on entry to the home and includes a falls risk assessment. Care plans include strategies to minimise falls and promote residents’ safe mobility and dexterity. The physiotherapist visits all new residents and provides ongoing monitoring and review. Assistive devices such as mobility aids assist residents in maintaining mobility. Falls data is analysed and trended and results reviewed to ensure maintenance of residents’ safety. Residents and representatives confirm mobility and dexterity is actively encouraged and staff provide suitable assistance.

### **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

Assessment of oral and dental needs and preferences occurs on entry to the home and reviewed regularly. Care plans outline care needs for teeth, mouth and dentures and level of assistance required by the resident. A visiting dental service is now engaged by the home on a regular basis. Residents said they are satisfied with oral and dental care regimes offered at the home. Staff confirm their knowledge of residents’ oral and dental care.

### **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

Assessment of sensory loss occurs through a variety of approaches to include all senses. Information collected on entry to the home provides individual information to guide care processes. Care plans are developed and provide staff with individual resident care requirements. Referral to other health professionals such as speech pathologist, audiologist,

and opticians occurs as required and confirmed in residents' files. Residents report satisfaction with the care of their sensory needs.

### **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

Assessment of resident's sleeping and rest patterns occurs on entry to the home and regularly thereafter. Residents are involved in care planning to meet individual needs and preferences, including settling and rising time. Strategies to assist with sleep include medication and non pharmacological interventions such as warm drinks. Residents said care staff monitor their sleep and assistance is provided as needed according to their preferences. Residents state the home is quiet and restful at night.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to resident lifestyle, with the overall system described in expected outcome 1.1 Continuous improvement. The understanding of resident and representative satisfaction is monitored through formal and informal feedback. Regular stakeholder meetings provide opportunities for residents and their representatives to raise concerns and to discuss any issues related to residents’ lifestyle. Residents and representatives indicate their satisfaction with the opportunities for input into the lifestyle services at the home.

Examples of improvement initiatives in relation to Standard 3 include:

- Observations of residents appearing bored resulted in review of the program and the frequency of activities, with management increasing lifestyle staffing hours an extra one hour in the morning and two hours in the afternoon. Two care staff were also trained to assist with activities and attended a lifestyle workshop in the area and lifestyle meeting to further their integration. Documentation shows there are now more opportunities for one to one activities and providing more fun for residents, with positive outcomes. Management state they have plans to train another three staff in multi skilled tasks.
- Following lifestyle introducing and trialling various activities for a resident with limited functional ability, a review of the residents past life interests and profession resulted. The home purchased an abacus sensory activity object and monitored the resident’s interaction with the tool. Documentation and staff comments highlight the resident is enjoying the activity with increased wakefulness and less dozing during the day and has resulted in improved sleep for the resident at night.
- Management observed a resident having difficulty moving forward and reading while in bed, which resulted in the purchase of a solid tilt table fitted to the resident’s bed over bed table. This has enabled the resident to extend their favourite pastime of reading. Resident feedback indicated the tilt table has meant other assistive aids and drinks are within reach and they are much happier now as they can continue reading without asking for constant assistance.

### **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

With the support of the organisation, management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding resident lifestyle. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance relating to Standard 3 include:

- The home has processes to manage compulsory reporting obligations, maintains a consolidated reporting register and educates staff in recognising and responding to circumstances that may require mandatory reporting.
- The home has policies and procedures to maintain the confidentiality of resident information.
- The home demonstrates compliance relating to the provision and signing of residential agreements.
- Residents receive specified goods and services as appropriate.
- The home prominently displays the charter of resident rights and responsibilities in residents living area and within information handbooks and orientation sessions.

### **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

Management demonstrated staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- Behaviour/dementia training
- Mandatory reporting
- Privacy and dignity

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Management and staff provide support to residents when they first move into the home and throughout their stay. At entry staff provide a tour of the home and support residents to settle, which includes encouraging residents to personalise their room, introductions to other residents and supporting residents to maintain and build friendships both within and outside the home. Local clergy and church representatives visit the home and counselling or psycho-geriatric services are available as required. Staff monitor and regularly review residents' emotional needs and implement strategies to support residents' needs. This may include staff spending time chatting and simply being there for them. Residents and representatives spoke highly of staff and management and the support and compassionate manner they provide.

### **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

Management and staff support residents to achieve optimal independence, maintain friendships, family connections and community links. Care and lifestyle assessments and the planning process identifies each resident's cognitive, mobility and dexterity levels, behaviours and preferences for social interaction, with the level of assistance required to participate and maintain independence. Physiotherapy and exercise programs assist to maintain mobility and strength and lifestyle programs include sensory stimulation sessions and community outings. Management and staff assist residents in their civic rights and to maintain control over their financial affairs. We observed staff encouraging residents to remain independent during meals, when performing their daily activities and when ambulating. Residents and representatives state they are satisfied with the way staff support and encourage residents to maintain their 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

Management and staff recognize and respect residents' right to privacy, dignity and confidentiality and adherence to the home's policy is monitored. Residents are provided with information on privacy matters and sign off on the use of their photograph. Staff are informed and educated about respectful practices. We observed and staff described appropriate practices, including knocking on doors prior to entering resident rooms, doors closed when assisting residents with care routines and calling residents by their preferred name. Resident information is stored securely and handover conducted in a confidential manner. Residents and representatives state they are satisfied with the level of respect shown by staff to residents' privacy and dignity.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

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

The home meets this expected outcome

The home supports and encourages resident to participate in a range of interests and activities in the home and community. Lifestyle assessments capture the residents' personal and social past and present interests, life experiences and community connections. Care plans document this information and regular reviews occur to ensure residents' interests and choices are met. Activity evaluations, surveys, feedback from meetings and participation records monitor satisfaction and residents make suggestions for future planning. Volunteers, school groups and entertainers regularly visit the home and residents go on planned outings. Group and one-to-one activities include games, exercises, walks, bus trips, cooking, gardening, crafts, entertainers and community interaction. The home supports residents to continue to participate in community interests and encourage family members to

join in activities. Residents' state staff assist them in attending activities and are satisfied with the variety within the lifestyle program.

### **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

Staff practices foster and respect residents' individual customs, beliefs and cultural backgrounds. Initial assessments and care plans document cultural and spiritual preferences and updated as changes occur and in consideration to palliative care and lifestyle activities. Religious services occur at the home with visiting clergy or church representatives visiting the home regularly. The home acknowledges culturally specific celebrations such as ANZAC day, Christmas, Easter, birthdays and anniversaries according to resident's request. Management monitors the satisfaction of residents through resident feedback, surveys and meetings. Residents and representatives state they are satisfied with the support and respect given to residents' cultural and spiritual 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

The rights of each resident to make decisions and exercise choice and control over their lifestyle and clinical care preferences are recognised and respected. This includes the development and regular review of care plans and assessments, with residents and representatives consultation regarding their choice and decisions regarding care and lifestyle needs. We observed documentation recording residents with an enduring power of attorney to assist in decision making and the right to choose treatment. Resident handbooks, advocacy brochures and occupancy agreements contain information on residents' rights and responsibilities and complaints process. Audits, surveys and feedback from meetings monitor resident satisfaction. Authorised representatives are in place where required and education and procedures guide staff in their practices in regards to resident choices and decision making. Residents and representatives confirm their participation in decisions about care and services and their right to exercise choice.

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

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

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

The home meets this expected outcome

The home has a system to ensure residents have secure tenure within the home and understand their rights and responsibilities. Prior to and during the entry phase, management provide residents and/or representatives with information and a residential care agreement, with further explanations provided if required. This includes necessary information about

specified care and services, fees and charges, the Charter of residents' rights and responsibilities, advocacy services and the internal and external complaint mechanisms. Management communicate any changes to fees and other arrangements through processes such as resident meetings, letters and other communication mechanisms. Management state all residents receive the same specified care and services, irrespective of their classification status. Staff expressed an understanding of residents' tenure and their rights and responsibilities. Residents and representatives state they are satisfied their resident's tenure is secure and confirm they feel comfortable in approaching staff with any queries they may have.



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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home pursues continuous improvement related to the physical environment and safe systems, with the overall system described in expected outcome 1.1 Continuous improvement. This includes responsiveness to the needs of residents and representatives and other stakeholders as indicated via the regular audit schedule, incident report analysis, feedback, meeting outcomes and management suggestion. Regular workplace inspections and environmental audits occur to monitor the home for safety and security. Staff training and equipment is provided to promote safe work practices. Staff state identified hazards and equipment requests are acted upon. Residents and representatives confirm they are happy with the home’s comfort and safety.

Examples of regulatory compliance relating to Standard 4 include:

- Following a discussion on the safety and infection control aspects of wheat packs, the home replaced these with gel packs. Guidelines were developed, explained and displayed, with staff training provided in how to safely heat a pack without the use of a microwave. Recorded outcomes show staff satisfaction in the ease of use and cleaning, reduced risk of cross contamination and the change of practise in heating the packs has reduced potential risk. Residents commented they are very happy with the gel packs as they do don’t move around as much and appear to offer better pain relief.
- Observation of staff practise resulted in the purchase of foot operated lidded bins for soiled linen and wet waste. The home replaced all storage bins with the new type and audit results show improved infection control practices by staff and the reduced risk of cross contamination.

### **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

With the support of the organisation, management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding physical environment and safe systems. For a description of how the home identifies and ensures regulatory compliance, please refer to expected outcome 1.2 Regulatory compliance.

Examples of regulatory compliance related to Standard 4 include:

- The organisation, management and occupational health and safety representatives on site actively promote occupational health and safety through the home’s systems and processes.

- The home stores chemicals safely with related and current material safety data sheets accessible to all staff.
- The home has appropriate infection outbreak policies, response and reporting procedures.
- Qualified service personnel maintain and regularly check fire fighting equipment. Staff attend annual and mandatory fire and emergency training.
- The home has a food safety program and annual 'food premises' council registration in place. Third party audits demonstrate current compliance with recommendations currently being actioned.

#### **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

Management demonstrated staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- Chemical safety training
- Fire and emergency
- Food handling safety
- Infection control
- Occupational health and safety

#### **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

Management is actively working to provide a safe and comfortable environment for residents. The home is clean and tidy, with comfortable and appropriate furnishing. Residents' accommodation is in single rooms with en suite bathrooms and rooms are decorated with residents' personal items. There are communal and private areas including outdoor courtyard gardens for resident's enjoyment. Internal temperatures are effectively controlled and building and equipment maintenance is in accordance with a preventative and reactive maintenance system. Monitoring of the living environment occurs through review of audits, incident reports and input from residents and staff. Residents said the home provides a safe and comfortable environment and they enjoy living here.

#### **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 systems work effectively to provide a safe working environment consistent with policy and regulatory requirements. Processes reinforcing occupational health and safety include policy and procedure, meetings, hazard and incident reporting mechanisms, maintenance requests, risk assessments and audits of the environment. Staff have access to appropriate inventory, equipment, education and information resources to promote safe work practice. The organisation's occupational health and safety committee meets regularly and is comprised of staff from the home from various work areas. Meeting minutes show the committee discusses proactive safety concepts and actively responds to feedback and reporting mechanisms. Staff state they are aware of their responsibilities and actively participate in ensuring a safe work environment. Residents and representatives are happy with the internal and external 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

Management and staff are actively working to provide an environment and safe system of work to minimise fire, security and emergency risks. The home monitors and maintains emergency and fire fighting equipment serviced regularly by qualified service personnel or contractors. Exits and egress routes are free from obstruction, evacuation maps displayed, exit signage illuminated and annual fire training regularly occurs. The evacuation kit includes a current resident list updated when changes occur. Staff have access to documented emergency procedures, including emergency response to flooding, power failures and heatwave. Contractors and visitors and are required to sign in and out at the main entrance and the building secured in the evening. The home manages risk through internal and external audits and regular inspections. Staff state they attend annual fire and emergency training and updated on other emergencies. Residents express confidence in the security of the home and in staff skills and knowledge in the event of an emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management demonstrates they have an effective infection control program in operation, and an infection control staff member oversees the program. Policies and procedures, mandatory education and observation of practice such as hand washing ensure staff follow correct infection control procedures. Staff said they attend mandatory infection control education including outbreak management. We observed staff using personal protective equipment and appropriate waste disposal systems are in place throughout the facility. A designated nurse undertakes infection surveillance and data analysis and discussion of results occurs at relevant meetings. Medical practitioners and nursing staff monitor resident infections and response to treatment. There is planned pest control, a food safety program, cleaning

schedules and environmental audit documentation in place. Vaccinations are offered to residents and staff.

#### **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 provision of hospitality services enhances residents' quality of life and the staff's working environment. All food is prepared fresh daily on site in line with a food safety program; a dietician reviews the homes seasonal menu and residents' dietary needs. Residents are able to choose food and drinks of their liking and there is a seasonal menu. We observed staff assisting residents appropriately with their meals as needed. Cleaning staff perform duties guided by documented schedules and environmental inspections occur. Laundering of residents' personal clothing and linen occurs offsite and staff said the service meets the homes requirements. Infection control and chemical handling procedures guide staff practice and we observed staff following these processes. Residents and representatives said they are very satisfied with the hospitality services provided at the home.