



Aged Care  
Standards and Accreditation Agency Ltd

## **Regis Lake Park**

### **Approved provider: Regis Group Pty Ltd**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 20 December 2014. We made the decision on 8 November 2011.

The audit was conducted on 17 October 2011 to 18 October 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

Home's name:	Regis Lake Park				
RACS ID:	4471				
Number of beds:	202	Number of high care residents:	158		
Special needs group catered for:	<ul style="list-style-type: none"> <li>Residents living with dementia, residents living with impaired hearing.</li> </ul>				
Street:	40 Central Road				
City:	BLACKBURN	State:	VIC	Postcode:	3130
Phone:	03 9875 1577		Facsimile:	03 9877 2488	
Email address:	lakepark@regis.com.au				

### Approved provider

Approved provider:	Regis Group Pty Ltd
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### Assessment team

Team leader:	Gerard Barry
Team members:	Angela Scarlett
	Jennifer Thomas
	Judi Greaves
Dates of audit:	17 October 2011 to 18 October 2011

**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

**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

**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

**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

# Site Audit Report

Regis Lake Park 4471

40 Central Road

BLACKBURN VIC

Approved provider: Regis Group Pty Ltd

## Executive summary

This is the report of a site audit of Regis Lake Park 4471 from 17 October 2011 to 18 October 2011 submitted to the Accreditation Agency.

## 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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 17 October 2011 to 18 October 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of four 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:	Gerard Barry
Team members:	Angela Scarlett
	Jennifer Thomas
	Judi Greaves

## Approved provider details

Approved provider:	Regis Group Pty Ltd
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## Details of home

Name of home:	Regis Lake Park
RACS ID:	4471

Total number of allocated places:	202
Number of residents during site audit:	182
Number of high care residents during site audit:	158
Special needs catered for:	Residents living with dementia, residents living with impaired hearing.

Street:	40 Central Road	State:	Victoria
City:	Blackburn	Postcode:	3130
Phone number:	03 9875 1577	Facsimile:	03 9877 2488
E-mail address:	lakepark@regis.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management	6	Residents	22
Nursing/care/lifestyle staff	21	Representatives	8
Hospitality and environment/safety staff	3	Medical and allied health	1

### Sampled documents

	Number		Number
Residents' files	21	Medication charts	20
Summary/quick reference care plans	21	Weight charts	32
Wound charts	20	Blood glucose monitoring charts	17
Personnel files	8	Residents' contracts files	5
Residents' leisure interests and lifestyle plans	5	New lifestyle plan - online	1

### Other documents reviewed

The team also reviewed:

- Audit schedule and results
- Care review and consultation documents
- Catering documentation including food safety program
- Cleaning schedules and audits
- Clinical assessments
- Comment and complaint records
- Continuous improvement plan
- Corrective maintenance requests and responses
- Dementia Behaviour Management Advisory Service information
- Doctor's files
- Drugs of addiction signing registers
- Education schedules, attendance records and evaluations
- Electrical testing and tagging register
- Evacuation plans
- External contractor documentation
- Feedback forms
- Handover sheets
- Hazard reports
- Incident reports
- Infection control monitoring forms and monthly summaries
- Information and charts relating to restraint monitoring
- Injury management process
- Key information data analysis and trending records
- Lifestyle programs

- Materials Safety Data Sheets
- Memoranda and meeting minutes
- Menus
- Observation charts
- Organisational chart (clinical)
- Palliative care documentation
- Position descriptions
- Preventive maintenance schedules and results
- Resident activities attendance forms
- Resident handbook and orientation pack
- Resident referrals to specialist services
- Residents' dietary preferences and needs
- Selected policies and procedures
- Self assessment package
- Specialised nursing care documentation
- Staff competencies
- Staff handbook
- Wanderer identification forms
- Wound chart guidelines

## **Observations**

The team observed the following:

- Activities in progress
- Anti-embolic stockings
- Charter of Residents' Rights and Responsibilities on display
- Chemical storage
- Entry and egress routes
- Equipment and supply storage areas
- Exit signs and lights
- External complaint body brochures and posters
- External smoking areas
- Feedback forms and lodgement box
- Hand hygiene facilities
- Handover between shifts
- Interactions between staff and residents
- Internal and external living environment
- Kitchen, laundry and cleaners' rooms
- Main fire panel and other fire equipment
- Meal service and refreshment delivery
- Medication refrigerator
- Medication round
- Mission/vision statements on display
- Noticeboards
- Notification to stakeholders of re-accreditation visit
- Orientation of new staff
- Oxygen storage
- Pat-slide
- Personal protective equipment
- Pet therapy
- Resident transfer equipment
- Residents ambulating freely around home



- Secured nursing stations
- Staff assisting with meals
- Staff contacting family for care discussion
- Staff room
- Treatment room
- Walking track

## **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

Regis Lake Park is part of the Regis Group and is supported with policies/procedures and support staff. The quality management system consists of a register for short term improvement opportunities including the resolution of complaints. Management maintains a continuous improvement plan in which it records and evaluates outcomes for long term opportunities. The register is summarised monthly; anything that remains unresolved is carried forward or transferred to the continuous improvement plan. The home has internal auditing and peer auditing processes operating to monitor the effectiveness of its systems. The team observed that complaints are included in the continuous improvement plan if they require long term solutions.

Recent improvements include:

- The home has recently introduced e-learning to its staff. This was part of a corporate initiative to provide training at a time suitable to staff. Staff are given specific passwords and can attempt the courses during working hours or at their home after hours. All mandatory training programs such as fire and emergency, infection control and manual handling are provided. Staff must complete the courses to stay on the roster. Electronic records of completion are maintained. Staff have responded favourably to the initiative.
- The home has reviewed its staffing requirements due to the increasing acuity of its residents. The home is increasing the number of endorsed enrolled nurses that will be present in each wing. The home is assisting existing personal carers to advance their skills.
- The home identified that its schedule for staff performance appraisals had fallen behind. A concerted effort has seen 82% of appraisals completed with outstanding staff having meetings scheduled.

### **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 a system for identifying and monitoring relevant regulatory and legislative requirements. A commercial service, Government departments and industry bodies provide the home with updates on changes. Corporate quality personnel are responsible for amending any procedures and uploading them to the intranet. Staff are informed of changes to legislation and updates of policies/procedures through memoranda, newsletters and staff meetings. Management provided examples of regulatory compliance relevant to Accreditation Standard One. For example, there is documented evidence that all employees and volunteers have current police certificates and statutory declarations.

### **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 demonstrated management and staff have the knowledge and skills required to perform their roles effectively. The home provides a learning and development programme to enable staff to improve their skills and knowledge. The education programme is developed through a training needs analysis, changing resident needs and compulsory subjects. All new staff attend a formal orientation that includes an overview of compulsory topics. Adult education techniques are used to enhance the learning experience. Staff confirm their satisfaction with the opportunities offered in accessing continuing education.

Recent education includes:

- Admission documentation
- Aged care funding instrument and documentation
- Audits
- Continuous quality improvement
- Corporate orientation days
- Customer service

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home's comments/complaint and suggestion system is explained in the information pack given to residents when entering the home. Information brochures on the complaints resolution scheme are also available in the home. Stakeholders can use the home's feedback form or they can verbalise their concerns to management and staff. Complaints are registered, assigned to the relevant personnel for action with responses being evaluated by senior management. Documentation showed that concerns raised by residents had been addressed and feedback had been provided. Residents interviewed stated they knew of the formal system but were more likely to talk directly to management about any concerns.

### **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 its vision, philosophy and quality statements in the home. The statements are published in procedure manuals and stakeholder handbooks. Staff orientation includes an introduction to the home's vision and principles. Staff could recite the principles of optimism, passion, integrity, and respect, by which the home operates. Facility managers meet and report to senior management monthly on operational and strategic matters.

## **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 ensure staff are appropriately skilled and sufficient in numbers to deliver quality care and services. The home orients new staff including compulsory education sessions and provides information relevant to their roles. Staff appraisals, audits, competencies and management observations ensure staff practices and knowledge are maintained and enhanced. Staff stated they are supported by management to maintain their skills and are satisfied with the rosters and workloads. Residents and representatives are generally satisfied with the levels of staffing and the care provided at the home.

## **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 appropriate stocks of goods and equipment available for service delivery. The home has an effective stock control system which includes regular stock takes and a stock rotation system. Purchased goods/equipment are inspected and evaluated upon arrival and electrical equipment is properly tagged. New equipment is trialled and staff are provided with training in its use. Stock is stored safely in clean, secure areas and there are reactive and preventive maintenance systems in place. Stakeholders confirmed their satisfaction with the quantity and quality of goods and equipment available to them.

## **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

Management and staff have access to accurate information appropriate to their roles. The confidentiality and security of stakeholder information is constantly maintained with older information archived. Computers used within the home are networked with password protection, restricted levels of access and regular back up. Residents are provided with information appropriate to their needs assisting them to make decisions about their care and lifestyle. Stakeholders are kept informed through verbal and written communication such as memoranda and minutes of meetings.

## **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 contracted service arrangements for the provision of external services to meet care and service goals. Service contracts are arranged through the corporate organisation in a strategic sourcing process. Contracts specify the home's requirements for quality,

occupational health and safety, police record check, infection control and insurance. Evaluation of external contractors is undertaken through risk assessment and feedback from residents and staff. A number of external contractors provide training and education to staff as part of their service agreement. Residents confirm satisfaction with external contractors related to their care.

## **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 more details on the home's system. Staff complete quality improvement forms and/or feedback forms that may have been verbalised to them by residents. Incident reports assist in providing clinical and management indicators leading towards improvement opportunities. Staff are encouraged to complete improvement forms, attend meetings and to improve their skills through education. There is reference material, information folders and key performance indicator data displayed in the staff room. Staff confirmed they actively participate in the continuous improvement system.

Recent improvements include:

- The introduction of increased education to improve staff awareness regarding the management and documenting of residents' wounds. This followed the home's review of a complaint that had been received.
- The appointment of a clinical manager on each level of the home. These positions are held by registered nurses who report through to the clinical care manager. The positions have provided clinical staff with an additional resource. The clinical managers supervise staff, provide information, attend to residents' high care needs and review care plans.

### **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 details on the home's overall system. Policies and procedures are updated to reflect any changes and are readily available to all staff. Medications are stored and administered according to legislated processes and guidelines. Staff confirmed they are updated on regulatory changes through regular staff meetings, verbally or through educational sessions. Management provided examples of regulatory compliance relevant to Standard Two. For example, there is a system for reporting the unexplained absence of a resident. Registered and enrolled nurses provide management with their annual registration information.

### **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 details on the home's overall system. Care staff are provided with a self development programme enabling them to

maintain/enhance their clinical skills. Education in clinical issues is derived from changing resident needs and through a training needs analysis. Staff are assisted to attend external certificate/diploma courses, conferences and seminars. Clinical staff confirm their satisfaction with the opportunities offered in accessing continuing education reflecting health and personal care.

Recent education includes:

- Peritoneal dialysis
- Medication administration
- Pain, continence and wound management
- Palliative care
- Stoma care
- Nutrition and the aged

## **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 appropriate clinical care. There is regular planning, assessment and evaluation of residents’ clinical needs by appropriately qualified staff. A care plan is developed identifying and describing specific needs/preferences and is reviewed regularly by the registered nurse. Medical officers are kept informed of significant changes to care needs and there is communication with external health professionals. Clinical care delivered by staff is consistent with the care plan. Residents and representatives said they are satisfied with the care received.

## **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

Specialised nursing care needs are assessed, planned, managed and reviewed by registered nurses. Further management is referred to medical officers and other specialists such as wound consultants and behaviour management experts. Specialised care needs such as diabetes and catheter management, anti-embolic therapy and wound management are recorded on the care plan. All specialised nursing care is monitored by the registered nurse and through care plan reviews. Management ensures staff have the competencies to undertake specialised nursing tasks. Residents and representatives express satisfaction with the care the resident is receiving.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents are assessed on entry to the home and a care plan is developed in consultation with residents and their representatives. Regular evaluation is undertaken by registered nurses. There are referrals to visiting allied health professionals such as physiotherapist, speech pathologist, dietitian, dental service, optometrists and podiatrist. Staff confirmed referrals to external services and appointments are made as required. The home liaises with

the residents' representatives regarding needs. Residents and representatives said they are satisfied with the care residents receive at the home.

## **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

Systems are in place to ensure residents' medication is managed safely and correctly. Residents' medication is managed by the registered nurse; administration may be by endorsed enrolled nurses and competent personal carers. Medication assessments are completed when a resident enters the home with details entered into their care plan. Residents who wish to self medicate are assessed as safe to do so. Staff said annual medication competencies are undertaken and are compulsory for all staff administering medication. Residents are happy with the administration of residents' medications in a timely and safe manner.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

Residents' pain is identified and recorded during initial assessments. Care plans are developed accordingly with alternate strategies for pain relief documented. Care plans are reassessed as new pain is identified or when pain control strategies are ineffective. Files reviewed show there is evaluation by registered nurses and outcomes of interventions are recorded. Staff said they document pain relief outcomes in the progress notes. The team observed alternate pain relief interventions in use at the home. Residents said pain measures are used by the home to assist them when they are in pain.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

Palliative care offered at the home provides for individual resident requests and preferences for their end of life care. Residents and representatives are consulted regarding their preferences; this information can be reviewed or changed at any time. Staff liaise with the resident's doctor to ensure adequate pain relief is available. Residents requiring palliative care have a palliative care plan formulated and implemented. Staff attend education sessions on palliative care and confirmed this assists them to plan and provide care for residents requiring ongoing palliative care. Staff said they are committed to supporting families by providing optimal palliative care to residents.



## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrated it has systems to meet elders’ nutrition and hydration needs. Residents’ dietary needs, allergies and preferences are identified on entering the home. When unexplained weight changes occur, appropriate strategies including referrals to allied health professionals are implemented. Such residents are closely monitored and a dietitian assesses all residents as required. A review of resident files indicates care plans are consistent with assessments. The team observed staff offering residents meals and fluids at lunchtime and assisting residents with eating. Residents and representatives said the meals are enjoyable and they are satisfied with the food 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

Practices in place at the home maintain residents’ skin integrity and the management of wounds. On entering the home residents are assessed for existing or potential risks of pressure injury to the skin. Registered nurses guide staff practices and manage wound care; external wound consultants attend as required. Skin integrity is monitored during activities of daily living with changes reported to the registered nurse and documented. Residents and representatives said they are satisfied residents’ skin care needs are attended to appropriately by staff.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents have continence assessments undertaken and management plans implemented. These plans record the level of assistance and the continence aids required by residents to maintain their optimal level of continence. Individual toileting times are recorded on resident care plans. Continence management plans are reviewed and evaluated by registered nurses and changes made to continence aids as assessed. Audits are undertaken and the results become part of the home’s continuous improvement process. Staff attend continence education and are shown the correct methods for applying continence aids. Resident and representative feedback was positive regarding residents’ continence management.

## **2.13 Behavioural management**

*This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Residents with identified challenging behaviours are assessed and management plans implemented. Staff have access to a community dementia support and advisory team to assist them in minimising resident behaviours. Staff interviewed confirmed they attend

behaviour management education and demonstrated knowledge of individual resident management strategies. Chemical restraint was reviewed and authorisation forms are in place and are reviewed regularly by medical and nursing staff. Residents and representatives said the environment of the home was peaceful.

#### **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 are assessed by a physiotherapist on entry and throughout their stay at the home. Individual exercise and mobility plans are developed and evaluated regularly with care staff ensuring daily compliance. The home undertakes falls risk assessments with the focus on reducing resident falls by developing specific falls reduction/minimisation strategies for each resident. Staff attend education sessions such as safe manual handling and are aware of the importance of this in reducing resident falls. Residents said they enjoy exercising and spending time with a physiotherapist, and that staff assist with their mobility daily.

#### **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

##### **Team’s findings**

The home meets this expected outcome

The home has processes in place to assess, plan and review residents’ oral and dental care needs. Staff consult with the resident/representative to arrange an external or visiting service to attend when a referral is required. Residents are assisted in attending their own community dentists whenever possible. Residents confirmed they have access to dental services and are satisfied with their 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

All residents have comprehensive sensory assessments undertaken during their time in the home. A care plan is implemented detailing individual needs and preferences in relation to sensory loss and any required aids. Staff said they consult with residents and representatives if the resident requires a sensory loss review. Staff can organise an appointment to an appropriate external or visiting practitioner such as an optometrist or audiologist. Resident and representative feedback was positive regarding the sensory loss care residents receive.

#### **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 have their retiring and waking preferences and routines recorded on entering the home. This information is incorporated into a sleep care plan to assist residents to achieve a natural nights sleep. Staff administer prescribed medication and offer alternative

interventions such as drinks, heat packs or massage to assist residents to sleep. Residents commented that the environment is quiet at night. Residents also said that staff provide one on one attention if they are unable to settle to sleep. Residents confirmed that these interventions generally assisted them to sleep well.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for more details on the home’s overarching system. The home conducts continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. The team observed that complaints are registered in the quality improvement system and feedback provided.

Recent improvement activities include:

- The introduction of a Tai Chi exercise session to improve residents’ mobility and core strength. The programme assists residents in their mobility but also promotes relaxation and socialisation. Residents enjoy the activity.
- The purchase of a home theatre projector system that will enable new programmes to be introduced. The home is working on comedy programmes that include sign language for the hearing impaired residents.
- The home has delayed the corporate initiative of the Mosaic program until after the re accreditation process is completed. The Mosaic programme is aimed at providing a simple visual system of resident profiling that can be used by staff to identify a resident’s particular needs in such areas as mobility and behaviour management.

### **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

For further information on the overarching system refer to expected outcome 1.2 Regulatory compliance. The Charter of Residents’ Rights and Responsibilities is displayed in the home. Residents are notified of changes to their care status and the resulting changes in the care and services. Residents/representatives report they are satisfied with information provided. Management provided examples of regulatory compliance relevant to Standard Three. For example, there is a system for the mandatory reporting of resident assaults.

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

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for details on the overall system used at the home. Staff demonstrated that they have appropriate levels of knowledge and skills relating to resident lifestyle outcomes. The education schedule ensures that outcomes associated with resident care and lifestyle has been included. Staff confirm their

satisfaction with the opportunities offered in accessing continuing education reflecting the residents' lifestyle.

Education recently delivered includes:

- Auslan interpreting
- Behaviour management
- Dementia – the essentials
- The compulsory reporting of elder abuse.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home demonstrates they have processes for supporting new residents and their representatives. Resident orientation includes welcome packs containing resident handbooks that answer typical questions new residents may have. Clinical and lifestyle staff assess residents' preferences and lifestyle choices to formulate care plans which include emotional support. Visitors from religious groups facilitate one-on-one support for residents and conduct services of various religious denominations. Staff demonstrated a good understanding of the emotional needs of residents when entering the home and in the long term. Residents/representatives stated that they felt well supported on entering the home and on an ongoing basis.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home encourages residents to maintain their independence as fully as possible. Initial and ongoing assessments explore residents' mobility requirements. Physiotherapists work with residents to enhance mobility and therefore independence. Individual lifestyle histories are explored and community engagement encouraged. Community groups are also organised to visit the home. Quiet areas and a private dining room are available to meet with family and friends. Residents and representatives indicate that they appreciate the encouragement of staff to maintain residents' 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

The home has systems to ensure residents' privacy and dignity is maintained. The majority of rooms at the home are single with private ensuites. Double rooms with a shared ensuite are available on request and shared by choice. Staff were observed to seek permission to enter resident's rooms, including those residents who have hearing deficits. These residents' rooms are equipped with flashing light door bells which staff use in place of knocking. Staff report having attended training on privacy and dignity and understand the importance of confidentiality. Areas such as nurses' stations where residents' files are stored were

observed to be secure. Residents report that staff approach them respectfully and maintain their dignity as much as possible when assisting with care needs.

### **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 recognises the importance of maintaining residents' interests and providing appropriate activities to enhance their lives. Assessments include information on residents' past and current interests, activities and cultural preferences. Lifestyle staff are introducing new lifestyle care plans that provide more detailed information about residents' preferences following a review. Pet therapy, which is proving popular with residents, particularly those with cognitive impairment and behavioural management issues, has been introduced. One-on-one activities with residents are also proving beneficial as well as hearing-impaired staff working with hearing-impaired residents. Residents are consulted about additional activities they would like and expressed satisfaction with the activities offered.

### **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

Lifestyle staff identified that residents' cultural and spiritual assessments needed improvement and this is part of the newly created lifestyle plans. Activities are being geared specifically towards cultural groups. Individual residents' requests for ethnic food choices are being met by providing individual special meals on a weekly basis. Multi-denominational religious services are held at the home or residents can attend local community services. Individual religious visitors visit the home and provide one-on-one spiritual support to residents requesting this. Cultural and religious holidays are celebrated within the home. Residents express satisfaction with their individual needs being met in these ways.

### **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 home demonstrates that residents' decision-making is respected and this is reflected in residents' assessments and care plans. Several staff members are hearing impaired and assist other staff to understand residents' preferences. Sign language training is offered to all staff on a six monthly basis and many hearing staff are also able to sign. Residents report they have choices in menu, participation in activities and timing of assistance with care. Residents expressed their satisfaction with decision making and consultation.

### **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 offers ageing in place with a secure dementia unit and two wings dedicated to hearing-impaired residents. Residents' files that were sampled all contained residential agreements signed either by the resident or their appointed power of attorney. Care provision and services are outlined in these agreements as well as security of tenure. The Charter of Residents' Rights and Responsibilities is displayed in prominent positions throughout the home as well being contained in the resident handbook. Residents indicated they felt secure at Regis Lake Park and treated it as their home.

## **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 more details on the home’s system. The physical environment is monitored through regular auditing, analysis of incident reports, and stakeholder surveys. Resident surveys are used to assess the level of satisfaction and to highlight equipment or environmental needs. Actions identified for attention are included on the home’s continuous improvement plan for further development.

Recent improvements include:

- Resident complaints and the response from the resident survey indicated concerns with the laundry service. The main issue concerned lost clothing. The home has investigated better labelling methods including instructions to staff and residents. The home unsuccessfully trialled separate laundry bags for each resident so as to keep clothes together. The bags caused over heating and crushing which the residents did not like. The home has yet to definitively solve their problem but is working on it with resident consultation.
- Two new low-low beds have arrived. The home is working its way through a proactive bed replacement program. The low-low beds have been purchased as a pre-emptive move to assist in the home’s falls reduction programme. The programme is intending to provide such beds to residents as they decline physically to minimise falls or injury.

### **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

For further information on the overarching system refer to expected outcome 1.2 Regulatory compliance. The home has systems to ensure continued compliance with essential services, occupational health and safety and food safety programs. Management provided examples of regulatory compliance relevant to Standard Four. For example, a third party audit of the home’s licensed food premises (kitchen).

### **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 details on the overall system used at the home. Management has a comprehensive schedule for training that includes in-service and external courses or consultants. All staff must attend compulsory training sessions or risk being removed from the staff roster.



Recent training includes:

- Fire and safety
- Food and chemical safety
- Infection control
- Manual handling
- 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

The home has recently expanded; many sections are new and the older ones have been refurbished. Both the internal and external environments are extremely well kept and furnished. Comfortable lounge chairs are located throughout the home. There are many private areas for resident/representative use, as well as larger lounge areas for joint activities. There is access to a library and internet is available for residents' use. Residents are encouraged to provide personal items to decorate their rooms. Residents and representatives report satisfaction with the environment.

#### **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 to ensure occupational health and safety responsibilities are met. Staff receive appropriate training upon commencement and annually thereafter. The occupational health and safety committee has staff representation and meeting minutes are available to staff. Occupational health and safety is an item on staff meetings and posters are used to raise staff awareness. Staff report they are aware of safety in the workplace and know how to report hazards and lodge maintenance requests.

#### **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 was able to demonstrate effective processes to ensure security and emergency response to threats. Emergency equipment is inspected and maintained according to schedule by external professionals. Staff receive training in fire and emergency procedures on a regular basis and are well informed about the process. Special precautions ensure the continued safety of hearing-impaired residents and staff. External doors have key pads to provide security for residents and staff and automatically release in an emergency. Residents indicated they felt safe in the home and would rely on staff to assist them in 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

There is a system to identify, document, treat and evaluate infections on a regular basis. A registered nurse is dedicated to the portfolio of infection control. Management feeds back to various meetings, including staff meetings, the statistics and outcomes of infections in the home. Infection control, including hand washing, is a mandatory education requirement for staff to complete on orientation and annually. Staff said they attend infection control training and undertake a hand washing competency on an annual basis. Residents are satisfied with the practices of staff in the area of infection control.

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

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

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

The home meets this expected outcome

Catering and laundry services are provided in-house while cleaning services are contracted to an external provider. Policies/procedures and material safety data sheets are at point of use to ensure delivered services meet the needs of residents. Meals are prepared on site and staff ensure that individual residents' needs and preferences are considered and met. Cleaning schedules are in place for daily cleaning and the detailed servicing of residents' rooms. The laundry is well equipped with designated dirty/clean areas providing effective infection control. Residents are generally satisfied with catering, laundry and cleaning services.