



Aged Care  
Standards and Accreditation Agency Ltd

## **Rothwell Aged Care Service**

RACS ID 5457  
10 Springdale Street  
ROTHWELL QLD 4022

Approved provider: Macbo Pty Ltd as Trustee for Begonia Family Trust

Following an audit we decided that this home met 37 of the 44 expected outcomes of the Accreditation Standards. We decided to vary this home's accreditation period. This home is now accredited until 27 September 2014.

We made our decision on 15 October 2013.

The audit was conducted on 04 September 2013 to 11 September 2013. The assessment team's report is attached.

The assessment team recommended the home did not meet expected outcome 2.1 Continuous Improvement, however we found the home does meet this expected outcome.

The accreditation period will provide the home with the opportunity to demonstrate that it is capable of monitoring systems, addressing those expected outcomes identified as not met, evaluating the effectiveness of actions taken, and establishing and maintaining compliance with the Accreditation Standards.

The period of accreditation also means the home will be assessed against the Accreditation Standards at a full audit within a relatively short period of time.

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

### **ACTIONS FOLLOWING DECISION**

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of Most recent decision concerning performance against the Accreditation Standards.

## Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 24 December 2013 concerning the home's performance against the Accreditation Standards is listed below.

<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
1.1 Continuous improvement	<b>Met</b>
1.2 Regulatory compliance	<b>Met</b>
1.3 Education and staff development	<b>Met</b>
1.4 Comments and complaints	<b>Met</b>
1.5 Planning and leadership	<b>Met</b>
1.6 Human resource management	<b>Met</b>
1.7 Inventory and equipment	<b>Met</b>
1.8 Information systems	<b>Met</b>
1.9 External services	<b>Met</b>

<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
2.1 Continuous improvement	<b>Met</b>
2.2 Regulatory compliance	<b>Met</b>
2.3 Education and staff development	<b>Met</b>
2.4 Clinical care	<b>Met</b>
2.5 Specialised nursing care needs	<b>Met</b>
2.6 Other health and related services	<b>Met</b>
2.7 Medication management	<b>Met</b>
2.8 Pain management	<b>Met</b>
2.9 Palliative care	<b>Met</b>
2.10 Nutrition and hydration	<b>Met</b>
2.11 Skin care	<b>Met</b>
2.12 Continence management	<b>Met</b>
2.13 Behavioural management	<b>Met</b>
2.14 Mobility, dexterity and rehabilitation	<b>Met</b>
2.15 Oral and dental care	<b>Met</b>
2.16 Sensory loss	<b>Met</b>
2.17 Sleep	<b>Met</b>

<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
3.1 Continuous improvement	<b>Met</b>
3.2 Regulatory compliance	<b>Met</b>
3.3 Education and staff development	<b>Met</b>
3.4 Emotional support	<b>Met</b>
3.5 Independence	<b>Met</b>
3.6 Privacy and dignity	<b>Met</b>
3.7 Leisure interests and activities	<b>Met</b>
3.8 Cultural and spiritual life	<b>Met</b>
3.9 Choice and decision-making	<b>Met</b>
3.10 Resident security of tenure and responsibilities	<b>Met</b>

<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Accreditation Agency's latest decision</b>
4.1 Continuous improvement	<b>Met</b>
4.2 Regulatory compliance	<b>Met</b>
4.3 Education and staff development	<b>Met</b>
4.4 Living environment	<b>Met</b>
4.5 Occupational health and safety	<b>Met</b>
4.6 Fire, security and other emergencies	<b>Met</b>
4.7 Infection control	<b>Met</b>
4.8 Catering, cleaning and laundry services	<b>Met</b>



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

## Rothwell Aged Care Service 5457

Approved provider: Macbo Pty Ltd as Trustee for Begonia Family Trust

### Introduction

This is the report of a review audit from 04 September 2013 to 11 September 2013 submitted to the Accreditation Agency.

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

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

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

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services 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 make any changes to its accreditation period.

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

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

- 36 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.6 Human resource management
- 1.8 Information systems
- 2.1 Continuous improvement
- 2.4 Clinical care
- 2.7 medication management
- 2.10 Nutrition and hydration
- 2.11 Skin care
- 2.13 Behavioural management

# Audit report

## Scope of audit

An assessment team appointed by Accreditation Agency conducted the review audit from 04 September 2013 to 11 September 2013.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of three 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:	Stewart Brumm
Team member/s:	Dee Kemsley
	Louize Fulton

## Approved provider details

Approved provider:	Macbo Pty Ltd as Trustee for Begonia Family Trust
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## Details of home

Name of home:	Rothwell Aged Care Service
RACS ID:	5457

Total number of allocated places:	60
Number of residents during audit:	55
Number of high care residents during audit:	55
Special needs catered for:	Mental health, dementia and related disorders

Street/PO Box:	10 Springdale Street	State:	QLD
City/Town:	ROTHWELL	Postcode:	4022
Phone number:	07 3203 3633	Facsimile:	07 3204 0662
Email address:	rothwellcare@bigpond.com		

## Audit trail

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

### Interviews

	Number		Number
Service manager	1	Residents/representatives	11
Registered staff	6	General Manager	1
Clinical nurse	1	Environmental staff	2
Care staff	10	Speech pathologist	1
Administration officer	1	Nurse consultant	1
Kitchen hands	2	Work health and safety supervisor/ maintenance officer	1
Chef	1	Domestic services supervisor	1
Activities officer	1	Training and assessment coordinator	1
Chaplain	1		

### Sampled documents

	Number		Number
Residents' files	12	Medication charts	10

### Other documents reviewed

The team also reviewed:

- Action plans
- Activities schedule
- Allied health specialist recommendations
- Assessments and assessment schedule
- Audits and audit schedule
- Cleaning schedules
- Clinical diaries
- Clinical monitoring charts
- Comments and complaints data
- Continuous improvement plan
- Contract for the supply of services
- Daily bowel records
- Daily/weekly sanitising guide and log

- Diet analysis
- Discharge summaries
- Doctors books
- Duties lists
- Education and training records
- Exceptional report (by registered staff)
- Food business licence
- Food likes/dislikes/needs spreadsheet
- Food safety program
- Handover sheets
- Hazardous chemicals register
- Incident reporting forms
- Interim medication administration record
- Maintenance request logs
- Mandatory reporting – consolidated register
- Material safety data sheets
- Meal temperature monitoring records
- Meeting minutes
- Memos
- Monthly food safety review program
- Monthly weight data
- Multipurpose observation form
- Newsletters
- Nurse initiated medications
- Occupational health and safety risk assessments and reports
- Oxygen cylinder log
- Pest control log
- Police certificates (volunteers)
- Police clearance spreadsheet
- Policies and flow charts
- Policy statement
- Preventive maintenance schedule
- Refrigerator/freezer temperature and thermometer calibration logs
- Regional kitchen inspection report
- Resident activity evaluation records
- Resident of the day list
- Residential care documentation review schedule

- Residents' information handbook
- Risk assessment form
- Risk mitigation plan – resident aggression
- Rosters
- Social, cultural, spiritual and preferred lifestyle assessment
- Staff code of conduct
- Staff education plan
- Staff handbook
- Staff satisfaction survey
- Terminal care wishes
- Workplace health and safety assessment
- Wound and dressing folders
- Wound/infection control worksheet

### **Observations**

The team observed the following:

- Activities in progress
- Administration and storage of medication
- Allied health specialists attending to residents
- Charter of residents' rights and responsibilities displayed
- Chemical storage shed
- Cleaner's trolley
- Equipment and supply storage areas
- External complaints and advocacy information brochures displayed
- Hand washing/sanitising facilities
- Information notice boards
- Interactions between staff and residents
- Internal and external living environment
- Manual handling and mobility assistive devices
- Meal and beverage service
- Menu board
- Personal protective equipment in use
- Spill kit
- Staff work practices
- Suggestion box



## 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

Rothwell Aged Care Service (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through audits, compliments and complaints, clinical indicators, meetings and multipurpose forms. Improvements are monitored and evaluated by the Service Manager and raised as agenda items at resident and staff meetings as required. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated through meetings, noticeboards and verbally. Residents/representatives and staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- To improve communication with staff, pigeon holes for all staff have been built and installed in the staff room. This allows for staff to receive individual copies of memorandum and other correspondence. Management and staff informed us that the new process has improved communication.
- The home has installed a whiteboard in the staff room called a "frustration board". Staff are encouraged to use the whiteboard to communicate any frustrations/challenges they are having in the workplace. Management informed us that this will allow staff who share the frustration to discuss issues with staff and also inform management of issues effecting staff.

#### 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

Systems are in place to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, education sessions, and notice boards. The home has a system to ensure all relevant individuals hold a valid police certificate.

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

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

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

The home meets this expected outcome

The home has a system and processes to ensure management and staff have the required knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to attend mandatory and specific role related education and attendance at education sessions is monitored and evaluated. Staff training and education is identified through a training needs analysis, observation of practice, audits/surveys and the changing needs of residents. Staff have the opportunity to undertake internal and external training programs relating to the four Standards. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

Staff have the opportunity to undertake a variety of training programs relating to Standard 1 Management systems, staffing and organisational development. For example;

- Professional development workshops
- Funding application training

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents/representatives and other interested parties have access to internal and external complaints mechanisms. Information relating to internal and external complaint mechanisms is provided through the resident handbook, resident agreement and in brochures/posters displayed at the home. The 'multipurpose' form is used for written complaints/suggestions and is readily available. Management has an open door policy for those wishing to use a less formal approach. Comments and complaints are considered and acted on according to the organisation's complaint management policy and procedures. Residents/representatives and staff are aware of the comments and complaints processes and indicated they are able to raise issues and concerns with management if/when required.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home's mission, vision and philosophy and commitment to quality are documented and displayed in the foyer of the home, and included in the residents' handbook. The induction for new staff includes the quality commitment of the organisation.

## **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 does not meet this expected outcome

The home has not maintained staff with sufficient skills to ensure that care and services are delivered in accordance with the Accreditation Standards. Key clinical personnel are not providing effective clinical oversight. Monitoring and review of staff practice is not being conducted to ensure delivery of effective clinical care to residents.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure that suitable goods and equipment appropriate for the delivery of services are available to meet residents' needs. Key staff from each area submit regular orders to ensure stock is maintained within preferred limits and according to budget. Food supplies, cleaning products, continence aids and clinical supplies are obtained through preferred external suppliers and inventory and equipment is stored appropriately to ensure accessibility and prevent damage. A preventive maintenance program ensures equipment is serviced on a regular basis and requirements for additional or replacement equipment are identified through staff feedback and resident care needs. Quality service delivery is maintained in relation to routine and specialised health and personal care, resident lifestyle, catering, housekeeping, cleaning and resident and staff safety. Residents and staff are satisfied the home provides sufficient and appropriate goods and equipment to meet their needs.

## **1.8 Information systems**

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

### **Team's findings**

The home does not meet this expected outcome

The home does not have effective information systems. Processes are not effective to ensure management and staff have access to accurate and appropriate information to perform their roles in relation to health and personal care. Monitoring mechanisms are ineffective in identifying deficiencies in information systems.

## **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 identifies external service requirements based upon resident, operational and legislative requirements. The organisation has written contractors' agreements with external service suppliers including allied health, agency staff, pharmacy, pest control, plumbing, electrical, food and fire safety maintenance services. The home obtains staff and resident feedback and uses internal auditing processes to monitor the performance of external service providers. Management liaise with external providers to address any dissatisfaction with services or supply of stock. Residents and staff are satisfied with the quality of services provided by external service providers.

## **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 does not meet this expected outcome

Management does not have an effective continuous improvement system to identify and show improvements in health and personal care. Accurate identification and investigation of incidents and recorded data to implement improvements are not consistently being captured. Clinical audits have not been conducted for the period March 2013 to August 2013.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system and processes.

In relation to Standard 2, management ensures that registered staff are available to provide care and services as required by *Quality of Care Principles 1997 Specified Care and Services*. Compliance with legislation, including a system to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absences of residents, is monitored and maintained.

### **2.3 Education and staff development**

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

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

The home meets this expected outcome

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

Staff have the opportunity to undertake a variety of training programs relating to Standard 2, Health and personal care. For example;

- Behaviour management
- Continence management

## **2.4 Clinical care**

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

### **Team’s findings**

The home does not meet this expected outcome

Clinical information and communication processes are not effective in ensuring registered and care staff have a shared understanding of residents’ current care needs. Care and medical directives are not consistently followed by staff. Clinical supervision is not effective in ensuring consistent and timely evaluation, monitoring and review of residents’ clinical care needs. This includes the evaluation (of assessments and care plans) and updating of residents’ care plans in line with residents’ changed care needs.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

The needs of residents requiring ongoing specialised nursing care are identified on entry to the home, or as care needs change. This information is included in the residents’ individualised specialised nursing care plans to guide staff practice. Registered nurses are available either onsite or on-call 24 hours a day, seven days a week, who generally assess and oversee specific care requirements. These currently include catheter care, diabetes management, oxygen therapy, complex pain and wound management. The use of external specialist services and clinical resource material is available to support staff to care for residents with specialised needs. Appropriate equipment and sufficient stock is available to enable residents’ specialised nursing care needs to be met. Residents are satisfied with the quality of care provided at the home and the support residents receive with their specialised 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

Residents have access to a range of health specialists who provide services such as physiotherapy, speech pathology, podiatry, dietetics, optometry, dental care, audiology and pathology. A referral mechanism is initiated by registered nurses and/or the CN. Health specialists regularly attend the home and staff coordinate external appointments when necessary. The outcome of referrals, including instructions for ongoing care are actioned, documented and retained in residents’ clinical records with changes incorporated into the residents’ care plan as required. Residents are satisfied with the choice and access to other health specialists.

## **2.7 Medication management**

*This expected outcome requires that "residents' medication is managed safely and correctly".*

### **Team's findings**

The home does not meet this expected outcome

The home's system and processes have not ensured residents receive medication safely and correctly. Medication orders and charts are not consistently recorded to guide staff practice. Staff practices do not support the safe and correct administration of medication. Residents are not consistently receiving their medications as prescribed.

## **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 management needs are identified and assessed on entry to the home, and on an ongoing basis. Pain assessment occurs and interventions are recorded on the resident's care plan to guide provision of care. Strategies to manage residents' pain include massage, distraction (for example providing the resident with a warm drink or snack), the application of heat packs, repositioning and the provision of PRN medication. Medication measures also include regular prescribed oral pain relief and topical slow-release pain relief patches. Effectiveness is assessed and monitored by registered staff with any changes being recorded in residents' progress notes, handover sheets and/or pain monitoring logs and referred to the residents' medical officer for further review. Residents are satisfied that residents' pain is managed effectively and staff respond to requests for assistance if residents experience 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

The home has processes to provide appropriate care and comfort for terminally ill residents. Residents' end-of-life wishes are discussed with the resident/representative on entry to the home or through consultation as the residents' health status changes. Residents are supported to remain in the home during the palliative phase of care and family are able to visit and/or stay with residents during this time as they wish to. Care needs are managed in consultation with residents, their representatives, the medical officers and allied health specialists as required. Spiritual support is offered and provided according to residents' preferences. Specialised clinical supplies are available to assist residents to remain as free from pain as possible. Staff are aware of the care needs and measures required to provide comfort and dignity for terminally ill residents.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home does not meet this expected outcome

The mechanisms to identify, monitor and reassess residents with unplanned weight loss are ineffective and/or not implemented in a timely manner. Where interventions to address residents’ weight loss have been implemented, staff are not consistently ensuring these interventions are being provided. Care directives to monitor identified residents’ fluid intake are not being consistently adhered to by staff.

## **2.11 Skin care**

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

### **Team’s findings**

The home does not meet this expected outcome

The home’s interventions are not effective in ensuring residents skin integrity is maintained consistent with their general health. Staff practice is having a negative impact on ongoing resident wound care. Wounds are not consistently being identified, documented, treated and monitored in a timely manner. Wounds are not being managed in accordance with care directives. Incidents of skin trauma/breakdown are not consistently reported resulting in clinical data not being accurate.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ continence status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Residents’ individual continence programs are developed and are detailed on care plans. A daily bowel record is maintained for each resident which registered staff monitor and action as needed. Bowel management strategies include the provision of pear and fruit juice and prunes at breakfast. Care plans record strategies to promote and manage residents’ continence needs including regular toileting programs, assistance with personal hygiene and provision of appropriate continence aids. Staff have an understanding of residents’ individual toileting schedules and continence needs. Residents are satisfied with the level of assistance and aids provided to manage residents’ continence needs.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home does not meet this expected outcome

Residents’ behaviours are not being managed effectively and residents report being disturbed by other residents. Residents’ behavioural assessment and care planning



processes do not identify or address an escalation in behavioural incidents, in particular episodes of wandering. Incidents of challenging behaviours are not consistently documented and/or reported resulting in clinical data not being accurate.

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

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

##### **Team’s findings**

The home meets this expected outcome

The physiotherapist conducts an initial assessment in relation to each resident’s specific mobility, transfer and therapy needs. Individualised care plans are developed which include manual handling instructions. Residents and staff are instructed in the use of mobility and transfer aids and staff undergo mandatory manual handling training on an annual basis. The Physiotherapist undertakes assisted walks with identified residents. Residents at risk of falls are assessed and identified; this is recorded on residents’ care plans. Falls are monitored by registered staff and residents are reviewed by the physiotherapist (on request). Preventative actions are implemented and include the provision of include low-low beds with ‘crash’ mattresses, provision of hip protectors and medical/behaviour reviews. Residents are satisfied with the level of support and assistance provided to maintain residents’ mobility and dexterity.

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

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

##### **Team’s findings**

The home meets this expected outcome

Residents’ history and preferences relating to the management of their oral and dental health are identified on entry to the home. This includes the level of assistance needed and is reflected on residents’ care plans. Care staff monitor residents’ ability to self-manage their oral care and assist when required. Care staff also inform registered staff of any concerns which initiates further referral as appropriate. Registered staff, in consultation with the resident/representative, co-ordinate and arrange dental referrals when a need is identified. Residents are able to attend their preferred dentist and/or the dental clinic at the local hospital. Residents are satisfied with the level of support provided to assist residents with the maintenance of oral hygiene and residents’ access to dental health services.

#### **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 residents’ sensory needs and/or losses occurs on entry to the home or as care needs change. Care interventions reflect residents’ identified sensory needs and personal preferences to guide the assistance required by staff. Care staff provide support with activities of daily living and assist residents to manage assistive devices such as spectacles and hearing aids to maximise sensory function. Residents are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the resident/representative and medical officer.

Staff coordinate external appointments when required with any changes being incorporated into the resident's care plan. The home can access hearing and vision equipment repair services when this is required. Residents are satisfied with the assistance provided by staff to identify and manage residents' sensory care needs and preferences.

## **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

Each resident is assessed on entry to the home and information about their sleep patterns, settling routines and personal preferences are documented to form part of their individualised care plan. Night routines maintain an environment that is conducive to sleep. Staff implement support and comfort measures which include a regular settling routine, attending to hygiene needs and toileting, dimming lights and the provision of supper and/or a snack. Medication interventions are administered according to the resident's attending medical officers' orders. Staff are aware of resident's sleep and rest patterns and personal preferences and regularly check on residents overnight. Residents are able to sleep comfortably and are satisfied with the support provided by staff.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

Examples of improvements related to Standard 3 include:

- The home has developed social proformas which provide staff caring for the resident with information such as preferred name and interests and hobbies. A small poster is placed in the resident’s room with this information. Staff reported that these proformas enable them to engage in communication with the resident on topics of interest to them. The social proformas are being developed for all residents and will be evaluated after all residents have a proforma.
- The home reviewed the emotional support being provided to new residents and identified that residents with cognitive impairment were having some difficulty in orientating to the new environment. The home has painted the bedroom doors an individual colour and resident names have been placed on small posters outside the resident’s room. Management reported that this has assisted residents in orientation to the building during their initial settling in period.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

In relation to Standard 3 Residents’ lifestyle, compliance with legislation includes a system to ensure staff and residents are aware of mandatory reporting guidelines.

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

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

##### **Team’s findings**

The home meets this expected outcome

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

Staff have the opportunity to undertake a variety of training programs relating to Standard 3 Resident lifestyle. For example;

- Elder Abuse/mandatory reporting
- Person centred care

### **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

Information identifying each resident's emotional and socialisation needs is gathered from residents, representatives and family members both prior to and following their entry to the home. Residents are oriented to the environment, services, staff and other residents and assessments are completed which identify the resident's individual personality traits, likes and dislikes and current abilities. The emotional needs and support required by each resident is incorporated into an individualised care plan which is reviewed regularly to identify changes or concerns they may be experiencing. Current strategies used to support residents are documented in progress notes, communication books and in care plans. Pastoral care is available to support residents' emotional needs and residents are given the choice of continued visitation. Residents are satisfied they are supported in adjusting to life in 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

Clinical and lifestyle assessments are completed on entry to the home to identify each resident's requirements to maximise their independence. The information provided enables individualised care plans to be developed and these are regularly reviewed and updated as appropriate. The support required to maintain residents' independence includes identified specialised equipment and/or aids, as appropriate. Staff practices encourage and support residents' independence within their capacity in relation to personal care and activities of daily living. Residents and their representatives provide feedback to management through a variety of mechanisms including case conferences and resident meetings. The home facilitates the opportunity for residents to vote at election time, as required. Residents are satisfied they are assisted to achieve maximum independent lifestyle choices.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents' wishes in relation to their preferred name, care and lifestyle preferences and cultural and spiritual beliefs are identified on entry to the home and this information is

recorded in assessments and care plans to guide staff practice. Information about the right to privacy and dignity is contained in the handbooks for residents and staff. Privacy, dignity and confidentiality are discussed on admission and at meetings. Residents' records are secured in areas where access is restricted to authorised personnel, and staff discuss individual residents' issues in private. Staff are provided with education and their practice is monitored to ensure that residents' rights to privacy and confidentiality are maintained. Staff are aware of individual preferences and address residents in a respectful manner. Residents are satisfied staff maintain their 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

Information identifying the individual needs of each resident is gathered from residents and their representatives and documented in assessments and through progress note entries. A lifestyle care plan is developed which includes the physical, cognitive, social, spiritual and cultural needs and preferences of the resident. A program of activities is developed and evaluated with input from residents, their representatives, staff, management and volunteers through feedback mechanisms including surveys and meetings. Notifications of daily activities are displayed throughout the home, and special events are discussed and advertised at meetings and in the newsletter. Staff are aware of residents' preferred activity and leisure pursuits and provide assistance to residents to access the activity. Residents are satisfied they are supported and encouraged to participate in a wide range of interests and activities

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

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

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

The home meets this expected outcome

Residents' specific interests, preferences, cultural and spiritual needs are identified on entry to the home and individualised care plans are developed in consultation with residents and their representatives. Church services are coordinated by staff and residents unable to attend can be visited in their rooms to ensure spiritual comfort is provided as required. Staff are aware of resources available to meet the cultural and spiritual needs of residents including pastoral care support, access to denominational services and ministers, food preferences, special events and information for culturally diverse residents. Staff assist residents to attend special celebrations and events. Residents are satisfied their individual interests, customs, beliefs and cultural needs are supported and maintained.

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

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

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

The home meets this expected outcome

Residents are encouraged to make lifestyle choices in their day to day life. Their specific preferences including care needs, routines, current pursuits and interests are identified and documented through interviews with management, lifestyle and care staff. Residents and their representatives are reminded daily of events that are occurring in the home and wider community to enable them to select their preferred activity. Alternative decision makers such as an enduring power of attorney, adult guardian or public trustee to make decisions on behalf of the resident are identified and records are updated as required. Residents are aware of their rights and responsibilities and have access to information regarding advocacy services and comments and complaints mechanisms. Residents are satisfied they are able to exercise choice and decision making in relation to the care and services provided.

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

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

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

The home meets this expected outcome

Residents and their representatives are provided with information about security of tenure, circumstances which may require residents' transfer to more appropriate accommodation, and residents' rights and responsibilities prior to and on entry into the home. The residents' residential agreement and handbook include information about financial arrangements, security of tenure, schedules of the specified services and information about complaints mechanisms. The charter of residents' rights and responsibilities is on display in the home. Residents interviewed feel secure in their tenure within the 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 information about the home’s continuous improvement systems and processes.

Examples of improvements related to Standard 4 include:

- The home conducted an environmental review and a hazard alert was raised for risk to staff using a ramp at the back of the kitchen. A rail has been installed to remove the risk. Staff informed us that the ramp is safe to use.
- The home has renovated an old store room/office into a sitting room with tea/coffee making facilities for residents and families. Management informed us that the new room and facilities are being well used by residents and families. We observed residents and families using these facilities.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system and processes.

In relation to Standard 4 Physical environment and safe systems, there is a system in place to ensure food safety guidelines are followed and staff attendance at annual mandatory fire safety training is maintained.

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

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

#### **Team’s findings**

The home meets this expected outcome

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

Staff have the opportunity to undertake a variety of training programs relating to Standard 4 the Physical environment and safe systems. For example;

- Fire safety
- Food safety

- Infection control

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Residents/representatives are generally satisfied with the comfort of the environment and the mechanisms in place to ensure their safety. Residents have access to internal and external communal areas which are equipped with appropriate furniture to enable private seating areas for residents and their visitors. Residents are accommodated in either single, twin or four bed rooms with shared ensuites. Residents are encouraged and supported to outfit their rooms with their own furnishings and personal items. Preventative maintenance and cleaning schedules are in place; ad-hoc maintenance requests are attended to by maintenance staff or external contractors in a timely manner. The home is a secure facility, residents entering the facility are required to acknowledge that they are moving into a restrictive environment. Monitoring of the living environment is conducted through the reporting and actioning of maintenance requests, risk assessments, incident/accident reporting, monthly audits and resident/representative feedback and in meetings.

#### **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

New staff attend orientation sessions covering a range of occupational health and safety topics including manual handling and staff complete annual mandatory education sessions. The home is aware of recent legislative changes relative to occupational health and safety and there are organisational policies and specific work instructions. Maintenance is conducted on buildings and equipment to ensure safety and useability, and staff are guided on the use of equipment and chemicals. Reporting of risk and potential and actual hazards related to the physical environment, chemicals or dangerous goods, equipment and systems of work are discussed at regular meetings and there is active follow-up of audit/inspection results and incident data. Chemicals are stored securely and material safety data sheets are accessible to staff. Staff are generally knowledgeable of incident and hazard reporting processes and their role in maintaining a safe environment, and are satisfied with management's response to safety issues.

#### **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 minimise fire, security and emergency risks. Firefighting equipment is readily available and identified with signage. A program of scheduled maintenance of all fire and emergency equipment is established and up to date.



Mandatory fire and emergency training is provided to all staff and attendance at these sessions is monitored and recorded to identify nonattendance. Fire and safety plans are available; a resident evacuation list is current and located near the fire panel. Chemicals are appropriately stored with safety data sheets. Staff are aware of emergency procedures and their individual roles and responsibilities in the event of a fire, security and other emergencies.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Staff receive education on strategies to minimise the risk of infections through the orientation program, competencies and ongoing training. A food safety program is in place. Staff utilise personal protective equipment and colour coded equipment in hospitality services. Cleaning programs are in place to ensure the risk of infection is minimised. Laundry practices support the management of contaminated items. The home has processes to manage all types of waste. Infections are generally reported, monitored and acted upon to identify trends. Immunization is available for staff and residents. Staff access hand washing and personal protective equipment appropriately.

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

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

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

The home meets this expected outcome

Residents expressed satisfaction with the variety of food and drink offered and with the quantity, availability and frequency of meals and snacks. Cleaning services provide regular and frequent cleaning of resident rooms, the general living environment, common areas, staff areas and equipment. Cleaning staff demonstrated they use disposable cleaning cloths and colour coded mops and buckets which are regularly cleaned and use personal protective equipment in accordance with health and hygiene standards. The laundry service is scheduled to provide sufficient frequency of service for linen and personal items and residents confirmed their satisfaction with the service provided. Management seeks feedback about hospitality services from residents through regular meetings and satisfaction surveys. Residents/representatives have the opportunity to provide feedback on all hospitality services at meetings and through one on one consultation with staff and management.