



**Aged Care**  
Standards and Accreditation Agency Ltd

## **Decision to Accredit RSL Villas Angle Park**

The Aged Care Standards and Accreditation Agency Ltd has decided to Accredite RSL Villas Angle Park in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of RSL Villas Angle Park is 3 years until 23 June 2012.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor compliance with the Accreditation Standards.

### **Information considered in making an accreditation decision**

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

## Home and Approved provider details

### Details of the home

Home's name:	RSL Villas Angle Park				
RACS ID:	6163				
Number of beds:	55	Number of high care residents:	40		
Special needs group catered for:	<ul style="list-style-type: none"><li>• People with dementia or related disorders</li></ul>				
Street:	18 Trafford Street				
City:	ANGLE PARK	State:	SA	Postcode:	5010
Phone:	08 8268 7277		Facsimile:	08 8268 7211	
Email address:	rslvilla@frontierisp.net.au				

### Approved provider

Approved provider:	The Returned Services League of Australia (SA)
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### Assessment team

Team leader:	Judy Wong
Team member:	Adrienne Copley
Dates of audit:	6 April 2009 to 7 April 2009

<b>Executive summary of assessment team's report</b>	
<b>Standard 1: Management systems, staffing and organisational development</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
<b>Standard 2: Health and personal care</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

## Accreditation decision

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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<b>Executive summary of assessment team's report</b>	
<b>Standard 3: Resident lifestyle</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
<b>Standard 4: Physical environment and safe systems</b>	
<b>Expected outcome</b>	<b>Assessment team recommendations</b>
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

### **Accreditation decision**

<b>Agency findings</b>
Does comply
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<b>Agency findings</b>
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### **Assessment team's reasons for recommendations to the Agency**

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



**Aged Care**  
Standards and Accreditation Agency Ltd

## SITE AUDIT REPORT

Name of home	RSL Villas Angle Park
RACS ID	6163

### **Executive summary**

This is the report of a site audit of RSL Villas Angle Park 6163 18 Trafford Street ANGLE PARK SA from 6 April 2009 to 7 April 2009 submitted to the Aged Care Standards and Accreditation Agency Ltd.

### **Assessment team's recommendation regarding compliance**

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

### **Assessment team's recommendation regarding accreditation**

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit RSL Villas Angle Park.

The assessment team recommends the period of accreditation be three years.

### **Assessment team's recommendations regarding support contacts**

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

# Site audit report

## Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 6 April 2009 to 7 April 2009

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Judy Wong
Team member:	Adrienne Copley

## Approved provider details

Approved provider:	The Returned Services League of Australia (SA)
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## Details of home

Name of home:	RSL Villas Angle Park
RACS ID:	6163

Total number of allocated places:	55
Number of residents during site audit:	55
Number of high care residents during site audit:	40
Special needs catered for:	People with dementia or related disorders

Street:	18 Trafford Street	State:	SA
City/Town:	ANGLE PARK	Postcode:	5010
Phone number:	08 8268 7277	Facsimile:	08 8268 7211
E-mail address:	rslvilla@frontierisp.net.au		

### Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit RSL Villas Angle Park.

The assessment team recommends the period of accreditation be two years.

### Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

### Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

### Audit trail

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

#### Interviews

	Number		Number
Residential care manager	1	Human resources advisor	1
Chief executive officer	1	Maintenance staff	1
Quality coordinator	1	Care staff	2
Registered nurses	1	Residents	5
Enrolled nurses	2	Family / Representatives	4
Catering staff	2	Volunteers	2
Physiotherapist	1		

#### Sampled documents

	Number		Number
Residents' files	4	Medication charts	10
Summary/quick reference care plans	4	Personnel files	4
Progress notes	10		

#### Other documents reviewed

The team also reviewed:

- Quality improvement framework, quality improvement resource folder; plan for continuous improvement, audit program and results, quality improvement activity reports, improvement log, resident surveys
- Legislative update folder, list of current legislation, elder abuse resource folder
- Mission, vision and values statements
- Various policy and procedure manuals, memorandum folders
- Residents' information handbook, service agreements, residents' information package and surveys, newsletters, comment, suggestion and complaint forms, thank you letters and cards

- Folders with various meetings minutes
- Various quality indicator statistical reports, audit reports
- Various initial and ongoing clinical assessment tools, guidelines and checklists
- Care plans, care plan summaries, mealtime management plans, lifestyle plans, booklets with details of residents' life, as necessary medication evaluation form, carers initiated medication list
- Correspondence with external specialists and consultants
- Various clinical observation records, wound charts
- Various lifestyle event folders, lifestyle planners, activities evaluation, resident evaluation
- Various documents and reports on electronic clinical documentation system
- Diaries and communication books, restraint assessment and authorisation forms, special diet menus
- Various reviews reports conducted by external consultants (dietitian, dementia specialist, pharmacy contractor)
- Job descriptions, task lists, staff appraisals, nursing staff registration documents, staff personal files, criminal record checks and statutory declarations, confidentiality statements, staff and volunteer handbook
- Staff in-service and attendance folder, education plan, signed attendance lists
- Menus; residents 'likes and dislikes' folder, food safety plan, local council inspection report, kitchen equipment temperature checks
- Worksite inspections; environmental audits, incident and hazard reports
- Triennial fire inspection report, fire safety certificate, emergency procedures manual, evacuation plans, assembly area, fire and mimic panels, fire suppression equipment
- Infection control manual, infection data, outbreak supplies
- Cleaning schedule, chemical storage, pest control records

### **Observations**

The team observed the following:

- Activities in progress
- Residents dining at meal times
- Equipment and supply storage areas
- Interactions between staff and residents, interactions among residents
- Internal and external living environment, perimeter security fencing, severies at different areas
- Storage of medications, pre-packaged medication stock delivery
- Nurses stations with various references and resources, staff room, staff noticeboard with notices, resident noticeboard with notices
- Safety alert signs
- Brochures; suggestion box
- Personal protective equipment; hand washing facilities; liquid hand gel



## **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 recommendation**

Does comply

Residents and representatives are satisfied with the feedback opportunities available to enable them to have input into the home’s continuous improvement processes. The home uses formal and informal processes for identifying opportunities for improvement and monitoring compliance with the accreditation standards. These include a plan for continuous improvement, suggestions and feedback from residents, representatives and staff, an auditing program, external reports and an annual resident and representative survey. These processes link to form a quality improvement framework. Improvements are summarised, logged, monitored, followed up by management and committees, and evaluated. Processes are in place for reporting the results of key improvement activities to the Returned Services League, the home’s management consultants, residents, representatives and staff.

Examples of recent activities and improvements relating to management systems, staffing and organisational development include:

- Feedback arising from the last accreditation survey prompted the home to review and revise the quality improvement framework that has provided management and staff with a clearer continuous improvement system
- The organisation identified the opportunity for changing from paper records of resident information to an electronic clinical documentation system that has improved the management of residents care records
- Completion of the home’s expansion and changing resident needs necessitated an increase in the number of nursing, care, and diversional therapy staff and combined with appropriate roster changes has enabled staff to give more time to residents
- The organisation’s commitment to staff professional development resulted in the introduction of scholarships for staff to increase their qualifications that has resulted in an enrolled nurse completing her nursing degree and six care staff completing their enrolled nurse diploma
- Staff feedback prompted the change from a maintenance request book held in one location to a single page request form located in all villas that has simplified the process for requesting maintenance services and provided increased information to enable the maintenance staff to fix the problem
- Ongoing monitoring of equipment and residents’ changing needs has resulted in the purchase of additional electric beds and shower chairs for all residents; electronic weigh chairs, flotation mattress and staff computer stations.

## 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 recommendation

Does comply

The home has processes to identify relevant legislation, regulations, standards and guidelines that impact on management systems, staffing and the care and services provided for residents. The information is monitored and used to determine if changes impact on the home and require education or policy change. Residents, representatives and staff are advised through memoranda and meetings. A legislative update folder is available to all staff. Compliance is monitored using internal and external audit information and monitoring of staff practices. Processes are in place for monitoring criminal records for relevant personnel, advising residents and representatives of the accreditation site audit and securely maintaining residents' records.

## 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 recommendation

Does comply

Residents and representatives are satisfied with the knowledge and skills of staff. Staff are satisfied with the way they are encouraged and supported in their education and professional development. Recruitment and selection processes identify the skills and knowledge required for all positions in the home. An education plan is developed based on legislative requirements, feedback from residents and staff, and staff appraisals. Attendance records are maintained. The home encourages external professional development for all staff, and for care and nursing staff through the provision of scholarships. Rosters are adjusted to enable staff to attend external education activities. Education has been provided on various topics relating to management systems, staffing and organisational development, including the revised quality improvement framework, the electronic documentation system, Aged Care Funding Instrument requirements, legislative requirements for reporting of elder abuse and safe use of oxygen and new equipment.

## 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 recommendation

Does comply

Residents and representatives are satisfied with the home's processes for making a complaint or registering a concern, and they are satisfied with actions taken and the responsiveness of management and staff. Residents and their representatives are informed of their rights and processes for making a

complaint, suggestion or concern on entry to the home, in the resident handbook, residential care services agreement and from invited speakers to residents meetings. Comments, suggestions and complaints forms are available. Information brochures about external complaints mechanisms are displayed. Staff are encouraged to address concerns and can advise residents and representative of other options available to them.

### **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 recommendation**

Does comply

The home has documented their vision, mission and values statements in key documents, including the resident, staff and volunteer handbooks, and policy manuals. Commitment to quality goals and processes are documented in resident and staff handbooks, the quality improvement framework and staff orientation program.

### **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 recommendation**

Does comply

Residents and representatives are satisfied with the number and skills level of staff to provide the required care and services. Staff are generally satisfied they have enough time to provide the care and services required. The home has processes for recruiting, selecting and monitoring staffing levels and skill mix. Management observation, staff feedback and incident data review is used to ensure there are sufficient staff to manage residents' needs. There are processes for reviewing, varying and increasing staffing levels in response to meet residents' changing needs. Job descriptions and duty lists guide staff in their individual work roles. Records of staff qualifications and registrations are maintained. Arrangements for accessing additional staff required out of hours are established.

### **1.7 Inventory and equipment**

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

#### **Team's recommendation**

Does comply

Residents and representatives are satisfied there are adequate stocks of goods and equipment available. The home has systems to facilitate the adequate supply of goods and equipment for care and service delivery. Designated staff are responsible for monitoring stock levels, ordering goods

and supplies, and stock rotation. Various factors are considered when purchasing supplies and equipment, including legislative requirements for residents with high and low level care needs, increasing care needs of residents, occupational health safety and infection control. Goods and supplies are stored appropriately. External contractors are resourced for specific equipment maintenance as required.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

Residents and representatives are satisfied with the information they receive about their rights, financial responsibilities and health and personal care. Processes are established for providing staff with information and to assist them perform their job roles. Information and communications processes include policy and procedure manuals, meetings, communication books and diaries. An electronic clinical documentation system has been implemented with password access for different levels of management and staff. Recovery and business continuity systems ensure any data loss would be limited to the previous 24 hours. Records are stored appropriately to meet legislative requirements.

## **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 recommendation**

Does comply

The home has processes to ensure external services are provided to an agreed standard and quality. Management and designated staff use preferred suppliers and contractors. Performance is monitored through resident and staff feedback. External services may be terminated should they not meet the home's and residents requirements, and alternative services resourced. Written contracts are in place with key providers in accordance with the Returned Services League policy.

## **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 recommendation**

Does comply

Residents and representatives are satisfied with the feedback opportunities available to them to have input into the continuous improvement processes about health and personal care. The home uses formal and informal processes for identifying opportunities for improvement, including suggestions and feedback from residents, representatives and staff, a care documentation audit conducted twice each year, results of external reports and an annual resident and representatives' survey. Clinical indicator data for falls, medication errors, skin integrity incidents and infections are collected and collated in a graph format. Processes are in place for reporting the results of improvement activities to the home's management consultants, residents, representatives and staff.

Examples of recent activities and improvements relating to health and personal care include:

- The home identified increasing balance and mobility needs of residents and the physiotherapist implemented a 'stick to stand' program that has resulted in improved safety for residents when transferring from their beds
- The importance of increasing resident wellness and well being led to the introduction of a tai chi program for residents that has enhanced their balance, feeling of well being and improved relaxation
- An increasing number of oral pain medication prompted the staff to introduce weekly pain relief patches that has resulted in a reduction in the number of 'as required' medications, avoids the need for residents to swallow multiple tablets. Nine residents have experienced benefits from this change in process
- The impending changes to the SA Controlled Substances Act prompted the management to increase the number of enrolled nurses credentialed to administer medications to meet the new legislated regulations

### **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 recommendation**

Does comply

The home has processes to identify relevant legislation, regulations, standards and guidelines that impact on residents' health and personal care. Registered nurses are involved in the assessment of residents' care needs and enrolled nurses are credentialed to administer relevant medications. The home is

responsive to changes required, such as provision of specialised nursing needs, reporting of residents who leave the home and reporting of elder abuse. Staff are aware of the regulatory requirements relating to health and personal care and the implications of these requirements for their individual roles and responsibilities.

### **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 recommendation**

Does comply

Residents and representatives are satisfied with the knowledge and skills of staff. Staff are satisfied with the way they are encouraged and supported in their education and professional development. An education plan is developed based on observation, staff appraisals and residents changing health and personal care needs. Attendance records are maintained. Education has been provided on various topics relating to health and personal care, including stoma and wound care, management of residents with dementia and associated illnesses, and administration of eye drops. Processes are established for assessing nursing and care staff knowledge and skills using a suite of written and practical competency assessments.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents and representatives are satisfied with the care and services they receive in the home. There are systems and processes to identify, assess residents’ care needs and formulate care plans on entry and on an ongoing basis. Interim care plans are prepared by residential care manager based on information provided by referring facilities, residents and their representatives on resident’s entry to the home. A complete assessment process provides further details for formulation of long term care plans. Care strategies are communicated to staff members through care plans and daily handovers. Staff members from multiple disciplines regularly enter care information directly into an electronic clinical documentation system. Significant care issues are generally actioned on and followed up. Effectiveness of care strategies is reviewed every four months by registered nurses, in consultation with residents, their representatives and other staff members. Communication with residents and family members on changes of care strategies is evident. Quality of clinical care is monitored through periodic auditing and an incident reporting system. Quality reports are tabled for discussion in quality improvement meetings.

### **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 recommendation**

Does comply

Residents and their representatives are satisfied with the specialised care they receive in the home. Residents' specialised care needs are identified, assessed and planned for on entry to the home and reviewed every four months. Specialised care in the management of complex wounds, stoma care and continuous oxygen therapy is provided by externally credentialed enrolled nurses in collaboration with registered nurses and external service providers. Registered nurses are always available on-site during the day. A policy and procedure manual guides staff practices in this area. Residents are assisted and supported by the home to choose preferred specialists through provision of relevant information. Referrals to external specialists are arranged by registered nurses in consultation with residents' general practitioners when required. Residents are supported to attend external specialist appointments through provision of transport assistance and escort by volunteers when required. A communication process is in place to communicate clinical information and review outcomes between the home and the specialists. Quality of care is monitored through internal auditing and an incident reporting system. Staff members are aware of residents' 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 recommendation**

Does comply

Residents are satisfied with the health specialist services they receive in the home. Residents' care needs are identified and assessed on entry and reviewed every four months. Residents have access to various health specialist services, including speech pathology, podiatry, physiotherapy and dental care according to their care needs and preferences. Referrals to health specialists of choice are organised by registered nurses in consultation with residents, their representatives and general practitioners. Residents are attended regularly by podiatrists and physiotherapists in the home and they are supported to attend external appointments when required. Records of attendance by the health specialists are maintained in the electronic clinical documentation system for reference in care plan review process.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

Residents are satisfied with the medication management by the home. The home has processes and systems in place to facilitate safe and correct medication management. A multi-dose pre-packaged system is used for individual residents’ regular medications while medications in liquid or powder forms are administered separately. Medication stocks are stored and maintained in a secure manner. Medications’ use-by dates are monitored by pharmacist every two months and expired items are discarded as required. Medication administration responsibilities are carried out by registered nurses, enrolled nurses and credentialed care workers in accordance with their professional qualifications and relevant legislative requirements. Training activities and competency assessments facilitate staff in safe and correct performance of medication management. Effectiveness of as required medications is generally evaluated and documented. Periodic medication reviews are conducted by residents’ general practitioners and clinical pharmacists. A Medication Advisory Committee that includes a family member representative meets every three months to review the effectiveness of the medication management system. Incidents of medication errors and signing omissions are monitored by management.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the care they receive in the home. Residents’ pain management needs are identified and assessed on entry. The home uses pain assessment tools that address the needs of residents who are unable to communicate their input due to impaired cognition. Care plans are formulated by registered nurses in conjunction with general practitioners, health specialists, residents and their representatives. A combination of pain control strategies, including oral medications, pain relief patches, repositioning and alternative therapies is used to promote residents’ comfort. Effectiveness of as required pain relief is generally evaluated and documented in residents’ progress notes. Care strategy reviews by registered nurses are conducted every four months.



## 2.9 Palliative care

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the care they receive in the home. There are processes to facilitate the comfort and dignity of terminally ill residents. Palliative care needs are identified and assessed on entry and on an ongoing basis. Referrals and care plans are organised by registered nurses in consultation with residents, their representatives and general practitioners. Residents’ end of life wishes are identified, documented and communicated to all relevant staff members. Palliative care support is provided by external service providers and liaised by a palliative care trained registered nurse in the home. Pastoral care support for residents and their families is available when necessary. The home holds funerals or memorial services for deceased residents according to families’ wishes.

## 2.10 Nutrition and hydration

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the nutrition and hydration care and services provided by the home. The home has processes and systems in place to identify, assess and manage residents’ nourishment and hydration needs. Food variety and suitable cutlery are provided specific to residents’ needs and requests. Residents’ dietary changes are communicated to the relevant personnel through a food preference form. A catering staff updates residents’ special dietary needs on a dietary list located in the kitchen as required. Fluid intake is encouraged as appropriate and access to beverages of choice is available. Residents’ nutritional and hydration status is assessed through monitoring of body weight, food intake and clinical observation. External nutrition consultants provide support to the home’s nutrition program, menu review and individual residents’ nutrition care needs. Internal audits are conducted to monitor quality of care.

## 2.11 Skin care

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

### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the skin care they receive in the home. Resident skin integrity is assessed on entry to the home and on an ongoing basis to identify care needs and formulate care plans. Residents' skin care is guided by the home's policy and procedure manual. Pressure relieving mattresses and regular re-positioning are provided to residents who are prone to the development of pressure ulcers. Wound dressings, including complex wound care, are attended to by externally credentialed enrolled nurses and registered nurses. Infectious wounds surveillance is conducted when necessary or as ordered by the medical staff. Skin integrity incidences are regularly monitored as one of the home's key incident indicators.

## **2.12 Contenance management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's recommendation**

Does comply

Residents and their representatives are satisfied with continence care and services provided at the home. Toilets are accessible by residents in their rooms and in the communal area. A continence nurse oversees continence management function with additional support provided by external resources if required. Residents' continence care needs are assessed and identified on entry and are reviewed every four months. Care strategies are used to prevent constipation and promote residents' regular bowel activities. These strategies include scheduled toileting regimes, exercises and encouragement of fluid and dietary fibre intake. Residents' bowel activities are monitored and documented for care review. Urinary analysis is carried out regularly or when symptom of urinary tract infection is identified. Residents at risk of urinary tract infections are encouraged and assisted to increase fluid intake. Residents' dignity, comfort and skin integrity are promoted through use of suitable continence aids and toileting regimes. Care outcomes are evaluated by registered nurses in consultation with residents and other staff members.

## **2.13 Behavioural management**

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

### **Team's recommendation**

Does comply

Residents and their representatives are satisfied with care provided by the home. There are processes and systems in place to identify and assess residents' behavioural management needs on entry and on a regular basis. Training activities in residents' behavioural management are provided to staff members. Care strategies are developed and reviewed by registered nurses taking into account information provided by residents and their representatives, referring facilities and staff's daily observations. Referrals to external professionals such as the mental health and behavioural management services are organised by registered nurses, in consultation with residents' general practitioners and family members. Residents requiring physical restraint management for personal safety intervention are assessed

by medical and nursing personnel. The decision on restraint management is made in consultation with residents or their representatives. A memory support unit provides secure environment and special activities to residents with specialised care needs. Incidents related to resident behaviours are documented and monitored by management.

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

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

##### **Team’s recommendation**

Does comply

Residents and their representatives are satisfied with the care provided by the home. Residents’ mobility, dexterity and rehabilitation needs are identified and assessed by nursing staff and a physiotherapist on entry to the home and on a regular basis. Care plans include information on residents’ mobility assistance needs, mobility safety levels, falls prevention strategies and exercise programs. Residents’ physiotherapy plans are formulated by physiotherapist and facilitated by care staff. Complex physiotherapy programs in residents with specific mobility needs are facilitated personally by physiotherapist. Residents’ mobility, dexterity and rehabilitation strategies are reviewed by registered nurses and physiotherapist in consultation with other staff members, residents and their representatives. Residents’ wishes to mobility independence are respected and supported through implementation of balance and mobility programs. Mobility related incidents are monitored with reports published each month for discussion in quality improvement meetings. Consequences of falls in residents with high fall risks are tracked and included in these reports.

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

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

##### **Team’s recommendation**

Does comply

Residents are satisfied with the oral and dental care they receive in the home. Oral and dental health needs are identified and assessed on residents’ entry to the home and on a regular basis. Care plans are formulated and reviewed every four months by registered nurses using input from the care and nursing staff in collaboration with residents and their representatives. Dental and oral care support is provided by public and private services. Care workers assist some residents in oral and dental hygiene following instructions in the care plans. Special oral care equipment is available for residents receiving palliative care. Any significant findings, such as eating and swallowing difficulties or changes to oral and dental health, are reported to the registered and enrolled nurses on duty.

## 2.16 Sensory loss

*This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.*

### **Team’s recommendation**

Does comply

Residents are satisfied with the care they receive in the home. Residents’ five sensory functions are assessed with any deficit identified on entry and on a regular basis. Resident care plans include information on safety precaution and environmental adjustment to provide additional safety to residents with sensory deficits. Referrals to specialists are organised by registered nurses when necessary. An optometrist conducts vision checks and offers other minor services to residents on-site. Residents’ sensory assistive devices are maintained by care workers according to instructions in care plans. Large-font reading materials, such as resident meeting minutes and resident newsletters are available. Effectiveness of care strategies is reviewed by registered nurses every four months. Staff members are aware of knowledge to promote and support residents’ sensory functions.

## 2.17 Sleep

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

### **Team’s recommendation**

Does comply

The home has processes to assess and review residents’ natural sleep patterns. Residents’ sleep habits are assessed and identified on admission in consultation with residents and their representatives for formulation of care plans. All residents live in single rooms with ensuite bathrooms and they are able to adjust the environmental temperature in their rooms. Bedroom doors are closed according to residents’ personal preference. Other strategies to promote natural sleep in residents include, providing exercise programs in the day time, relaxing evening activities, soft music, hand massages and use of special night-use continence aids. Care plans are reviewed every four months by registered nurses to evaluate effectiveness of care strategies. Any change in resident’s sleeping pattern is reported and investigated to rule out medical causes. Residents confirmed that the home’s environment is peaceful and no disturbance from other residents has been experienced.

### **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 recommendation**

Does comply

Residents and representatives are satisfied with the feedback opportunities available to them to have input into the continuous improvement processes about residents’ lifestyle. The home uses formal and informal processes for identifying opportunities for improvement, including suggestions and feedback from residents, representatives and staff, an activities audit conducted each year, and an annual resident and representative’s survey. Processes are in place for reporting the results of improvement activities to the home’s management consultants, residents, representatives and staff.

Examples of recent activities and improvements relating to residents lifestyle include:

- The importance of a place of remembrance of deceased residents has resulted in the placing of memorial plaques in the memory support unit garden that has been positively received from residents’ families
- The increasing number of residents and their varying ability to participate in activities has resulted in a separate activity program being implemented in the 24-bed memory support unit, an increase in the number of concerts, a weekly vegetable peeling / chat group and a tai chi program
- In keeping with RSL Villas cultural links, a veterans’ theme was developed in the park adjacent to the villas when the memory support unit was built (and includes a pine seedling from Lone Pine at ANZAC Cove) that provides residents and their visitors to use as they wish.

#### **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 recommendation**

Does comply

The home has processes to identify relevant legislation, regulations, standards and guidelines that impact on residents’ lifestyle and activity programs, confidentiality of resident information and provision of agreements that assist residents to understand their rights and security of tenure. Processes are in place for criminal checks for people volunteering in the home. Residents and staff are notified of changes, and are aware of the regulatory requirements relating to resident lifestyle.

### **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 recommendation**

Does comply

Residents and representatives are satisfied with the knowledge and skills of staff. Staff are satisfied with the way they are encouraged and supported in their education and professional development about resident lifestyle. Diversional therapy staff are qualified in their work discipline. Education has been provided on various topics relating to resident lifestyle, including attendance at a lifestyle and activity workshop; and an active ageing workshop.

### **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 recommendation**

Does comply

Residents and representatives are satisfied with the support they receive in the home in adjusting to the new environment and coping with their emotional needs. Management liaises with residents and their representatives to organise site tour and provide necessary information prior to residents' entry. New residents are welcomed by lifestyle and nursing staff with flowers organised in their rooms. A leisure and lifestyle assessment is conducted within two weeks of residents' entry, taking into consideration residents' medical and social history, past and current interests, cultural and religious preference for formulation of lifestyle plans. New residents are invited personally by lifestyle coordinator to leisure activities and introduced to other residents. Lifestyle plans are evaluated and reviewed every four months by lifestyle coordinator based on feedback from staff members, residents and their representatives. Regular resident newsletters, resident meetings and activity calendars are provided to inform residents of news in the home and leisure activities that are available to them.

### **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 recommendation**

Does comply

Care and lifestyle assessments provide information about residents' individual independence needs and preferences. Residents' independence in mobility is maximised through provision of physiotherapy programs, exercise and outing activities organised according to individual residents' physical capacity. Residents have their own mail boxes where they receive external mails, newsletters and meeting minutes. Kitchenettes are available in residents' rooms in the non-secure area providing them independence to prepare their

own tea and snacks. The home maintains trust accounts for some residents who wish to use this service to independently manage minor daily purchases at local shops. Leisure and lifestyle activities are provided to facilitate communication and promote positive interactions among residents. Residents are encouraged and supported to continue attendance of social activities in the community according to their wishes. Families and friends feel welcomed by staff and management during their visits to the home and a private dining room is available for holding of private functions by residents and families.

### **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 recommendation**

Does comply

Residents and their representatives are satisfied that their privacy, dignity and confidentiality are recognised and respected. Residents live in single rooms with ensuite bathrooms allowing personal hygiene and continence needs to be undertaken in their rooms. They confirm that there is sufficient personal space in the living environment. Staff members are trained in residents' privacy and dignity requirements and they sign confidentiality agreements on appointment. Residents' consent is obtained before their names, photos or personal details are used in any social publication of the home, such as newsletters. Education sessions about elder abuse and mandatory reporting are conducted for staff and volunteers. Staff members agree that they have sufficient time to deliver resident care and services. They knock on residents' doors and wait for permissions before entry to the rooms.

### **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 recommendation**

Does comply

Residents and their representatives are satisfied with the leisure and lifestyle activities provided to them. Lifestyle staff take into account individual residents' social, cultural, religious background, past and current personal interests, medical and cognitive conditions in the activity planning. Residents attend group and individualised leisure activities organised to their preference, interests and special care needs. Volunteers with suitable skills assist in facilitation of some individual lifestyle activities. Residents' attendance and enjoyment of these activities are recorded for ongoing assessment and lifestyle plans are reviewed and documented every four months. Periodic activity planners are reviewed by lifestyle coordinator based on feedback from residents and staff members.

### **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 recommendation**

Does comply

Residents and representatives are satisfied with the range of activities and the support provided by staff. Residents' social history, personal interests and preferences are identified on entry in consultation with residents and their representatives. This information is used for formulation of the group and individual activity planners. Regular church services for residents of various religious denominations are available on-site. Pastoral care is accessible to residents and family members on their requests. The home worked in collaboration with external parties to incorporate a veterans' theme in a park adjacent to the home. Special activities are organised in remembrance of war veterans on special occasions in the year. The home celebrates theme days throughout the year with particular nationalities, cultures and festivals featured.

### **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 recommendation**

Does comply

Residents agree that they are supported in their choice and decision making over lifestyle and interests. Residents and their authorised representatives are identified and consulted regularly on residents' interests and lifestyle preferences. Residents are encouraged and supported to furnish and arrange their rooms to suit their personal preference, without compromising environmental safety. Residents are allowed to smoke in designated outdoor areas and under staff supervision as required for safety intervention. Resident meetings, surveys, comment and complaint mechanisms are provided for residents and representatives to voice their opinions and concerns. Information is disseminated to residents and representatives through newsletters and meetings Management monitor residents' satisfaction in care and services through yearly surveys.

### **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 recommendation**

Does comply

Residents and their representatives confirm that they feel safe living in the home and are encouraged to provide feedback to management when concerns arise. Resident information packages are provided to residents on entry. Information on residents' rights, responsibilities and access to external



advocates are included in information packages. Resident agreements are discussed with residents and their representatives by management prior to their signing. Residents and their representatives with questions relating to this function are attended to by a corporate accountant for clarification. Translation service is arranged if a need is identified. Any necessary room movement is carried out in consultation with residents and their representatives; and only actioned upon with their consent.

## **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 recommendation**

Does comply

Residents and representatives are satisfied with the feedback opportunities available to them to enable them to have input into the continuous improvement processes about the home’s physical environment and safe systems. The home uses formal and informal processes for identifying opportunities for improvement, including suggestions and feedback from residents, representatives and staff, environmental inspections and audits, and results of the annual resident and representatives’ survey. Processes are in place for reporting the results of improvement activities to the home’s management consultants, residents, representatives and staff.

Examples of recent activities and improvements relating to the physical environment and safe systems include:

- The refurbishment of existing buildings provided the opportunity to install a second handrail in passageways and the installation of shade sails in the courtyard areas of three villas that has improved resident safety and comfort
- As a result of the 2007 building certification instrument the fire exit signs were replaced with the new international sign to further improve compliance
- Feedback from staff resulted in the repositioning of the battery pack on the lifting machine that has minimised the potential for injury
- The lockdown procedure at night includes the locking of the main car park gate and this prompted the installation of an electronic strike mechanism to enable easy evacuation in the event of an emergency
- Manual handling assessments identified the need for new weigh chairs to reduce the potential for manual handling injuries to staff
- The increasing amount of waste prompted the change to large waste bins that has reduced the number of bins, the need to wash the bins, reduced cost and decrease the number of bins waiting to be collected.

### **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 recommendation**

Does comply

The home has processes to identify relevant legislation, regulations, standards and guidelines that impact on the home’s physical environment and safe

systems. Processes are in place for monitoring occupational health and safety regulations, food safety, building code compliance and monitoring fire safety systems. Residents and staff are notified of changes, and are aware of the regulatory requirements relating to the physical environment and safe systems.

#### **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 recommendation**

Does comply

Residents and representatives are satisfied with the knowledge and skills of staff. Staff are satisfied with the way they are encouraged and supported in their education and professional development about the physical environment and safe systems. Education has been provided on various topics relating to the physical environment and safe systems, including fire safety and emergency procedures, manual handling, infection control, food safety and senior first aid that includes cardiopulmonary resuscitation. The residential care manager attended education and training in managing staff return to work programs and the occupational health and safety representatives have received education and training to enable them to carry out these designated roles.

#### **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 recommendation**

Does comply

Residents and representatives are satisfied that the home provides a safe and comfortable living environment that meets their needs. Residents and representatives receive information about the living environment on entry to the home and through feedback and at residents meetings. Continuous improvement records demonstrate changes to the living environment following feedback from residents and staff. The new memory support unit provides spacious and safe environment for residents with dementia and related illnesses. There are processes to maintain a safe and uncluttered environment. A breakdown and scheduled preventative maintenance program is in place that includes annual and 'as needed' testing and tagging of electrical items. Electronic keypads at external doors ensure the safety of residents who may wander and safety switches are installed on stoves and heating appliances. Call bells are accessible to residents and staff carry pagers to enable a prompt response. Individually controlled heating and cooling systems maintain the home's temperature. The home has processes to assess, monitor, regularly review and minimise, wherever possible, the need for restraint.

#### **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 recommendation**

Does comply

Residents and representatives are satisfied with the home's safe environment. The home's management is actively working to maintain a safe working environment for staff and residents that meets regulatory requirements. The Returned Services League policies and procedures for occupational health and safety guide the home's practices. Processes for hazard identification, injury prevention and reporting are in place. The combined quality and occupational health and safety committee monitor results of workplace inspections, audits, incidents and hazards. Staff injury prevention is aggressively promoted resulting in a low staff injury rate. A physiotherapist conducts a manual handling assessment when staff are first employed. Job safety analysis and ongoing assessments are in place to prevent and reduce workplace injury. Staff are aware of their occupational health and safety and welfare obligations

#### **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 recommendation**

Does comply

Residents and representatives are generally aware of their response in the event of an emergency. The home has systems to monitor, detect and respond to risks associated with fire, security and other emergencies. An emergency procedures manual is available and evacuation routes and instructions are displayed throughout the home. The home meets the requirements of the safety section of the Commonwealth certification instrument and has a current triennial fire safety certificate. An accredited external contractor undertakes regular compliance testing and maintenance of fire alarm, containment and suppression equipment. Swimming pool style perimeter fencing, external lighting, and keypad access protects the physical environment. An external contractor checks the perimeter doors, locks and opens gates at scheduled times, acts as escort to the staff car park and conducts patrols during the night. Staff are aware of the home's procedures for fire, their responsibilities and the security of the home.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has policies, procedures, practices and equipment available to

monitor, identify and control infection, including:

- outbreak management plans and an outbreak resource box
- food safety plan
- single rooms with ensuite bathroom
- individual shower chairs, lifter slings and slide mats
- adequate hand-washing facilities throughout the home
- fresh air policy where doors are opened for a minimum of one hour each morning and residents are encouraged to sit out in the sun
- personal protective equipment, such as disposable gloves, masks and aprons
- temperature monitoring and recording of food deliveries, cooked food, cold room, freezer and dishwasher
- monthly checks of residents refrigerators
- pest control and waste management
- sharps containment and disposal.

The residential care manager has overall responsibility for the home's infection control processes. The home monitors infections and the environment through environmental audits, and identifying, recording and collating resident infections. Staff indicated they have personal protective equipment readily available and understand its use. The home's cat is vaccinated to minimise any transmission of infection.

#### **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 recommendation**

Does comply

Residents and representatives are satisfied with hospitality services, including catering, cleaning and laundry, and the safe work environment for staff. Residents' food preferences and needs are identified on entry to the home and on an ongoing basis. Meals are prepared and cooked fresh on-site. The four-week cyclical menu remains mostly unchanged except for seasonal changes and changes based on resident and dietitian feedback. The food safety plan guides processes for the purchase, delivery, storage, cooking and serving of food and beverages. The management consultant and the local council monitor food safety practices. The provision of laundry and linen services is outsourced to an external service provider. Care staff launder residents' personal clothing on-site. Daily, weekly and 'as needed' cleaning schedules and procedures are in place. Material safety data sheets for chemicals are available in the staff room and maintenance shed.