



Aged Care  
Standards and Accreditation Agency Ltd

## **Samarinda Lodge**

RACS ID 3196

286 High Street

ASHBURTON VIC 3147

Approved provider: Samarinda Aged Services Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 12 October 2015.

We made our decision on 27 August 2012.

The audit was conducted on 24 July 2012 to 25 July 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Samarinda Lodge 3196**

**Approved provider: Samarinda Aged Services Inc**

## Introduction

This is the report of a re-accreditation audit from 24 July 2012 to 25 July 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 24 July 2012 to 25 July 2012.

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

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

## Assessment team

Team leader:	Gillian Walster
Team member:	Marg Foulsum

## Approved provider details

Approved provider:	Samarinda Aged Services Inc
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## Details of home

Name of home:	Samarinda Lodge
RACS ID:	3196

Total number of allocated places:	40
Number of residents during audit:	39
Number of high care residents during audit:	27
Special needs catered for:	Nil

Street:	286 High Street	State:	Victoria
City:	Ashburton	Postcode:	3147
Phone number:	03 9885 0062	Facsimile:	03 9885 9829
E-mail address:	kathyd@samarinda.org.au		

## Audit trail

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

### Interviews

	Number		Number
Management	3	Residents	5
Chair committee of management	1	Representatives	2
Clinical care staff	7	Lifestyle therapist/coordinator/ volunteer coordinator	2
Students	4	Catering manager	1
Administration assistant	1	Contracted cleaning staff	2
Allied health personnel	1	Laundry staff	1
		Maintenance officer	1

### Sampled documents

	Number		Number
Residents' files and care plans	12	Medication charts	13
Resident agreements	6	Lifestyle care plans	4
		Personnel files	7

### Other documents reviewed

The team also reviewed:

- Activities calendar, attendance records and evaluations
- Annual report
- Audits and audit reports
- Cleaning schedules and duty lists
- Clinical forms and charts
- Clinical performance indicators
- Compliments, comments and suggestions for improvement form
- Consent forms
- Continuous improvement plan, feedback forms and relevant documentation
- Education, orientation and competency assessment documentation
- Emergency procedures manual and disaster management plan
- Evacuation plans and residents evacuation list
- Fire inspection, testing and compliance documentation
- Food safety program and compliance certificate
- Handover sheet
- Hazard reports

- Incident reports
- Infection logs, surveillance documentation and immunisation records
- Material safety data sheets
- Medication competencies
- Meeting minutes
- Memoranda
- Menu
- Mission, vision and values statement
- Monthly clinical report
- Newsletters
- Nurse registrations
- Nutrition data sheets
- Organisational chart
- Police check reports
- Policies and procedures
- Position descriptions
- Preferred providers list
- Preventative, reactive and essential services maintenance documentation
- Quality management system
- Resident and staff information packs and handbooks
- Roster
- Surveys
- Temperature check records
- Volunteer alliance information folder

### **Observations**

The team observed the following:

- Activities in progress
- Archiving area, compactors and confidential destruction bin
- Book trolley circulating to residents
- Care station
- Charter of Resident Right and Responsibilities on display
- Cleaners' room, cleaning trolley and cleaning in progress
- Clinical equipment
- Computer stations
- Evacuation plans, evacuation packs and emergency kit
- Fire panel, fire detection and fire fighting equipment
- First aid kits

- Internal and external living environment
- Kitchen
- Laundry
- Meal service and tea rounds
- Medication storage and administration
- Noticeboards and whiteboards
- Outbreak box
- Oxygen supplies
- Pest baits
- Resident transfer equipment
- Spills kit and sharps containers
- Staff on duty posters
- Staff room
- Stock storage
- Suggestion box
- Training room
- Visitors and pets in the home
- Waste storage area



## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The continuous improvement system ensures improvements are actioned across the four Accreditation Standards. Input from staff, residents, representatives and other stakeholders occur through surveys, meetings, suggestions, improvement logs and discussions. Internal and external audits, incident data, maintenance requests and observations also lead to improvements. Individual improvement logs document actions, timeframes and completion of smaller improvements and management enter larger improvements to the continuous improvement plan. The quality coordinator monitors all activities; progress reporting occurs through the quarterly quality meeting and quality is discussed at all meetings. Evaluation occurs through reauditing, surveys, data monitoring and stakeholder feedback. Management inform stakeholders of activities through meetings and newsletters. Staff understand their responsibilities regarding the improvement program and residents, representatives and staff confirmed improvements are ongoing in the home.

Recent improvements relevant to Standard one:

- As a result of a complaint, the home incorporated customer service training into the compulsory training day and staff handbook. Management provided feedback to the complainant and evaluation identified that no further complaints have been received. Management will conduct a survey of external service providers in the near future.
- In response to a staff survey, management has increased the morning shift for personal care workers by one hour. Staff were informed through the staff meeting and the improvement was implemented one week ago. Evaluation through staff feedback will occur in a few weeks.
- In preparation for accreditation, accreditation workshops commenced in January 2012 to support staff in understanding the process of accreditation and procedures in the home. Staff feedback indicated these have been helpful.

#### 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

Management identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The home receives updated regulatory advice and information from local, state and federal government and legislative update

services through membership of relevant clinical, sector, industrial and other advisory organisations. Management monitor and analyse data from incident reports, audits, competency testing and observation of staff practice. Staff confirmed they are informed of legislative changes through documented updates, discussions at meetings and informal and formal education. Residents and representatives are satisfied with the information provided to them by the home.

Examples of regulatory compliance relating to Standard one include:

- policies and procedures reflecting professional and regulatory guidelines
- appropriate personnel have police checks and statutory declarations
- management informing stakeholders of the re-accreditation audit.

### **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 education program includes sessions related to all four Accreditation Standards and includes comprehensive compulsory training days scheduled throughout the year. Compulsory training, completed by all staff regardless of role, includes infection control, emergency management, mandatory reporting, manual handling, customer service and other topics according to need. In 2012, nutrition and hydration and behaviour management are part of the program. Staff complete annual competencies and training relevant to their roles such as medication management, wound care, chemical handling and food safety. An orientation program ensures new staff are well prepared. There is a flexible monthly calendar offering a range of topics presented by internal and external presenters. On-line self directed learning is also available. Education topics are identified through data analysis, audit outcomes, surveys, appraisals and requests. Attendance records and evaluations are maintained. Staff confirmed they are encouraged to attend the education sessions, have access to a wide range of resources and are aware of the mandatory training.

Examples of recent education relating to Standard one include:

- customer service
- accreditation workshops
- bullying and harassment.

### **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

Management have processes for recording and acting upon comments and complaints. Information about internal and external complaint mechanisms is accessible via resident handbooks and resident agreements, brochures, meetings, posters and newsletters. Management has improvement forms available for the use of residents and other stakeholders to lodge any comments, complaints or suggestions and provide a suggestion box. Residents, representatives and staff are encouraged to verbalise complaints either

directly to management or in meetings. Management generally log complaints and include them in the continuous improvement system. Staff said management are responsive to their suggestions and residents and representatives are aware of the verbal and written complaints systems.

### **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

Key documents include the home's mission, vision and values and these are on display in the home. The values of family, justice, partnership and innovation outline expectations and detail the home's commitment to quality through the application of knowledge to add value to the organisation. An eight member committee of management from diverse backgrounds meets monthly providing leadership and direction. The committee is responsible for developing and reviewing the strategic plan every two years and this includes review of the organisation's mission, vision and values.

### **1.6 Human resource management**

*This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".*

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

The home meets this expected outcome

Staffing review, recruitment and selection procedures ensure there are sufficient, appropriately skilled and qualified staff to meet the care and service needs of residents. New and temporary staff, volunteers and contractors participate in orientation relevant to their roles and buddy shifts provide additional support. Performance appraisal occurs at six months and thereafter annually. Casual and part-time staff provide a resource for backfilling shift vacancies. Audits, observations, feedback and data analysis monitor staff performance and management take appropriate action to address identified issues. A comprehensive education program supports skill development. Residents, representatives and staff confirmed satisfaction with staffing levels and the knowledge and skills of staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

Sufficient and appropriate stock and equipment is available to meet the home's care and service needs. Area managers are responsible for monitoring, ordering and rotating stock. There are processes to access emergency supplies if required. Equipment needs are identified through clinical and specialist assessments and identified service needs. New equipment is trialled and evaluated and feedback sought prior to purchase. Senior staff and specialists undertake risk assessments as required. Suppliers provide training for new equipment and management ensure all staff are appropriately trained and have access to

instructions. Preventative and reactive maintenance programs ensure regular inspection, testing and maintenance is undertaken. Equipment is stored safely and walkways are unobstructed. Staff place signs on unsafe equipment and remove them from work areas. Staff, residents and representatives are satisfied with the stock and equipment provided.

### **1.8 Information systems**

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

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

The home meets this expected outcome

There are effective information management systems. Documentation and communication systems identify residents' care needs and help ensure delivery of care. Management, staff, residents and representatives have access to current information, general activities and events of the home through meetings, noticeboard displays, brochures and newsletters. Residents' files and personal records are stored securely in restricted areas and destroyed confidentially. There are documented policies and procedures and staff have clearly defined roles and responsibilities. The home's computer system is backed up daily and appropriate staff have logons and passwords. Residents and representatives said that they are kept well informed of events and improvements in the home. Staff expressed satisfaction with communication and management systems in the home.

### **1.9 External services**

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

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

The home meets this expected outcome

The home has established service agreements with external contractors who provide specialist care to residents and various services to the home. Contracted services include physiotherapy, dietetics, pharmacy, chemical supplies, waste management, pest control and essential services. Evaluation of services provided by contractors occurs when contracts are due for renewal. Staff, residents and representatives stated they have opportunity to provide feedback on external contractors and are satisfied with the care and services provided.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home's continuous improvement system documents ongoing improvements in residents' health and personal care. Please refer to expected outcome 1.1 Continuous improvement for further details.

Recent improvements relevant to Standard two:

- Following a staff suggestion, denture care cards have been developed, laminated and placed in the bathrooms of residents who have consented. Cards provide a quick reference to care staff and staff report this has assisted them in ensuring appropriate care of residents' dentures.
- Staff identified issues in relation to the documentation of pain relief patches. As a result, staff were educated regarding documentation requirements and a new audit tool developed. Night duty staff now complete regular audits to monitor compliance and feedback occurs through the staff meeting.
- To improve clinical care, management implemented five new care portfolios. Management circulated a call for nominations for portfolio holders and specific staff approached. Portfolio holders received additional training if required and specific position descriptions were developed to outline the responsibilities of the role. Introduced in November 2011, this improvement is to be evaluated in the near future through feedback from portfolio holders and care audits.

### **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.

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about personal care. Please refer to expected outcome 1.2 Regulatory compliance for details of the home's regulatory systems and processes.

Examples of regulatory compliance relating to Standard two include:

- appropriately qualified and trained staff plan, supervise and undertake specialised nursing care
- a policy and documentation to ensure the home complies with laws regarding absconding residents
- compliance with legislative requirements in relation to medication storage and management.

### **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

The education program supports staff to develop and maintain skills and knowledge in the area of health and personal care. Please refer to expected outcome 1.3 Education and staff development for description of the home’s staff education processes.

Examples of recent education relating to Standard two include:

- nutrition and hydration
- challenging behaviour
- continence management
- wound care
- pain management

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Management demonstrate residents receive appropriate clinical care. Staff conduct assessments according to a schedule and determine each resident’s needs and preferences. Assessments, care plans, handover sheets and verbal handovers inform staff of individual resident care needs. There is a resident of the day process to evaluate residents and adjust care plans. Appropriately qualified and experienced staff provide care to residents and records of care are maintained. Regular medical reviews and increased monitoring occurs when needed. Staff said they have sufficient rostered time to provide the planned care for residents. Residents and representatives are complimentary of the care provided to residents and said staff respond quickly and properly to any episodes of ill health or accident and representatives are informed appropriately.

### **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

Appropriately qualified staff identify and meet specialised nursing care needs of residents in the home. Specialised care plans include the needs and preferences of each resident and specific instructions and strategies to manage their care. Referral and consultation with health professionals occur. Residents with specialised care needs include those with diabetes, oxygen therapy, wound management and pain management. Audits and clinical reports are used to monitor and analyse specialised care and competencies in specific relevant areas ensure staff skill levels are appropriate. Staff said they have sufficient resources available to provide specialised care and education opportunities in areas of complex care specific to residents’ needs. Residents and representatives said they are satisfied with the specialised care residents receive.

## **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

Staff refer residents to specialists as required and as preferred. Medical practitioners visit the home at regular intervals. The physiotherapist assesses residents when they enter the home, provide exercise and pain management programs and review residents regularly and when requested due to incidents or declining health or condition. Podiatry, optometry and audiology review residents regularly and speech pathology, dietetics, wound specialists, dental services, palliative care and external mental health services review residents when referred by the home. Residents and representatives said staff refer residents to specialists as needed and assist them in visiting outside specialists as required.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to safely and effectively manage residents’ medication. Registered and enrolled nurses administer medication using a packaged system. Staff conduct audits to monitor the system, issues are discussed at medication meetings and an external pharmacist reviews residents’ medications. There are policies and procedures available to guide staff practice and regular competency testing to ensure proficiency. The home has processes to ensure the supply of medication is consistent and storage of medication is according to legislative requirements. There are assessment and review processes to ensure residents self administering medications are safe to do so. Staff administering medications said they have a thorough understanding of the medication management system used at the home and residents said they are satisfied with their medication management.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to ensure residents are as free as possible from pain. Staff conduct a pain assessment when residents enter the home and a care plan is formulated. Staff review assessments and care plans at regular intervals and if required due to presentation of new pain, medication changes, injury or clinical issues. Staff assess and monitor residents’ verbal, non verbal and behavioural indications of pain and implement the strategies recommended which include repositioning, analgesia, massage and heat packs. The physiotherapist also provides complex pain management therapy. Staff said they monitor residents’ pain including non verbal response to pain and provide interventions as needed. Residents said staff respond appropriately whenever they have 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

Staff provide care to residents who are terminally ill and promote their comfort and dignity needs. Staff access medical care for residents as necessary and make referrals to external services if required. Care plans include symptom management, routine comfort measures and psychosocial needs. Consultation with representatives occurs regarding the care environment and their role in the residents care. Care for residents includes nursing care, pastoral and complementary care and staff help support families at this time. Staff said the comfort and dignity of terminally ill residents is maintained

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to ensure residents’ receive adequate nourishment and hydration. Nutritional requirements are assessed, reviewed and residents’ likes and dislikes and specific dietary and cultural requirements are identified, recorded and communicated to the kitchen with needs and preferences accommodated. Meals are prepared on site daily and residents are offered a choice at every meal. Snacks and drinks are provided throughout the day and supper is provided at night. Resident weight losses or gains are managed according to the home’s policies. Staff consult with professionals such as speech pathologists to assess swallowing difficulties and dietitians to assist with nutritional requirements. Nutritional supplements, personal assistance and adaptive crockery and cutlery are provided when required. Staff said they are aware of residents’ requirements for texture modified diets and individual assistance. Residents and representatives are very complimentary of meals and said residents nutritional and hydration needs are met.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to promote residents’ skin integrity consistent with their overall health. Staff conduct a pressure ulcer risk assessment and assess residents skin integrity on entry to the home to identify risks or review an existing skin condition and care plans outline strategies to prevent skin breakdown. Staff assist residents with ambulation and position changes when needed, monitor skin tears and wounds, access consultants as required and maintain records of care. Staff said they are familiar with the skin care needs of residents and monitor the condition of residents’ skin while they undertake personal care tasks such as showering. Residents and representatives said they are satisfied with the home’s approach to maintaining residents skin integrity.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to manage residents’ continence and toileting requirements. Staff assess residents’ individual continence needs and determine the assistance and aids they require. Care plans outline strategies to promote continence levels and independence. A staff member has the responsibility of the continence portfolio and ensures the most appropriate aids are used and maintains sufficient stocks. Staff education is provided to assist residents with continence requirements and discreetly maintain residents’ dignity. Infection rates are clinical performance indicators which are trended, analysed and reviewed monthly by the facility manager. Staff said they have access to sufficient continence aids for residents’ needs and state their knowledge of residents’ toileting requirements. Residents said their continence needs are met and aids are provided as necessary and to assist their independence.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Staff identify the needs of residents with challenging behaviours and provide appropriate care. Staff assess residents’ behaviours and identify medical, emotional and cognitive reasons for challenging behaviour and consider each residents right to maintain independence, personality traits, friendships and associations with the community. Care plan interventions inform staff about effective strategies to manage episodes of challenging behaviour. Staff have access to education and resources and can access medical practitioners and advisory services for residents who require additional review. Staff provide assistance to residents in a calm, respectful manner and said management support them in managing residents’ behaviours. Residents and representatives said they are satisfied with the management of behavioural issues within the home.

## **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

Staff provide care that promotes residents’ mobility and dexterity. Staff assess residents’ mobility capacity in consultation with the physiotherapist. Assessments include resident transfer needs, gait, balance, posture, mobility aids required, falls history, sensory impairment, cognitive function, ability to undertake activities of daily living and a falls risk. Staff and the physiotherapist devise individual exercises to promote optimum mobility and dexterity and review residents and programs when required. The physiotherapist and lifestyle staff organise group exercise programs, regular walks, outings and craft activities to aid mobility and dexterity. Staff follow the home’s policies and procedures when incidents occur where residents have fallen. Staff assist residents during meal times and provide dexterity aids such as adaptive cutlery and crockery when needed. Appropriate mechanical transfer

equipment is available and staff said they have manual handling training and are provided with safe transfer techniques. Residents said their mobility and dexterity is encouraged.

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

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

#### **Team’s findings**

The home meets this expected outcome

There are processes to assist residents to maintain optimal oral and dental health. Staff conduct assessments for oral and dental needs and preferences and care plans are developed. Residents are encouraged to maintain their independence with oral care when able and the home has sufficient equipment and supplies to enable appropriate oral hygiene practice. Staff said they assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. Strategies for residents with swallowing difficulties include texture modified diets and staff assistance with meals. Staff assist residents to attend their preferred dentist or technician when able and external providers visit the home when required. Residents said that staff provide assistance with their swallowing and oral and dental hygiene.

### **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

There are processes to identify and manage residents’ needs in relation to sensory loss such as vision, hearing, smell, taste and touch. Staff assist residents to attend appointments with their own preferred provider or they access specialist providers to review residents in the home when required. Staff assist residents with their sensory aids including hearing aids and glasses. The home is well lit, with handrails and secured outdoor gardens. Staff are aware of residents’ individual needs and assist residents who require help with the care, maintenance, fitting and cleaning of aids and devices. Residents’ said staff assist with their sensory needs.

### **2.17 Sleep**

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

#### **Team’s findings**

The home meets this expected outcome

The home provides care to residents to assist them in achieving natural sleep. Staff assess residents’ typical sleep patterns and these are used in care plans to indicate residents’ sleep needs and preferences. Strategies in care plans include settling and waking times, bedding and environmental preferences for sleep. Pharmacological and non pharmacological methods help promote sleep. Staff said they are aware of residents’ sleep patterns and their environmental and comfort preferences. Residents said that staff respect their wishes and the home is quiet at night and that they generally sleep well.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home's continuous improvement system documents ongoing improvements in resident lifestyle. Please refer to expected outcome 1.1 Continuous improvement for further details.

Recent improvements relevant to Standard three:

- In response to resident survey outcomes, management identified the wishes of one resident to have the bird bath from home installed in the garden outside their room. Following clean up and preparation of the garden, family members brought in the bird bath and this was installed. When the resident moved rooms, the bird bath was relocated to the new garden. The resident has been extremely happy with this outcome.
- To meet the cultural needs of one resident, an educator from the migrant resource centre attended to provide a session for staff regarding culturally specific requirements. As a result, staff are now more aware of this residents cultural requirements and the resident's meals are presented in a bowl in line with culture and familiarity. Staff found this very beneficial in supporting this resident.
- Through philanthropic fund raising, the home has purchased a new bus allowing more residents to participate in outings. Residents have been very happy with this opportunity.

### **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.

There are systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. Please refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory systems and processes.

Examples of regulatory compliance relating to Standard three include:

- an information handbook and residential service agreement that specifies residents’ rights and responsibilities, care and services provided, fees and charges, complaints mechanisms and security of tenure
- display of the Charter of residents’ rights and responsibilities
- a register and policies and procedures for the compulsory reporting of elder abuse.

### **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

The education program supports staff to develop and maintain skills and knowledge in the area of resident lifestyle. Please refer to expected outcome 1.3 Education and staff development for description of the home's staff education processes.

Examples of recent education relating to Standard three include:

- cultural diversity
- grief and bereavement
- dementia training.

### **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

On entry to the home, residents' emotional support needs are identified and staff provide individual support to assist new residents to adjust to their new environment. Residents and families have opportunity to tour the home prior to entry and receive information regarding the care and services available. On entry, residents are introduced to staff and fellow residents and residents are offered the opportunity to meet a buddy resident who will provide additional support and friendship in the early days. All staff monitor residents' emotional status and emotional support needs are reviewed as part of the care review process. Lifestyle staff, volunteers, pastoral care workers and clergy are available to assist residents. The lifestyle program offers individual and small group activities for residents who prefer this. A family support group and family forum are available for family members. Residents and representatives stated staff are sensitive to their emotional support needs.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents are assisted to achieve and maintain optimal independence in all aspects of their life within and outside the home. Staff assess residents' needs, preferences and levels of independence in physical, cognitive and social activities on entry and this is regularly reviewed. Mobility, sensory and dexterity aids and equipment are available and staff support and remind residents to use assistive equipment to maximise independence and safety. Exercise programs and cognitive activities are incorporated into the activities program; modified equipment allows residents to actively and independently participate. Community outings occur regularly and community visitors attend the home. This includes a day centre program where residents and day centre clients engage in joint activities three days per

week. Visitors are welcomed and residents and representatives reported they are satisfied with the support and assistance available to maximise independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management and staff understand and demonstrated respect for residents' privacy and dignity. Staff were observed to knock and alert residents prior to entering rooms, close doors when attending to care needs and discreetly manage continence issues. Confidential information is discussed in private and resident information is securely stored. There are processes for the destruction of confidential documents. Residents and representatives stated their privacy and dignity are recognised and respected.

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

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

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

The home meets this expected outcome

The lifestyle program provides a comprehensive range of activities to ensure all residents have opportunity to participate in activities of interest and according to their wishes. Bus trips and community visitors feature regularly and volunteers are actively involved. Lifestyle staff complete lifestyle assessments and a 'Key to Me' profile for each resident. Regular review occurs in line with the care review schedule. A six day activity program is offered with monthly calendars placed on noticeboards and circulated to residents as requested. Activities aim at enhancing social, physical, sensory and cognitive skills. The physiotherapist provides active support and guidance to staff and volunteers and a range of assistive devices is available for residents with physical and sensory impairments. All residents are offered one on one sessions and supported to engage in individual activities of interest. Attendance and evaluations are maintained and this information, along with survey results, requests and meeting feedback, inform ongoing program development. Residents and representatives are very satisfied with the activity program and support provided by the home.

### **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

The home identifies residents' cultural and spiritual needs as part of lifestyle assessments on entry. Clergy conduct regular religious services in the home and they are open to all residents. Catholic clergy visit residents for communion every Sunday. Staff contact other clergy and church representatives according to individual residents' wishes. Staff, management, residents and families identify, acknowledge and celebrate days of cultural and spiritual significance. Staff are educated in the specific cultural needs of residents from different backgrounds and residents are supported to maintain customs. Multicultural information is available, communication boards provided and interpreters accessed as

required. Residents and representatives stated they are satisfied with the way the home respects, acknowledges and supports individual customs, culture and beliefs.

### **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

Staff assist residents to exercise choice and decision making in relation to their care and lifestyle whenever possible. On entry, staff identify residents' individual preferences through discussion with the resident and their family and document preferences and wishes on care plans. This includes choice of medical practitioner, hygiene times, retiring and rising times, food choices and personal interests. Staff acknowledge and respect residents' right to decline treatment and to participate in activities. Processes ensure that residents and staff are aware of residents' rights and responsibilities and residents stated they are happy and supported to participate in decision making regarding their life at the home.

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

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

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

The home meets this expected outcome

The home offers ageing in place and residents and representatives are informed of care and services, fees, charges, rights and responsibilities, feedback mechanisms and advocacy services prior to entry. Management discuss these issues during interview and information is included in the resident information pack. Service agreements outline specified care and services, security of tenure and rights and responsibilities. The Charter of resident rights and responsibilities is provided to all residents and staff and is on display in the home. When a resident's care classification changes, residents and representatives are notified in writing. Residents and representatives stated they are aware of accommodation details, rights and responsibilities and security of tenure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home's continuous improvement system documents ongoing improvements in the physical environment and safe systems. Please refer to expected outcome 1.1 Continuous improvement for further details.

Recent improvements relevant to Standard four:

- Catering staff identified issues with the cleaning of cups and saucers in residents' kitchenettes. Management purchased baskets which were and placed in all kitchenettes for dirty items. Kitchen staff collect baskets each evening and items are placed in the dishwasher. This has reduced potential risks associated with infection control and has been well received by staff, residents and visitors.
- A review of emergency procedures resulted in the development of an emergency box including items such as water, blankets, first aid kit and resident identification badges. This has improved access to equipment that is useful in the event of evacuation.
- Review of the infection control manual lead to updating and streamlining information to ensure all relevant information is included and user friendly. The manual is introduced at compulsory training days and staff are provided with a copy of infection control procedures. This improvement also led to a change in the infection control competency assessment and has improved infection control in the home.

### **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.

There are systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. Please refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory systems and processes.

Examples of regulatory compliance relating to Standard four include:

- monitoring of fire safety systems
- appropriate outbreak policies and reporting procedures
- a food safety plan and appropriate auditing of kitchen 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 findings**

The home meets this expected outcome

The education program supports staff to develop and maintain skills and knowledge in the area of physical environment and safe systems. Please refer to expected outcome 1.3 Education and staff development for additional information.

Examples of recent education relating to Standard four include:

- evacuation emergency exercise
- manual handling
- 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

Preventative and reactive maintenance programs, cleaning schedules, essential services inspection and testing and internal and external audits ensure the environment is safe and comfortable for residents. Maintenance requests are recorded in the maintenance request register and issues are addressed in a timely manner. Incident reports, hazard reports and improvement forms also provide opportunity for stakeholders to report issues. Resident are encouraged to personalise their rooms with items from home and there are small lounge areas available where residents and visitors can meet. Security systems and staff vigilance ensure the home is safe and secure for residents who wander; staff are aware of responsibilities in the event of a missing resident. We observed the environment to be clean, secure, at a comfortable temperature with well maintained furniture and fittings. Residents and representatives stated the home is comfortable, clean, well maintained, safe and secure.

### **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

Maintenance programs, environmental inspections, staff education and effective communication processes promote a safe working environment that meets regulatory requirements. The occupational health and safety committee meets regularly to monitor workplace issues. Staff attend training in manual handling, emergency response and infection control as part of the compulsory training program and additional sessions are scheduled as required. Management, senior staff and the physiotherapist are vigilant in monitoring staff to ensure safe practice. Staff reported they have an occupational health and safety representative who actively supports them, the workplace is safe and they are well informed about occupational health and 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

Inspection, testing, maintenance and auditing processes ensure risks associated with fire, security and other emergencies are minimised. Keypad security, afterhour's door alerts and lock down procedures minimise the risk of intruders and absconding. All staff attend compulsory fire and emergency response training annually and new staff are educated at orientation. An accredited external contractor conducts scheduled inspection and testing of fire detection systems, fire doors, sprinkler systems and fire fighting equipment. Evacuation packs, resident lists and evacuation plans are located in each wing and an emergency kit is located at reception containing emergency supplies for resident comfort. There is a process for updating evacuation lists with temporary and permanent changes. All staff and most residents understand actions to take in the event of a fire alarm or emergency evacuation.

#### **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's infection control program includes surveillance and data analysis, internal and external audits, cleaning programs, waste management, pest control and compulsory education. The facility manager is responsible for overseeing the program and notifying authorities as required. Vaccination is offered to residents and staff. There is a food safety program and evidence of compliance. Regular servicing and inspection of equipment occurs and there are cleaning schedules for all areas of the home. Personal protective equipment, hand washing facilities and colour coded cleaning items are available. Policies and procedures support staff to implement appropriate practice and staff demonstrated knowledge of standard precautions and actions to take in the event of outbreak. Disposable items, instructions and signage are available. Registered nurses refer residents with suspected infections to the doctor and pathology is conducted as requested; management strategies are implemented accordingly. We observed and residents confirmed staff generally implement appropriate infection control practice.

#### **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

Systems ensure hospitality services are provided according to residents' needs and preferences. Meals are cooked on site and based on a four-week rotating summer and winter menu that has been reviewed by a dietitian. There are processes for communicating changes in residents' preferences and dietary requirements and residents have input into the menu through meetings, surveys and feedback forms. There are contracted cleaning services six days per week and staff follow cleaning schedules; audits ensure satisfactory standards are maintained. All laundry is managed on site, a labelling service is available and staff separate the laundry into clean and dirty areas with demarcation in place. Clothing received in the morning is returned to residents in the afternoon and there is minimal lost

clothing. Residents and representatives are satisfied with the home's catering, cleaning and laundry services.