



Aged Care  
Standards and Accreditation Agency Ltd

## **Sandown Apartments**

RACS ID 8054

Southerwood Dve

SANDY BAY TAS 7005

Approved provider: Southern Cross Care (Tas) 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 13 May 2015.

We made our decision on 14 March 2012.

The audit was conducted on 21 February 2012 to 22 February 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



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# Site Audit Report

**Sandown Apartments 8054**

**Approved provider: Southern Cross Care (Tas) Inc**

## Introduction

This is the report of a site audit from 21 February 2012 to 22 February 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 a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 21 February 2012 to 22 February 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:	Gayle Heckenberg
Team member:	Margaretha (Margaret) Byrne

## Approved provider details

Approved provider:	Southern Cross Care (Tas) Inc
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## Details of home

Name of home:	Sandown Apartments
RACS ID:	8054

Total number of allocated places:	60
Number of residents during site audit:	59
Number of high care residents during site audit:	48
Special needs catered for:	Not applicable

Street:	Southerwood Dve	State:	TAS
City:	Sandy Bay	Postcode:	7005
Phone number:	03 6225 4817	Facsimile:	03 6225 4821
E-mail address:	Nil		

## Audit trail

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

### Interviews

	Number		Number
Management	4	Residents/representatives	7
Clinical/care/lifestyle staff	11	Medical and allied health	1
Hospitality and environment/safety staff	5	Administration assistant	2

### Sampled documents

	Number		Number
Residents' clinical files/care plans	6	Continuous improvement plan	1
Residents' lifestyle files/care plans	6	Incident reports	4
Blood glucose level records	5	Personnel files	5
Weight charts	6	External contractor agreements	6
Wound charts	1	Resident agreements	3
Medication charts	6		

### Other documents reviewed

The team also reviewed:

- activities calendar/activity evaluation form
- annual medication competencies for care staff
- archive database
- asset register
- audit schedule, audits, tools and reports
- behaviour charts
- blood thinning medication administration charts
- calibration certificates
- client/resident information and consent form – privacy and confidentiality
- clinical and medical progress notes
- clinical and risk assessments
- clinical data and analysis
- communication to family members re meetings
- compulsory reporting guidelines
- concerns and complaints register
- continuous improvement logs/monthly summary
- dietary needs profile
- discharge documents
- drugs of addiction records/storage
- education notices
- electronic documentation system
- fire and emergency manual/emergency response procedures
- equipment checklists
- essentials training schedule

- falls prevention check form
- fire detection and alarm systems maintenance log book reports
- food hygiene Australia – certificate of audit
- hazard forms
- infection control guidelines/reporting forms
- information for residents/family/friends handbook
- key personnel reporting process
- legislative register
- material safety data sheets
- medical practitioner directives for the management of residents with diabetes
- medication administration education resources for care staff
- medication fridge temperature monitoring records
- meeting minutes, staff and residents
- memoranda folder
- menu
- neurological observations charts
- nurses' registration register
- orientation checklist for externally contracted nursing staff
- pain charts verbal and non-verbal
- patch application forms
- performance appraisals
- police check policy and report
- position descriptions
- preferred supplier list
- preventative maintenance program/database
- progress notes
- register of reportable events
- registered nurse graduate program information package
- registration of premises as a food business
- relatives and friends newsletter
- resident admission details
- resident evacuation list
- resident medication self assessments/agreements/weekly review checklists
- resident protection procedures
- resident/client issues or concern policy
- residents' information handbook
- residents' participation in lifestyle program charts
- restraint authorisation/assessment forms/checklists
- restraint management and resident absences/wanderers chart
- schedule of audit and evidence for individual outcomes
- self assessment for accreditation
- sign in/sign out books
- sleep charts
- special dietary needs forms
- specialist referrals
- staff induction package/induction records/orientation booklet
- staff training attendance/evaluations
- strategic plan
- temperature control sheets
- testing and tagging records
- 'under the stars' publication
- urinary and bowel charts
- wanderers' information/report forms/description records/location forms.

## Observations

The team observed the following:

- Accreditation visit notices on display
- activities in progress
- archive storage area
- assistive devices in use by residents
- certificate of occupancy
- Charter of residents' rights and responsibilities on display
- clear exits
- clinical equipment in use
- clinical waste bins
- computers/server
- emergency evacuation plans on display
- equipment and supply storage areas
- fire detection panel/fire fighting equipment
- food brought in for residents register
- form 56
- hairdressing salon
- hand sanitiser units throughout home
- hydrotherapy/swimming pool
- information brochures/suggestion box
- interactions between staff and residents
- large print/audio books
- library and resources
- living environment
- menu on display
- mission, vision and values on display
- mobile kiosk trolley
- mobility and lifting aids
- oral care products in resident rooms
- outbreak management/spills kits
- oxygen in use signs
- personal protective equipment in use/sharps containers
- resident computer area
- residents' and staff notice boards
- servery/serving of midday meal
- shredding bin
- smokers areas for staff and residents
- staff/resident secure file storage
- storage of medications.



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

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

### **1.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home actively pursues continuous improvement across all the Accreditation standards with an organisational approach across all its sites. A monthly meeting of the continuous improvement and safety committee gathers information, highlights identified trends from analysed data, and evaluates improvement items. Improvement logs, suggestion forms, comments and complaints, audit results, hazard, incident and accident reporting from relevant stakeholders are analysed. Staff, residents and other stakeholders receive information through meetings, memorandums or newsletters. Staff demonstrated an understanding of continuous improvement in the home and reported that management responded to suggestions within acceptable timeframes. Residents stated the home is always improving.

Examples of improvements in Standard one include:

- As an organisational initiative, and to create an image across the organisation as a whole, management have introduced new staff uniforms. Consultation occurred with staff, and stakeholders informed through newsletters and meetings. Residents have noted an improvement in being able to identify the different staff disciplines by the wearing of distinctive uniforms.
- The organisation has developed a standardised staff information booklet which gives generic information to new staff. A specific information sheet relevant to the home’s procedures supplements this booklet. Feedback is not yet available on the new initiative.
- As part of ongoing review of documentation, the home has reviewed and updated most position descriptions which now include continuous improvement at each level.
- The home has introduced electronic clinical case notes, assessments and care plans to replace paper based documentation. This is part of an organisational move to electronic documentation enabling more readily accessible information about resident care. Staff report satisfaction with the new system.

### **1.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems and processes in place to capture changes in legislation, regulations and guidelines from subscription to a legislation changes information service, a variety of professional peak bodies and information from government resources. Management ensures policies, procedures; process charts and information manuals reflect any changes to regulations, professional standards and guidelines. The monitoring of regulatory compliance occurs using an internal and external auditing system, collection of data and analysis of findings. The home communicates any changes to regulations, professional standards and guidelines to staff through meeting minutes, where regulatory compliance is a regular

agenda item, or by memoranda. The team observed communication to residents on Accreditation audits through notices and meeting minutes.

Examples of mechanisms to ensure compliance with regulatory obligations in relation to Standard one include:

- Records to reflect an effective police check register incorporating an alert system ensures all staff, allied health, volunteers and visiting contractors, have current national police checks.
- The home provides an orientation program, which includes information to new employees on privacy and confidentiality in accordance with the privacy regulations and principles.
- There is a system to ensure residents and representatives receive information regarding Accreditation audits, through meetings and display of notification posters throughout the home.

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

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

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

The home meets this expected outcome

The home and organisation support management and staff with opportunities for learning to ensure appropriate knowledge and skills. Education reflects information obtained via staff performance reviews, legislative requirements, audit and incident results and from shared organisational educational material. Direction on further topics for education reflect discussions from staff meetings, observation of current resident needs, and an annual compulsory 'essentials' training program. Management maintain records on staff attendance and evaluation of education sessions. Organisational and externally funded training programs provide additional support to enhance career pathways. Staff confirmed opportunities for education are available and residents were complimentary regarding staff knowledge and skills.

Recent education relating to Standard one includes:

- bullying and harassment
- Certificate IV in business
- continuous improvement process
- effective complaints handling
- electronic documentation system.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home's comments, suggestions and complaints system is in the information pack given to residents when entering the home, in addition to being an agenda item at all meetings. Information brochures on the complaints resolution scheme and advocacy services are also available. Stakeholders can use the home's feedback form or they can verbalise their concerns to management and staff. Complaints are registered and responses addressed in a timely manner, with outcomes evaluated by senior management. Any improvements implemented as a result of a complaint, flow into the home's continuous improvement system. Documentation details concerns raised by residents and staff, actions implemented

and feedback provided. Residents and representatives expressed awareness of how to make a complaint and the process involved.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home displays the organisation's vision, mission and values statement throughout the home, in addition to its inclusion in the resident and staff handbooks. The organisation's systems reflect a commitment to quality throughout the service. A Board of directors oversees the Governance of the home and organisation as a whole, with Board involvement at all levels of service delivery. There is commitment and support for executive management through the strategic plan to provide 'high quality care'. Reviews of strategic plans occur regularly, and the organisation has recently launched a new strategic plan and communicated to stakeholders.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has systems and practices in place to ensure staff are appropriately skilled and qualified to meet resident needs. Registered nurses, enrolled nurses and extended care assistants provide direct care to residents, with registered staff on duty 24 hours a day. Recruitment processes include formal interviews, verification of references and police checks. Position descriptions and policies and procedures inform and guide staff in the areas of resident care and professional development. Management maintains an appropriate level of staff for clinical and hospitality service roles, and provides processes for managing scheduled and unplanned leave. Use of agency staff occurs as needed to supplement staffing levels. All new staff attend the orientation program and annual appraisals are conducted. Residents and representatives said they are satisfied with the level of care and service provided.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home demonstrates stocks of appropriate goods and equipment availability to ensure quality service delivery. Stock rotation systems and replacement of stock occurs through regular inventory review. An existing process for checking of goods and equipment upon delivery occurs. Electrical equipment is tested and tagged and a hazard identification program identifies faulty equipment. Clean, safe and secure areas maintain storage of stock, goods and equipment. A responsive and preventive maintenance program allows for ongoing

availability of goods and equipment. Staff confirmed goods and equipment are always in good working order and residents advised they are satisfied with the quality of goods and equipment available to them.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The home's communication systems provide stakeholders with relevant and appropriate information, and ensure effective delivery of care, well being and services. An electronic documentation system in conjunction with a paper based system allows resident care details and care needs to be collected and recorded. Integrated communication hardware allows for effective communication between residents and staff. Circulation of a range of information occurs for stakeholders through meetings and minutes, handover and reports, newsletters, organisational publications, memoranda and notices. The home's electronic information systems have regular back up through the corporate information technology systems. Staff confirmed confidential information is securely stored, archived and destroyed and residents stated they receive timely and appropriate feedback from 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 organisation's corporate services negotiate the home's externally sourced services. A list of preferred suppliers and written service agreements reflect information to ensure compliance with legislative requirements and includes a record of police check currency. Verbal communication occurs between the organisation, home and service providers related to any identified concerns regarding to service provision. Management expressed their satisfaction with externally sourced goods and services provided. Staff confirmed and residents advised visiting contractors providing services are quiet and polite when visiting the home.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The organisation and management of the home demonstrate continuous improvement in the health and personal care of residents. Registered nurses oversee the clinical care of residents, and participate in clinical and care meetings regularly to review and discuss clinical outcomes for residents. The continuous improvement and safety committee meet monthly to examine the trending of collated and analysed clinical data.

Examples of continuous improvement in Standard two include:

- Purchase of a new syringe driver for resident palliation. The new driver reflects updated changes in palliative care equipment in line with community usage.
- Purchase of new equipment to manage residents' pain in response to an identified need for more electrode stimulating equipment and heat packs. The home has noted satisfaction from residents with the increased supply of equipment.
- Purchase of a new hoist which more easily lifts residents from the floor after a fall. This purchase was from staff request after seeing effective use of the hoist elsewhere. The hoist also improves staff safety as it glides more readily over floor surfaces.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Management is responsible for ensuring systems are in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, reflecting the health and personal care of residents. The home employs registered nurses across all shifts, seven days per week. Qualified staff assess and provide specialised nursing care needs, develop and review care plans.

Examples of mechanisms to ensure regulatory obligations relevant to Standard two include:

- Management keeps a register detailing registration information of nursing staff reflecting requirements of the Australian Health Practitioner Regulation Agency.
- Medications are stored safely and securely in accordance with regulatory requirements
- An accredited pharmacist conducts annual medication reviews.

### **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 home provides an educational program to staff relevant to resident’s health and personal care. Additional topics added may be as a result of incidents and clinical data information, current resident health needs and legislative requirements. The organisation provides a Graduate nursing program and management support staff in attending external education programs to support their clinical practice. Current clinical information and resources are accessible to staff. Staff confirmed educational opportunities occur and records reflect attendance at clinical education.

Recent education in Standard two includes:

- asthma
- continence
- documentation
- specialised equipment training
- wound management.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care relevant to their care needs. Initial data collection allows for baseline information on an interim care plan for guiding staff practices on entry to the home. Further comprehensive assessments require completion over an extended timeframe detailing residents’ needs and preferences. The electronic care documentation system automatically generates care plans and qualified staff evaluate resident care needs at three monthly intervals. Supervision of residents’ clinical care needs occurs by monitoring from qualified staff on a daily basis including formal consultation meetings with residents, representatives and general practitioners. Clinical care and staff practice monitoring occurs by supervision and observation, competencies and staff performance review program, checklist completion, and incident report outcomes. Staff reported they have access to residents’ clinical care information via handover, electronic charts, assessments, progress notes, specialist reports and care plans. Residents expressed their satisfaction with the responsive clinical care provided.

### **2.5 Specialised nursing care needs**

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

#### **Team’s findings**

The home meets this expected outcome

The home ensures qualified nursing staff identifies and meets residents’ specialised nursing care needs. Registered nurses assess residents for any specialised care needs on entry to the home. Ongoing observation, monitoring and evaluation of recommendations and prescribed treatments occur regularly. External providers and specialist referrals in consultation with general practitioners occurs and include areas such as palliative care,

stoma therapy, continence, wound management, pain management and speech pathology. Care plans reflect strategies recommended from specialist services. Staff confirmed qualified nursing staff provide specialised nursing care for residents. Residents and representatives stated consultation occurs regarding complex care needs.

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

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrates referrals to health specialists occur according to residents’ needs and preferences. Initial assessment, resident and representative consultation and regular reviews identify specific services required. Visiting health professionals include a physiotherapist, podiatrist, dentist, dental mechanic, occupational therapist and audiologist. Gerontologists and dementia advisory services attend the home and provide support and advice. Recommendations from health specialists occur in conjunction with general practitioner advice. Leisure and lifestyle staff provide a diversional therapy program including a range of treatments and activities on site, specific to resident needs. Staff expressed satisfaction with visiting health professionals and residents stated they are satisfied with consultation and services provided by visiting health specialists.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrates safe and correct management of residents’ medication in accordance with regulatory requirements. Qualified nursing staff and trained care staff administer medications from a blister pack system and paper based charts record general practitioner orders and staff administration. Documentation reflects dated photographs, resident allergies and special considerations for administration. Annual medication reviews occur from an accredited pharmacist and recommendations are forwarded to general practitioners. Care staff complete annual medication competencies. Reporting and analysis of medication incidents occurs in a timely manner and the organisation discusses outcomes at the quarterly medication advisory committee meeting. Staff expressed satisfaction with pharmacy services and residents advised they generally receive their medications on time.

## **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

The home ensures residents are as free from pain as possible. The implementation of charting occurs on entry to the home to identify concerns and monitor pain levels. Verified verbal and non verbal assessment tools assess residents’ pain. Pain management strategies include a variety of treatments such as therapeutic massage, therapeutic equipment application, heat packs, exercise, hydrotherapy and walking programs. Staff reported residents pain management treatments assist and maintain their comfort. Residents advised

staff respond to their concerns in a timely manner, consultation occurs in conjunction with their general practitioner and they are satisfied with their pain management.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home identifies the palliative care needs of residents on entry to the home determining comfort and pain management measures required. Consultation with general practitioners and residents’ representatives occurs regarding terminal illness, end of life instructions and advance care planning. Care plans document strategies to maintain the comfort and dignity of terminally ill residents, and resident wishes are respected and implemented. An external palliative care team supports the home regarding delivery of complex care to residents. Spiritual and cultural wishes occur as requested and a pastoral carer provides emotional support to residents and their representatives. Staff stated they have access to specialised equipment and confirmed residents receive respectful and appropriate palliative care.

## **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

The home ensures residents receive adequate nourishment and hydration. On entry to the home staff assess residents’ individual dietary requirements and preferences in consultation with residents and their representatives. Care plans provide information and strategies to assist residents in receiving appropriate nourishment and hydration. Assistive devices to promote independence reflect assessed needs. Residents’ weight monitoring occurs monthly to three monthly and a risk rated nutritional assessment tool identifies significant anomalies regarding weight loss or gain. Residents have access to a variety of meals, snacks, fluids and supplements throughout the day. Resident referrals occur to the speech pathologist as required and recommendations are implemented regarding modified diets. Residents and their representatives expressed satisfaction with food choices offered and the quality and presentation of meals.

## **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

The home demonstrates residents’ skin integrity is consistent with their general health. An effective risk rated assessment tool identifies concerns, and care plans provide strategies to minimise skin trauma and breakdown and outline specific treatments. Consultation occurs with residents and their representatives and reviews take place as required. Observation of care staff practices ensures ongoing monitoring by qualified staff. Collection and collation of clinical data in relation to skin tears, wounds and infections occurs and is reported on monthly. Staff stated they are satisfied with the resources and equipment provided to enable



skin care and wound management. Residents indicated their satisfaction with the support provided by staff for skin care and treatments.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrates effective management of residents’ continence. A registered nurse has allocated responsibility for the continence management program and ensures charting and assessments commence on entry to the home. Care plans indicate the level of assistance required and description of continence aids. Monitoring and reports occur monthly in relation to urinary tract infections and discussed at clinical review meetings. Consultation with general practitioners for prescribed treatments occurs. Bowel management programs promote preventative measures. Staff confirmed, and the team observed, appropriate stock levels of continence aids available and stored in a secure and clean area. Residents expressed satisfaction with the assistance provided by staff to meet their needs.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home demonstrates effective management relevant to the needs of residents with challenging behaviours. Information gathered from prior history, charting results, consultation with representatives and assessment processes, assist in identifying behaviours of concern. Residents demonstrating challenging behaviours reside within the general population of the home. Care plans developed reflect identified causes of behaviours and information on a range of strategies for implementation to support and guide care staff approaches to residents. Referrals to specialists and dementia advisory services occur regularly and recommendations in consultation with general practitioners are recorded and actioned. Monitoring systems alert staff when residents attempt to leave the home ensuring resident safety. Restraint guidelines are available to staff. Residents reported staff interaction with residents with behaviours of concern is attended to in a timely manner and with respect and dignity.

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

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

### **Team’s findings**

The home meets this expected outcome

The home achieves optimum levels of mobility and dexterity for all residents. A visiting physiotherapist provides initial and ongoing assessment of residents’ mobility and dexterity including a focus on falls prevention. A qualified physiotherapy assistant continues with instructions on care plans to support residents’ mobility and facilitate exercise programs. Clinical review meetings discuss and analyse reports on falls. A variety of walking aids, transfer and lifting equipment is available in order to promote and maintain residents’ independence. Hydrotherapy treatments offer further opportunities for exercise and

rehabilitation. Staff confirmed attendance at annual compulsory manual handling training and residents expressed satisfaction with the support provided regarding their mobility and dexterity.

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

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

#### **Team’s findings**

The home meets this expected outcome

The home demonstrates they maintain residents’ oral and dental health. The home conducts an oral and dental and oral hygiene assessment gathering current and past history information. Consultation with residents and representatives occurs and developed care plans reflect strategies for oral hygiene. A review occurs on a three monthly basis and includes a toothbrush replacement program. A visiting dentist and dental mechanic attend the home to address oral hygiene and denture anomalies. Staff confirmed regular supply of oral care products, and residents stated staff support and assist them with their oral and dental care.

### **2.16 Sensory loss**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to identify and manage residents’ sensory losses effectively. On completion of a range of assessments, developed care plans reflect strategies to guide staff practices. Details record information for communication strategies, physical capabilities and the care required for a variety of aids. A visiting audiologist attends the home and residents attend both internal and external appointments supported by staff. An optometrist and ophthalmologist provide external services. The home provides access to large print books and audio books. Residents confirmed their satisfaction with assistance provided from staff for the fitting and care of specific aids.

### **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 ensures residents are able to achieve natural sleep patterns. Charting for three days identifies causes or disturbances’ impacting on sleep and further assessment provides evaluation of outcomes. Care plans indicate resident needs and reflect a variety of effective strategies including consideration of environmental factors. Comfort measures integrated in to residents’ settling routines consider pain relief, hot pack administration, continence management and position change. Inducing sleep through alternative measures other than sedation occurs including warm drinks, food, conversation and massage. Staff expressed their satisfaction in reducing the use of sedatives for enabling residents sleep. Residents’ reported they felt safe and secure at night, staff respected their rising and settling routines and 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 organisation and home demonstrates they have a systematic approach to actively pursue continuous improvement in resident lifestyle. The home holds monthly resident and representative meetings where there is encouragement to raise ideas, concerns or suggestions regarding the lifestyle program. The audit schedule makes provision for annual resident and representative satisfaction surveys and further feedback opportunities occur via the comments and complaints system. The organisation publishes and distributes a quarterly magazine providing information of interest to residents and representatives, and the home publishes a monthly newsletter. Residents stated they felt comfortable in contributing ideas about their lifestyle either in writing or at resident meetings. Residents also stated management response to requests or concerns occurred within a timely manner.

Examples of continuous improvement in Standard three include:

- The home participated in a joint homes, funded project where residents undertook a virtual trip to Rio de Janeiro, ‘visiting’ various countries on the way, learning about other cultures. Resident feedback was overwhelmingly positive about this project.
- The home has introduced the use of ‘do not enter’ signs onto doors to maintain residents’ privacy and dignity during personal care. This initiative has received positive feedback.
- A review of the activity program has resulted in a 20% increase of programs with higher usage of the home’s smaller lounge areas. The new programs supplement residents’ identified needs.

### **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

The organisation’s chief executive officer and director of clinical services regularly receive and update relevant legislations, regulations, professional standards and guidelines relating to resident lifestyle. Lifestyle staff meet regularly and consider changes to regulatory compliance in their meeting agendas.

Examples of mechanisms to ensure compliance with regulatory obligations relevant to Standard three include:

- The home maintains a register of reportable events
- Policies, procedures and flow charts guide staff in correct procedures for compulsory reporting of alleged elder abuse and residents’ unexplained absences from the home.
- The resident information handbook contains the Charter of residents’ rights and responsibilities.

- Residents receive an individual resident agreement on entering the home detailing security of tenure, privacy and consent information and a list of provider specified services.

### **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 home offers a variety of educational topics related to resident's lifestyle in order to ensure appropriate knowledge and skills. Opportunities available to staff for their professional development occur by attending external conferences, membership with the diversional therapy association for networking and sharing information, and the organisational and home's internal training program. Staff expressed their satisfaction with the range of education provided. Residents advised they are satisfied with the knowledge and skills of staff involved in the leisure and lifestyle program.

Recent education in Standard three includes:

- compulsory reporting
- counselling workshop
- dementia training
- diversional therapy conference
- elder abuse.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

An information package is given and a tour of the home undertaken with prospective residents prior to admission. On entry to the home, residents are orientated to their room and surroundings and introduced to other residents. Lifestyle staff assess resident's emotional needs and compile a plan. The residents receive daily visits during the settling in period and are gradually encouraged to participate in the home's activity program. At times of critical episodes, pastoral care support occurs including visits with residents. Family involvement is encouraged with life in the home. Residents are satisfied that interventions meet their individual emotional 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

Staff assist residents to achieve maximum independence. Residents who are independently mobile access the local shopping centre and a kiosk trolley provides on site access to a variety of items. The leisure and lifestyle staff implement the physiotherapy program which

assists residents achieving a level of mobility to maintain independence. Assessments identify existing friendships and community links on entry to the home and continuation of these connections is encouraged, supported and appreciated by the residents. Consultation occurs with residents for their preferred choice of a range of care, activity needs and preferences. The team observed residents using a range of mobility and dexterity aids suitable to their needs.

### **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

Systems are in place to maintain and ensure residents' right to privacy, dignity and confidentiality. Residents receive information through the home's service agreement and resident handbook. Confidentiality agreements allow access and use of information in identified circumstances. Residents' accommodation is in single rooms with ensuite facilities. Small lounge areas are available around the home for more private interactions. Residents have access to a lockable drawer in their room. Resident files are stored securely with password accessed electronic data. The team observed staff knocking on residents' doors prior to entry and addressing residents in a respectful manner, using their preferred name. Residents expressed satisfaction with the way their privacy, dignity and confidentiality is 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

Assessments ascertain the residents' leisure interests, as well as past and present activities preferences as part of the admission process. This information, along with feedback from survey results and residents' meetings, contributes to compiling a monthly activity calendar. Volunteers and leisure and lifestyle staff implement the program which involves a combination of room visits and communal activities with activities offered seven days per week. Staff seek resident feedback on activities offered and attendance/participation records are kept which detail the residents' level of involvement. Residents expressed satisfaction with the activities program.

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

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

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

The home meets this expected outcome

Information gained through assessments contributes to acquiring details of each resident's cultural and spiritual needs. The home holds weekly church services in the onsite chapel for residents and interested visitors. The home also offers support to residents of culturally and linguistically diverse backgrounds. Holiday and special events, such as Christmas, Easter, ANZAC Day, Australia Day and Melbourne Cup day are included in the activity calendar. The

pastoral carer offers spiritual guidance to residents and conducts an annual memorial service to pay respects to residents who have passed away in the previous year. Invitations to relevant representatives occur. Residents confirmed their cultural and spiritual beliefs are maintained and respected.

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

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

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

The home meets this expected outcome

The home has systems and processes in place, and appropriately trained staff, in order to meet residents' ability to make choices and decisions. Assessments identify residents' preferences and include those in relation to hygiene, clothing, activities and meals. The resident handbook outlines services offered. Resident information also includes services offered by advocacy agencies and how to raise issues of concern. Access to information in languages other than English is available. The team observed staff offering choices to residents in carrying out their duties, for example, menu choice at lunch time or participation in activities. Residents interviewed expressed satisfaction with their ability to give input into their care and that they either attend residents' meetings or read the minutes.

### **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

Management demonstrates residents have security of tenure while in residence. The resident information package provided on entry to the home includes the Charter of residents' rights and responsibilities and further service information. The resident hand book details the accommodation, care, lifestyle and the services provided by the home. Management offers all residents a residential care service agreement. The agreement includes information on fees and charges, specified care and services. Consultation with the resident and/or their representative occurs before arranging any transfer to another facility or another room.

## **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 organisation and home actively conducts and pursues activities to demonstrate continuous improvement of the physical environment and safe systems. Reports reflect resident and staff incident and accident data, and information collated from resident infections. The results are analysed and trends reported at the continuous improvement and safety committee.

Examples of continuous improvement in Standard four include:

- Organisational support enabled the home’s maintenance officer to undertake testing and tagging of electrical items. This allows timelier testing of equipment.
- The home has introduced anti slip mats into residents’ bathrooms. Staff identified residents at risk of slipping or experiencing near falls. This has resulted in residents having increased confidence and independence in their bathrooms.

### **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

The organisation and home have systems in place to ensure the home meets its obligations with all legislations, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems of the home. The chief executive officer and the director of clinical services receive and implement relevant changes and notify stakeholders.

Examples of mechanisms to ensure compliance with regulatory obligations relevant to Standard four include:

- The orientation program and annual compulsory training sessions provide information in relation to fire safety, infection control, manual handling and occupational health and safety.
- A current compliance certificate issued by a third party auditor demonstrates a food safety program is effective.
- There is an updated fire and emergency policy and procedure available to guide staff in the event of an emergency occurring in the home.
- The home meets building certification standards.
- Reports are current regarding fire inspection of all fire fighting equipment.
- The home has safe and secure storage of chemicals in place, and material safety data sheets are current.
- Authorised and trained personnel conduct testing and tagging of electrical items.
- Staff have access to information on infection control guidelines and on outbreak management.

### **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 home provides an effective education program for staff across all areas relevant to health and safety. The induction/orientation process and annual compulsory 'essentials training' program includes topics such as manual handling, fire and emergencies, infection control, elder abuse and food safety. Attendance records reflect staff training in food handling, outbreak management and hand hygiene. Staff confirmed attendance at relevant education sessions and expressed their knowledge in relation to fire and evacuation procedures, incident reporting and infection control.

Recent education in Standard four includes:

- fire and emergency procedures
- food handling
- incident form completion
- manual handling
- occupational health and safety risk management.

### **4.4 Living environment**

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

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

The home meets this expected outcome

The residents' accommodation, spread over two floors, consists of single rooms, with ensuite bathroom facilities, set up to meet residents' needs and safety. There is a large area for communal activities as well as smaller areas for more intimate gatherings, in addition to a large dining area. Furniture is comfortable and fit for purpose. Corridors are light and spacious and free from clutter allowing easy mobility for the residents. An elevator facilitates access between the two floors. Systems are in place for the identification of maintenance and/or hazardous matters. Preventative maintenance and cleaning schedules are available. Residents and their representatives expressed satisfaction with the living environment.

### **4.5 Occupational health and safety**

*This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".*

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

The home meets this expected outcome

The home has a combined occupational health and safety and continuous improvement committee which meet monthly. The committee comprises a range of staff across all disciplines and management. Their responsibilities include analysis of key performance indicators. This includes incident reports for residents and staff, hazard reporting, outcome of trials of new equipment, and environmental issues, including audit results. Provision of personal protective equipment and other apparatus minimises the risk of injury while carrying out tasks. Material safety data sheets are available for the safe use of chemicals. Staff



interviewed demonstrated a good understanding of the reporting mechanisms available regarding hazards and incidents.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

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

The home meets this expected outcome

The home has policies, procedures and regular staff training in place to assist in providing a safe environment to minimise fire, security and emergency risks. The home has evacuation plans prominently displayed throughout the facility and resident evacuation lists include mobility needs. External contractors monitor and maintain the fire and emergency systems. There is a 'lockdown' procedure for after hour's security. Staff and residents expressed satisfaction with safety provisions and were able to outline actions needed in the event of fire and/or emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home's policies, procedures and infection control guidelines assist in the delivery of an effective infection control program. Information provided guides staff practices in controlling and minimising infectious incidents and outbreaks. Reporting of infections occurs through both paper based and electronic documentation systems. Clinical infection data is analysed, reviewed and discussed at clinical and continuous improvement and safety meetings. External pest control services regularly attend the home. Resident and staff vaccination programs occur and records maintained. Records reflect staff attendance at infection control training and staff expressed knowledge of infection control procedures. Residents and their representatives confirmed satisfaction with staff infection control practices.

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

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

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

The home meets this expected outcome

The home provides food cooked fresh on site and operates an eight week rotational menu. All meals served reflect the residents' preferences, likes, dislikes and dietary needs. Snacks are available for after hour's needs, and assistive devices and adapted crockery support resident independence. Audits, feedback at resident meetings, and surveys monitor resident satisfaction. Contract cleaners carry out domestic tasks on a daily basis following designated cleaning schedules with additional tasks attended as needed. The home launders personal clothing onsite and an externally contracted supplier attends to flat linen laundry. Residents stated they are satisfied with the hospitality services provided by the home.