



**Australian Government**  

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**Australian Aged Care Quality Agency**

**Springfields Residential Care Facility**

RACS ID 6253  
8 Oakmont Court  
SALISBURY EAST SA 5109  
Approved provider: Fairlux Pty Ltd

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 01 March 2017.

We made our decision on 31 December 2013.

The audit was conducted on 02 December 2013 to 03 December 2013. 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	Quality 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	Quality 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		Quality 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		Quality 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

**Springfields Residential Care Facility 6253**

**Approved provider: Fairlux Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 02 December 2013 to 03 December 2013 submitted to the Accreditation Agency.

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

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

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

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 02 December 2013 to 03 December 2013.

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:	Diane Mogie
Team member:	Daniel Mitroussidis

## Approved provider details

Approved provider:	Fairlux Pty Ltd
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## Details of home

Name of home:	Springfields Residential Care Facility
RACS ID:	6253

Total number of allocated places:	80
Number of residents during audit:	68
Number of high care residents during audit:	66
Special needs catered for:	People with dementia or related disorders.

Street:	8 Oakmont Court	State:	SA
City:	SALISBURY EAST	Postcode:	5109
Phone number:	08 8285 4600	Facsimile:	08 8182 5987
E-mail address:	sprdon@padman.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management	2	Residents/representatives	11
Clinical/care/lifestyle staff	8	Hospitality and environmental/safety staff	8
Administration staff	1		

### Sampled documents

	Number		Number
Clinical assessments/care plans/progress notes	7	Medication charts	7
Residents agreements	5	Personnel files	5

### Other documents reviewed

The team also reviewed:

- Cleaning programs
- Clinical observation charts
- Comments and complaints information
- Communication book
- Continuous improvement documents and action plans
- Diet analysis forms and dietary preferences
- Drugs of dependency register
- Duty statements and work instructions
- Education plans, orientation checklists and assessment records
- External service provider contracts
- Fire system records/evacuation plans
- Food safety documentation
- Fridge monitoring records
- Handover sheets
- Human resource documentation and staff handbook
- Incident reports and registers
- Infection control data and analysis
- Job descriptions
- Lifestyle documentation
- Lifestyle monthly planners
- Maintenance requests
- Mandatory reporting register
- Medication management
- Preventative and corrective maintenance records
- Resident handbook
- Residents' admission package
- Restraint assessments
- Rosters
- Safety data sheets
- Schedule 4 & 8 Licence
- Self-administration assessments

- Temperature monitoring logs
- Training and education data
- Various audits, surveys
- Various emails and memo's
- Various meeting minutes
- Various newsletters
- Various policies and procedures
- Volunteer handbook
- Work safety inspections
- Wound charts

### **Observations**

The team observed the following:

- Accreditation visit notice displayed
- Activities in progress
- Archive rooms
- Charter of residents' rights and responsibilities displayed
- Chemical storage and spills kit
- Cleaning in progress
- Consumer feedback forms and boxes
- Emergency exits and fire safety equipment and fire panel
- Equipment and supply storage areas
- Feedback forms/suggestion box
- Infection control resources and hand washing facilities
- Interactions between staff and residents
- Key pad security
- Kitchen
- Laundry collection
- Meal service and menus displayed
- Medication administration/ storage
- Memory support area
- Mobility equipment
- Noticeboards for residents' and staff information
- Personal protective equipment
- Resident call bell system

## 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 home actively works towards improving the care and services it provides for residents, the working environment for staff, and reviewing care and services. The quality system includes audits, resident and staff feedback, resident/staff meetings, complaints and suggestions and incident reporting. Selected quality activities deemed as significant as given a project status. Quality initiatives that require further planning are noted on the continuous improvement plan.. Feedback about the outcome of improvement activities is discussed in management, resident and staff meetings. Staff are aware of improvement activities, and are able to describe the benefits for residents and staff.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Following an organisational wide review of the paper-based induction program, it was identified the process was time consuming, inefficient and not standardised. A new computer program was introduced that allows all new inductees to complete their induction on-line. Existing employees now complete their questionnaires on-line also. Management and staff are satisfied with the new process as it reduces paper usage, staff must meet the new benchmark in order to pass, it is easier to monitor the results and new staff have relevant information before they commence their full duties.
- Results of feedback from staff about increased workloads in the memory support unit, a review of staff allocation was undertaken. As part of this review, management looked at additional support and supervision for staff to improve medication management, dealing with visitors and representatives wishing to discuss residents' behavioural issues and general care practices. An additional four-hour shift for an enrolled nurse during each day has been allocated. A duty statement was developed in this regard. Staff feedback is positive and they report medications are managed more effectively and the enrolled nurse is able to assist with supervision of residents more particularly in the dining room during meal times.

#### 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 organisation's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. The



home subscribes to a legislative update service and receives newsletters and information from aged care industry associations and relevant government departments. Changes to legislation are communicated to staff via memoranda, at staff meetings and on a senior management level. Management review any impact these changes may have on work practices. The home uses its internal and external auditing processes to monitor staff compliance with legislation, regulatory requirements, professional standards and guidelines. Policies and procedures are reviewed and updated with review dates.

In relation to Standard 1 Management systems, staffing and organisational development, there are systems to ensure staff, volunteers and contractors have current police certificates and residents and representatives were informed of the re-accreditation visit.

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

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

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

The home meets this expected outcome

The home has appropriate systems to ensure that management and staff have the knowledge and skills to perform their roles effectively. The results of observations, interviews, and document review show that staff knowledge and skills is supported by an orientation and education program. The orientation program provides information for new staff on the home's policies and procedures. There are planned and impromptu education sessions provided for all staff disciplines on a range of issues. These education sessions are relevant to the staff's area of work in the home; and within the requirements of the four Accreditation Standards. Records of attendance are maintained and sessions evaluated. Effectiveness of education provided is monitored through competency skills testing and formal staff performance appraisals. Staff are satisfied with the training and education opportunities provided by the organisation and the home. Residents and representatives are satisfied staff have the skills and knowledge to perform their roles effectively.

Examples of training provided relevant to Standard 1 include aged comments and complaints, code of conduct, staff conflict resolution and workplace 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

Residents, representatives and other interested parties have access to internal and external complaint mechanisms. The home provides information on the internal and external complaint mechanisms through internal documents such the residents' handbook and makes available public documents such as pamphlets and posters. The home has established procedures to investigate and respond to complaints when they are received. Management use a register to log all complaints and all records are stored confidentially. Residents and representatives expressed satisfaction with their access to complaint mechanisms and with the follow-up of lodge complaints.

### **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 organisation has vision, mission, and values statements that are documented and displayed throughout the home. The commitment to quality is reflected in these statements. The commitment to quality has also been documented in policy and procedure documents pertaining to quality management.

### **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 processes to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Position descriptions define staff qualifications and roles and responsibilities required to undertake specified roles. There is a process for the recruitment, selection and orientation of new staff. Staffing levels and skills are monitored through staff and resident feedback and annual performance appraisals. The education program provides staff with the opportunity to increase their knowledge and skills relevant to their areas of work. Staff advised of support provided by management. Residents and representatives are satisfied that staff have appropriate skills and knowledge.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has systems to ensure that appropriate stocks of goods and equipment are available at all times. Results of interviews, observations and documentation reviews show that maintenance of appropriate stocks of goods and equipment including medical supplies and equipment, food, furniture and linen is achieved. This is managed through a centralised process for purchasing, inventory control, assets management and maintenance. There is a system for daily maintenance requests and preventative maintenance. Staff, representatives/residents reported they are happy with the maintenance work.

## **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 processes to ensure that key information is available to management, staff, residents and representatives. There is assessment and planning of care needs, lifestyle activities; quality improvement processes, performance monitoring, education and competency assessments, staff and resident communication, safety systems, complaint mechanisms and administration. Reporting processes are used to inform the management and staff of issues in relation to continuous improvement, regulatory compliance and other relevant aspects of service. Information in either hardcopy or electronic form is stored so that only authorised personnel can access this information. Staff are satisfied that they are provided with all information required and that they are consulted in relation to issues which affect them and their work practices. Residents and representatives are satisfied residents are provided with information which assists them to make decisions about their life 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

All contracts and agreements are negotiated with external suppliers. The quality of services supplied by external contractors is monitored via feedback from staff and residents, usually through informal discussions or during meetings. Terms, conditions and expectations for the quality of the services required are detailed in service agreements or upon verbal agreement. Review of the agreements is either formal or informal and is conducted when agreements are due to expire. Management and staff reported that products and services from external suppliers meet their needs and those of 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

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

In relation to Standard 2 Health and personal care, staff record clinical incidents relating to resident falls, skin tears, medications, infection rates and absconding residents, this information is then collated and analysed for trends. Residents and staff said they are satisfied that the organisation actively promotes and improves residents' physical and mental health.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- Following a review of staff practices, it was identified the need to improve communication and information processes to alert staff regarding residents that require thickened fluids. A coloured butterfly label system was introduced; a green colour butterfly now indicates residents who require thickened fluids. This butterfly is displayed on the residents' room doors and on their care plan. Staff feedback has been positive regarding this initiative.
- An improvement was identified to reduce the incidence of residents with dry and flaky, skin, and the increased risk of trauma or damage to skin integrity. The home researched and introduced topically applied olive oil as an alternative. Management said it is easily applied and non-allergenic. A protocol was developed, a trial group selected and pre and post photos taken as an indicator of success. Staff reported there have been improvements in resident comfort needs by reduction of itching and photos show a significant improvement in skin texture in the trial group. Management advised this will introduce this treatment to other residents as the need arises.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

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

Corporate processes ensure legislative updates are distributed to staff. Management monitors regulatory compliance in relation to Standard 2 through various meetings, observation of staff practice and staff and resident feedback. Nurses' registrations are obtained prior to commencing employment and up-dated annually. Staff are aware of regulatory requirements relating to residents' health and personal care. The home maintains

schedule 4 and 8 medication licences and these medications are stored according to legislative requirements.

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

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

#### **Team’s findings**

The home meets this expected outcome

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

Training undertaken by staff in Standard 2 Health and personal care includes continence management, behaviour management, skin care and sensory loss.

### **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 processes and systems to ensure residents receive clinical care that is appropriate to their individual needs and preferences. Residents are assessed by qualified registered and allied health staff upon entry to the home. The home has an ongoing review and evaluation system for identifying and managing residents’ health and personal care needs. Care requirements are recorded in the progress notes and relevant care information is recorded in resident care plans and handover sheets. Care is monitored and evaluated through handover processes, case conferences, staff meetings, regular planned care reviews and informal feedback from residents and their representatives. The home monitors residents care needs through clinical audits and relevant surveys. Staff said they have access to care plans and relevant information to guide them in the residents’ individual care. Residents and representatives are satisfied with the health and personal care provided to residents.

### **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

Residents receive specialised nursing care from appropriately qualified nursing staff that is appropriate to their identified needs and preferences. The home assesses and reviews specialised nursing needs and strategies on entry and on an ongoing basis through consultation with health specialists, staff and residents and representatives. Specialised care needs are documented in care plans, medication charts and staff provide care in accordance with these documented requirements. Monitoring occurs through the home’s clinical auditing process, staff meetings, clinical surveillance data and informal feedback through the handover process. Residents and representatives said they are satisfied with the level of consultation and with the specialised nursing care provided.

## **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 has systems and processes to ensure residents are referred to appropriate health specialists in accordance to their health needs and preferences. Residents are assessed and referrals are arranged to the appropriate health specialist accordance to the individual health needs of the resident. Care strategies are reviewed and updated in line with allied health and specialist recommendations, in consultation with residents and their representatives. Care is coordinated and provided by other health specialists including physiotherapists, speech pathologists, dietitians, behaviour management specialists and mental health specialists. The home liaises with external dental services; audiometry and optical services to assist residents care needs. Care is monitored through clinical audits, handover meetings, case conferences, planned care reviews and feedback from residents and staff. Residents and representatives said they are satisfied with the level of access they have to other health and related services.

## **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

Residents’ medications are delivered by qualified staff and are generally managed safely and correctly. The home has a process for assessing, managing and monitoring residents’ individual medication needs and these are documented and evaluated regularly. There are processes for nurse initiated medications and medication charts identify special instructions which guide staff in individual residents’ medication needs and requirements. Medications are kept in secure storage and drugs of dependence are stored as per legislative requirements. There are processes to assess residents who wish to self-medicate and medications are securely stored in their own room. Medication management is monitored through audits, pharmacy and medical reviews, clinical meetings, incidents data, education and observation. Residents and representatives said they are satisfied that their medication is managed safely and correctly.

## **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 has systems and processes to ensure all residents are as free as possible from pain. Residents are assessed on entry to evaluate their pain management, in consultation with the medical officer, physiotherapist and resident /representative. A plan is developed, implemented and evaluated regularly. ‘As required’ medication is monitored for effectiveness and reviewed as required. Management of complex pain has been assisted by the use of narcotic medication patches. Alternative strategies include positional changes, exercise regimes and massage treatments to assist in alleviating residents’ pain. There are processes to assist staff to recognise symptoms of pain in residents with cognitive deficits. The home monitors pain management through the staff meetings, audits, planned care reviews, observation and feedback mechanisms. Staff interviewed are aware of strategies to assist

residents in pain management. Residents and representatives said they are satisfied residents pain is managed effectively.

## **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

Residents receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. The home has a process to capture individual palliative care wishes on entry to the home and end of life wishes are completed where possible. The home offers equipment to aid residents’ comfort care according to their individual preferences, such as music and comfort aids. Allocated staff provide massage therapy and one-on-one emotional support. Representatives are assisted with overnight accommodation and hospitality services if required. Referrals to external services include access to the northern palliative care team to support and assist residents care needs, where required. Residents have access to external pastoral care services and this is arranged according to resident wishes. Palliative care processes are monitored through staff meetings, resident and representative feedback mechanisms and audits. Residents and representatives are satisfied with the way the home provides palliative care residents’ comfort and dignity.

## **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 has systems and processes to ensure residents receive adequate nourishment and hydration. Residents are assessed upon entry through a consultative process which identifies current and ongoing nutritional and hydration needs. Ongoing weight monitoring triggers re-assessment by the registered staff, and review by the medical officer and allied health specialist where required. Each resident’s dietary needs, food textures and requirements are communicated to the kitchen where information is available to guide staff. Staff assist residents with supplementary requirements, meals and drinks for those residents with poor dexterity, cognitive deficits and swallowing problems. Staff have access to information to assist individual residents dietary needs in care plans and dietary lists. Nutrition and hydration is monitored through staff meetings, audits, planned care reviews and feedback from allied health specialists. Residents/representatives interviewed are satisfied with the home’s approach in meeting the resident’s nutrition and hydration needs.

## **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 has systems and processes to ensure residents’ skin integrity is consistent with their general health. Information is collated on entry to the home and on an ongoing basis to assist staff in performing assessments in relation to residents’ skin integrity. Screening tools,

hydration and malnutrition risk assessments and monitoring charts are used to identify at-risk residents, skin care strategies and treatments. Care provided to assist with maintaining and improving skin integrity includes; pressure relieving devices, positional changes, nutritional supplements and moisturising creams. Skin integrity is monitored staff meetings, audits, planned care reviews, incident data, observation and feedback from staff. Residents and representatives said they are satisfied with residents' skin care management.

## **2.12 Contenance management**

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

### **Team's findings**

The home meets this expected outcome

Residents' continence care is managed effectively according to their individual needs and preferences. Residents' individual needs and preferences are assessed and a detailed history is taken upon entry, to assist residents' continence care requirements. Care plans identify individual levels of independence, assistance required and dietary information if applicable. Continence management is monitored through the incidence of urinary tract infections, daily bowel charting, care reviews, and audits. Staff are provided with training in the correct use of continence products and are supported by the home's continence provider. Staff said they are aware of the residents continence needs. Residents and representatives said they are satisfied that residents continence needs are being met.

## **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 has systems and processes to ensure the needs of residents with challenging behaviours are managed effectively. Individual assessments and behaviour monitoring are conducted as required to identify triggers and residents' behaviour management needs. Care plans identify strategies and interventions to assist staff in managing challenging behaviours. Planned strategies and equipment including, sensor mats assist to maintain residents' safety. The home has a memory support unit which assists in providing a safe environment for residents and a minimal restraint policy is in place. Behaviour management is monitored through staff meetings, incident reporting, behaviour monitoring processes and planned care reviews. Residents and representatives are satisfied with the home's approach to managing residents with behaviours of concern.

## **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 has systems and processes to ensure optimum levels of mobility and dexterity are achieved for all residents. All residents are assessed by registered nursing staff and the physiotherapist on entry, and regularly reviewed, with individual plans to achieve as much independence as possible. A falls risk assessment is completed by the physiotherapist. Mobility and transfer plans identify individual and group exercise programs and falls



prevention strategies to assist residents' mobility needs. Staff are supported with an ongoing manual handling training program and are aware of strategies to assist residents mobility and dexterity needs. Residents' mobility and dexterity is monitored through incident reporting, staff meetings, observation, audits, feedback and evaluation from allied health specialists. Residents and representatives are satisfied with the support residents receive to maintain 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 has systems and processes to ensure residents' oral and dental health is maintained. Oral health assessments are conducted on entry and on an ongoing basis to identify individual oral and dental care needs. Care plans provide individual resident oral and dental hygiene strategies that are regularly reviewed and evaluated. Residents are actively supported to access external dental services who provide a visiting service to the home. Residents are also able to attend their private dentist as required. Oral and dental care is monitored through planned care reviews, nutrition and pain monitoring processes, staff meetings and feedback from residents and representatives. Residents and representatives are satisfied residents' oral and dental health care is maintained.

## **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 systems and processes to ensure residents' sensory losses are identified and managed effectively. Residents are assessed to identify any sensory deficits in relation to their hearing, vision, touch, taste and smell. Care plans identify strategies and aids to support and improve any sensory loss identified. Activities are promoted to enhance sensory enjoyment. Staff are provided with training to monitor and assist residents with maintaining and fitting hearing aids, which assist their sensory function. Sensory loss is monitored through planned care reviews, staff meetings, medical and allied health reviews, resident/staff feedback and observation. Residents and representatives are satisfied residents' sensory losses are identified and managed appropriately.

## **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 has systems and processes to ensure residents are able to achieve natural sleep patterns. Residents are assessed by registered staff on entry to the home regarding their natural sleep patterns, preferred settling times and routines prior to settling at night. Individual care plans include interventions and strategies to assist a natural sleep pattern including preferred settling and rising times and comfort interventions such as, warm drinks and supper supplied. Ongoing monitoring identifies any sleep disturbance and strategies are reviewed to address them. Planned care reviews, audits, observations and feedback from

residents assist evaluation of resident's needs. Residents said they are satisfied they are able to achieve a natural sleep pattern as much as possible.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff contribute to improvements to resident lifestyle through surveys and resident feedback. Staff encourage and support residents and representatives to provide feedback and suggestions.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 resident lifestyle include:

- Following feedback from female residents, a mobile beauty therapy trolley was established. Nail and beauty therapy sessions were previously held in the salon, residents advised they preferred this type of therapy in their rooms. Resident feedback has been positive. Residents said they love the individual sessions and attention they receive and the ability to reminisce.
- As a result of observation of increased anxiety amongst some residents in the memory support unit, baby doll therapy was introduced. Staff identified residents who would benefit from this therapy. Staff indicated the doll therapy has had a positive effect on residents; it brings our past memories, nurturing instincts and has a calming influence.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

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

Management monitors regulatory compliance in relation to Standard 3 through various meetings, comments and complaints processes, surveys and resident feedback. Residential care services agreements, including residents’ rights and responsibilities are discussed with residents and representatives on entry to the home. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and there is a system to ensure the home meets the regulatory requirements for the reporting of unexplained absences of residents.

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

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

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

The home meets this expected outcome

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

Training undertaken by staff in relation to Standard 3 includes cultural and spiritual, development of activities, emotional needs and independence.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home has systems to support residents in adjusting to life in their new environment on entry and on an ongoing basis. Residents are provided with a tour of the home and are introduced to residents in nearby rooms to assist them settle into their new environment. Lifestyle and care plan assessments support residents' individual emotional needs and support networks. Care, lifestyle staff and chaplaincy services support residents and assist them to maintain relationships, recognise significant days and celebrations. Family, friends and community groups are encouraged to visit residents. The home monitors residents' satisfaction through surveys, audits, regular lifestyle reviews, staff observation and verbal feedback. Residents and representatives said they are satisfied that residents receive emotional support on entry and on an ongoing basis.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has systems to assist residents to achieve maximum independence, maintain friendships and participate in the life of the home and broader community. Residents' lifestyle preferences, interests and abilities are identified during the assessment and care planning process and reviewed regularly. Physiotherapy assessments and regular reviews assist the home to identify and plan support for resident independence. Residents are encouraged and supported to participate in group activities, maintain links with family, friends and community groups. The home monitors resident satisfaction with their independence through observation, audits, surveys, planned lifestyle reviews and verbal feedback. Residents and representatives are satisfied the home assists residents to maintain their independence and participate in community activities according to their needs and preferences.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems that recognise and respect each resident's right to privacy, dignity and confidentiality. Care and lifestyle plans identify residents' privacy and dignity needs and requests. Shared lounges and private lounge areas are available. Staff support residents' privacy, dignity and confidentiality by knocking on doors before entering, signing a confidentiality declaration on commencement of employment and ensuring residents' information is stored securely. The home monitors resident satisfaction through observation, audits, surveys, planned lifestyle reviews and verbal feedback from residents. Staff are aware of respecting residents' privacy and dignity. Residents and representatives are satisfied that residents' privacy, dignity and confidentiality is recognised and respected by staff.

### **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

Residents are encouraged and supported to participate in a range of activities and interests appropriate to their needs and preferences. Residents and representatives are consulted on entry to the home and individual lifestyle plans are developed to identify lifestyle needs and preferences. Resident's interests, ability to participate, cultural and spiritual needs and physical ability are assessed as part of this process. Activities are developed to meet one-on-one and group sessions tailored to meet the needs and preferences of the residents. A wide range of activity programs are included in the monthly planner calendar. Reviewing and monitoring of the lifestyle program is conducted through consultation with residents, planned lifestyle reviews and reviewing of participations records, audits and surveys. Residents and representatives are satisfied that residents have a wide range of activities and residents said they are very satisfied with the program offered at the facility.

### **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 has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Through initial and ongoing assessments and chaplaincy support resident's individual cultural and spiritual preferences are identified. Residents are assisted to maintain their individual religious beliefs and spiritual support is provided through churches services on site and identified pastoral services. The home monitors and evaluates residents' cultural and spiritual needs through discussions external pastoral care staff, residents' feedback mechanisms and surveys. Residents and representatives are satisfied that residents' individual interests, religious and cultural needs are met.

### **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

Each resident or their representative participate in decisions about the services the resident receives, and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify resident preferences for activities of daily living, leisure and lifestyle choices, civic interests and details of persons nominated to provide advocacy. The home obtains feedback from residents via audits/surveys, family conferences and resident meetings. Advocacy agencies and external complaint mechanisms are discussed. Brochures for external advocacy services are displayed. Staff assist residents to exercise choice and control over their lifestyle, and rising and settling times. Residents are satisfied they have the right to exercise choice and control according to their needs.

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

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

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

The home meets this expected outcome

Residents are informed of their security of tenure and rights and responsibilities on entry to the home and at regular intervals. Residents are explained their rights and responsibilities regarding security of tenure on entry to the home by administration staff. The home's resident handbook, newsletter, residential services agreement inform residents of these aspects and provide information on the home's services, including internal and external complaints avenues. The Charter of Residents' Rights and Responsibilities is displayed in the home and staff are aware of this information. Residents and representatives are satisfied that residents understand their rights and responsibilities and security of tenure in the home.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Following a consultative committee meeting it was identified the presentation of residents’ rooms and en-suites was not consistently presented. A new audit tool was developed to inspect resident’s rooms. Initial audits were conducted by management and these audits will be conducted by care staff to increase awareness in this regard. Management and staff state feedback is positive. Staff said the audit tool is effective and simple to use and residents’ room and en-suites are now maintained in a neat and tidy manner.
- Following a food safety audit that identified some areas of non-compliance, the home implemented additional strategies to improve staff practices. These included further training, changing work practices for food cooling processes, monitoring temperatures in satellite kitchens and the receiving of goods. Management said additional thermometers were purchased to assist in this process. An internal audit conducted in November 2013 showed 95% compliance, as a result of the improved staff practices.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home maintains a food safety program and is working towards meeting current Triennial Fire Safety Certificate and monitoring the fire safety equipment. The home has processes to also monitor compliance with work health and safety requirements and infection control. Management and staff are aware of regulatory requirements and responsibilities relevant to their roles.

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

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

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

The home meets this expected outcome

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

Training undertaken by staff in relation to Standard 4 includes manual tasking, fire and emergency, food safety, chemical handling and infection control. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home actively works to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with ensuites. Residents' personal space allows for personal belongings and mementos. The home has a communal dining areas and lounge rooms and also smaller sitting areas. There is a corrective and preventative maintenance program. Environmental audits are used to monitor safety and comfort of the home. Restraint is monitored through clinical management team and strategies are in place to minimise use. Staff monitor and are guided by lock-up procedures to assist with security measures at night. Residents and representatives are satisfied with the safety and comfort of the living environment including their rooms and communal areas.

#### **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

There are systems and processes to assist the home to actively work to provide a safe working environment for residents, staff and visitors. The quality and safety committee meets on a regular basis to discuss environmental issues and/or concerns. Hazard and incident reporting processes and environmental monitoring records show management are responsive to identified hazards and incidents. Manual handling education is provided to staff annually and individual responsibility to ensure a safe working environment is discussed with new staff on employment. Policies, procedures and regulatory guidelines were observed to be accessible to staff and staff are satisfied with the home's approach to occupational health and safety. Staff incidents are documented, investigated and monitored. Staff said they are aware of their responsibilities in relation to occupational health and safety.



#### **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 processes that assist management and staff are actively working to provide an environment and safe systems that minimise fire, security and other emergency risks. Emergency procedure manuals and standard fire orders are displayed throughout the building. The home conducts fire safety and other emergency training. Fire equipment is maintained by external contractors and its location is marked clearly, visible, unobstructed with exit points lit and fire doors identified. Evacuation lists are accessible to staff which include details of residents' mobility status. Chemicals are stored appropriately in locked areas. Safety data sheets are easily accessible by staff in chemical storage areas. There are processes and systems to assist and guide staff in lock-up procedures that maintain the security of the building for residents and staff after hours. Staff are aware of fire safety and other emergency procedures.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has systems and processes to ensure an effective infection control program. Infection control is managed through the home's policies and guidelines. Refrigeration and food temperatures are tested as per the home's policy and staff use the personal protective equipment provided. Catering staff comply with food safety guidelines and cleaning staff use a system of coloured cloths and mops to ensure infection prevention. Infection control is monitored by key personnel who perform audits, training, collection and analysing of data and trends. Guidelines on the management of outbreaks are accessible and staff can demonstrate they have the appropriate levels of knowledge to minimise the risk of infection spread. Residents and representatives said they are satisfied with the practices employed by the home to minimise the incidence of infection.

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

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

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

The home meets this expected outcome

The home has systems and processes to enable the provision of hospitality services that enhances residents' quality of life. All meals are prepared at the home. A four-week menu, with input from a dietitian, acknowledges each resident's preferences, likes and dislikes and other dietary and modified dietary needs and considerations. There is monitoring of fridge and freezer temperatures. Cleaning routines and schedules are in place to guide cleaning of the home's internal and external areas. Personal clothing and linen items are laundered on site. Workflow and infection control policies and practices are adhered to. Staff said they have access to work schedules and policies and procedures that guide their practice. Residents and representatives said they are satisfied with the hospitality services provided by the home.