



Aged Care  
Standards and Accreditation Agency Ltd

## **Sunnyside House**

RACS ID 3015

1 Adeney Street

CAMPERDOWN VIC 3260

Approved provider: Sunnyside House 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 6 September 2015.

We made our decision on 31 July 2012.

The audit was conducted on 19 June 2012 to 20 June 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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# Audit Report

**Sunnyside House 3015**

**Approved provider: Sunnyside House Inc**

## Introduction

This is the report of a re-accreditation audit from 19 June 2012 to 20 June 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 19 June 2012 to 20 June 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:	Wendy O'Rielly
Team member:	Barbara Evans

## Approved provider details

Approved provider:	Sunnyside House Inc
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## Details of home

Name of home:	Sunnyside House
RACS ID:	3015

Total number of allocated places:	40
Number of residents during audit:	39
Number of high care residents during audit:	14
Special needs catered for:	No

Street:	1 Adeney Street	State:	Victoria
City:	Camperdown	Postcode:	3260
Phone number:	03 5593 1263	Facsimile:	03 5593 3265
E-mail address:	sunnyside@tca-online.com.au		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents	14
Care manager	1	Infection control consultant	1
Care staff	5	Lifestyle staff	1
Enrolled nurses	2	Administration assistant	1
Maintenance staff	1	Cleaning staff	1
Catering staff	3		

### Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Summary/quick reference care plans	5	Personnel files	5

### Other documents reviewed

The team also reviewed:

- Activity calendar and participation records
- Advanced care plan statement of choices forms
- Allied health folders – podiatry, physiotherapy, dietitian
- Annual report, strategic plan, financial reports
- Archive register and index
- Assessment to drive a scooter
- Audit schedule and audits
- Care consultation and resident of the day forms
- Charter of residents' rights and responsibilities on display
- Cleaning schedules: general cleaning, kitchen, laundry
- Comments and complaints log
- Computerised tagging and testing register
- Diabetes management folder
- Education attendance records and evaluations
- Equipment inventory and evaluation
- External supplier agreement form
- Fire and emergency manual
- Flowcharts
- Hand washing competencies

- Improvement forms and plan for continuous improvement
- Infection control manual and audits
- Job descriptions
- Kitchen records, order sheets, temperature logs, duty lists,
- Leisure and lifestyle information
- Lifestyle survey results
- Maintenance records, audits, schedules, service reports
- Material safety data sheets
- Meeting minutes
- Memoranda
- New employee orientation kit
- Nursing registrations
- Observation charts
- Police check register
- Policies and procedures
- Refrigerator temperature monitoring charts
- Resident medical communication forms
- Resident surveys
- Residents dietary data forms
- Residents' information handbook
- Risk assessments
- Rosters
- Self medication administration assessments
- Staff information handbook
- Transfer forms
- Vaccination and care information for resident cat
- Vision and mission statement on display
- Warfarin treatment charts
- Weight management charts and data
- Wound management charts and data.

### **Observations**

The team observed the following:

- Activities in progress
- Archive rooms and document storage
- Chemical storage
- Cleaning in progress
- Clinical equipment and storage

- Designated smoking areas
- Equipment and supply storage areas
- External complaint and advocacy brochures on display
- Fire and safety equipment, signage and reports
- Hand washing facilities and signs
- Have your say forms and suggestion box
- Interactions between staff and residents
- Internal and external living environment
- Lifestyle equipment and activities in progress
- Linen skips
- Meal preparation and service
- Medication storage ,administration and trolley
- Mobility aids and equipment
- Notice boards
- Nurses station
- Office areas
- Outbreak kits and spills kits
- Oxygen storage
- Personal protective equipment availability
- Resident cat
- Resident kitchenettes
- Resident mobility scooter storage
- Sharps management
- Storage of dangerous drugs of addiction
- Training room
- Wound management supplies.



## 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 pursues continuous improvement across the Accreditation Standards. A schedule of audits assists with monitoring the home's performance relating to management systems, staffing and organisational development. Effective feedback processes from stakeholders, regular analysis of key performance indicators and meetings direct the home's insight into improvement opportunities. The home's continuous improvement plan and associated actions assists with monitoring the home's progress. Evaluations of improvements occur through observation, surveys, verbal feedback and data analysis. Management discuss continuous improvements at meetings and include improvement activities in its annual report to keep stakeholders aware of the operational issues within the home. Staff said they are informed and actively participate in the improvement activities and audits. Residents and representatives confirmed they have opportunity for input and are aware of improvements occurring in the home.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include:

- After consultation with staff, the home sourced sample uniforms and staff voted on uniform design and colour of choice. All staff now wear matching uniforms and feedback from residents' representatives and staff has been extremely positive.
- Management have introduced compulsory name tags this year. All staff at the home are required to wear a name tag with the fire and evacuation colour coding printed on the back. Staff are very happy with the new name tags and residents can now easily identify staff by name.
- The organisation this year approved a second staff member to be rostered on night duty. Staff are very happy with the increase to two permanent staff who share the workload overnight.
- Administration staff have completely organised and restructured both the resident and staff files. One off the archive rooms at the home has been reorganised and documents catalogued to make retrieval much easier. Staff stated that the new system makes it much easier to access information.

## 1.2 Regulatory compliance

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

### Team’s findings

The home meets this expected outcome

Management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Information and updates from peak body memberships, government bulletins and a professional advisory service ensure management are abreast of legislative changes. An established communication process ensures all stakeholders know of regulatory compliance changes. Management demonstrates the home’s compliance through monitoring and data analysis of incident reporting, audits, competency testing and observation of staff practice. Staff confirm they receive information regarding regulatory compliance and any changes to work practice. Residents and representatives are satisfied with the information provided to them by the home.

Examples of responsiveness to regulatory compliance relating to Standard 1: Management systems, staffing and organisational development include:

- The home has a copy of all current practicing certificates for all registered and enrolled nurses.
- A system is in place to ensure all staff, volunteers and where necessary external contractors provide police checks and statutory declarations.
- Recently reviewed policies and procedures guide staff practice and reflect professional and regulatory guidelines.

## 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 demonstrates staff have the knowledge and skills required for effective performance in relation to management systems, staffing and organisational development. The care manager coordinates education and training. Education sessions offered are responsive to the identified needs of staff and residents. Training needs are identified through a variety of sources including performance appraisals, changing resident needs, training needs analyses and staff requests. The home informs staff about education opportunities through an education planner and via verbal and written reminders. The organisation has a mandatory training program and staff attendance at all education sessions is recorded and monitored. Staff state they have sufficient education and training to perform their roles effectively. Residents and representatives say staff have the skills and knowledge to deliver appropriate care.

Staff training relevant to Standard 1 Management systems, staffing and organisational development include:

- frontline management
- continuous improvement
- aged care funding instrument training

#### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home provides stakeholders with access to internal and external complaints mechanisms. Management discuss comments and complaints information with residents and representatives prior to entry and the organisation documents this information in the residents' handbook and formal agreements. External complaints and advocacy brochures are available throughout the facility with internal feedback forms and a suggestion box positioned centrally. The care manager has regular meetings with staff, residents and representatives which provide opportunities for stakeholders to raise issues or concerns. The home registers complaints data and uses this information to inform the continuous improvement system. Residents, representatives and staff are aware of the process and documentation confirms matters are usually actioned appropriately and in a timely manner.

#### **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

Management display the home's vision and values statement in the foyer of the facility as well as resident and staff handbooks. The organisational chart outlines the home's reporting structures and a strategic plan is in place for future development and continuous improvement.

#### **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

Management demonstrates there are processes for identifying the number of appropriately skilled and qualified staff required to deliver quality resident care and services. The management team coordinate recruitment processes and ensure staff are given competency based interview questions and have reference checks, police checks, professional qualifications, registration checks and orientation prior to commencing work. Position descriptions, duty statements, handbooks, policies and procedures are available to support staff in their roles. Staff skills and professional development monitoring is an ongoing practice through audits, annual performance appraisals and competency testing. There are processes to manage planned and unplanned staff leave. Staff confirm they have sufficient time to perform their roles on most occasions and residents and their representatives are satisfied with the care residents receive.

## **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 can demonstrate an effective system to ensure that appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels and a re-ordering process is in place to ensure adequate supply of goods. Appropriate staff adhere to effective maintenance and cleaning programs and electrical equipment is tested and tagged for safety. New equipment is trialed prior to purchase with staff receiving appropriate training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Residents and staff state that adequate supplies of appropriate goods and equipment are available at all times.

## **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 has effective systems in place to collect, analyse and disseminate all information related to resident care and operational issues and uses this information to monitor service delivery. Staff state they have access to and make use of accurate and appropriate information to enable them to perform their roles in the delivery of resident care and services. The home has guidelines in place to ensure all staff meet legislative and reporting requirements. Confidential information is stored securely and processes are in place to maintain the security of computer based information. Residents and representatives report they have access to information appropriate to their needs to enable them to make decisions about their care and lifestyle.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has systems in place to ensure that all externally sourced services meet the organisation's needs in providing a quality service. Management formally approve, negotiate and monitor all external contractors' service agreements and there are appropriate criminal record processes in place where necessary. The home maintains a list of approved external contractors to assist staff at any given time. Management regularly reviews and evaluates the services provided in response to feedback from stakeholders. Residents and staff said they are satisfied with the services provided by external contractors.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home actively pursues continuous improvement for all aspects of residents' health and personal care. Residents and representatives are satisfied with the quality of care provided by staff at the home. Refer to Expected outcome 1.1 Continuous improvement for details of the home's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- To ensure safer medication delivery, management have completely relocated and renovated the home's dispensary, purchased a new medication trolley, a secure medication storage cabinet and implemented a new medication delivery system. Staff have completed medication competencies in line with the new medication system and are very happy with the improvements made in medication management.
- The management team have revised the resident of the day system. Care staff now complete a full set of clinical observations and weigh each resident every second month. Each resident has an evaluation of care and a consultation review with the supervisor at this time. Staff complete a room audit and spring clean each resident's bedroom when they are resident of the day. Staff state the new system is working well. Residents are very happy with the change.
- Management have made improvements to resident services by engaging allied health professionals in the home. Previously residents had to make appointments and attend services in the community but now physiotherapy, dietetic, podiatry and diabetic services are available in the home on a regular basis. Residents are still able to attend services in the community if they choose but state they are very happy to be able to attend allied health services in the home.

### **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

The organisation's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about health and personal care. Refer to Expected outcome 1.2 Regulatory compliance for details of the home's regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include the following:

- Appropriately qualified and trained staff oversee specialised nursing care.

- The home complies with legislative requirements in relation to medication storage and management.
- The home has a mandatory reporting register.

### **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

Management ensures there are systems and processes to monitor the knowledge and skills of staff to enable them to perform their roles effectively in relation to residents’ health and personal care. Staff attend both in-house and external training in clinical topics. Refer to Expected outcome 1.3 Education and staff development for further details on the home’s education system and processes. Residents and representatives confirm staff training at the home forms the basis of appropriate care.

Staff training relevant to Standard 2 Health and personal care includes:

- blood pressure monitoring
- changing oxygen cylinders
- continence
- bowel management
- pain management
- falls 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 can demonstrate that residents receive appropriate care in accordance with their needs and preferences. Appropriately skilled and qualified staff assess residents’ care needs upon entry to the home and develop individualised care plans, which guide care staff to provide care. Staff review residents’ care needs on a two monthly basis which includes consultation with residents and/or representatives. The care manager oversees all direct care and is available to provide guidance to staff in the delivery of specific resident needs. Staff are able to describe individual care management strategies and interventions. Residents and representatives say they are satisfied with the level of consultation and the care given at the home.

## **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 have their specialised nursing care needs identified, planned and provided by appropriately qualified nursing staff. There are procedures to assist staff in the management of specialised nursing care, and observations confirm sufficient resources and equipment are available. Reviews by medical officers and specialists occur as required and care staff incorporate these into care management. Residents and representatives expressed confidence that staff are skilled to provide specialised nursing care as required.

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

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

### **Team’s findings**

The home meets this expected outcome

Staff refer residents to allied health services such as podiatry, physiotherapy, and aged care psychiatry in accordance with their assessed needs and preferences. Allied health professionals visit the home and staff support residents to access related services in the wider community as necessary. Allied health professionals recommend interventions of care which staff record in the care plan and review for effectiveness. Residents and representatives confirm they have access to visiting specialists and staff assist them to attend appointments where necessary.

## **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 has systems to ensure management of residents’ medication is safe and correct and in accordance with regulatory requirements. The home conducts medication competencies on staff prior to them administering medications to residents. Staff assess residents who choose to self medicate for competency to continue to do so. A contracted pharmacist dispenses medication according to prescribed orders, and staff administer medication via a sachet system with as necessary medications being in blister packs. Medication charts identify each resident and include information such as allergies and special instructions for medication administration. Monitoring of medication management is via regular pharmacist reviews, meetings, audits and the incident reporting process. Medications are securely stored with processes for the ordering, receiving and disposal of medications. Residents stated they are pleased with the management of medication.

## **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

Initial assessments identify residents’ pain and reassessment occurs if there is new pain identified and/or when current pain control strategies are ineffective. Staff utilise both analgesia and a range of non-pharmacological strategies such as massage, heat packs and repositioning when any pain relief is required. Staff monitor and review the use of ‘as necessary’ pain medication for its effectiveness. Records show medical referral occurs in a timely manner. Residents state they are satisfied with the way care staff manage their pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Staff discuss end of life wishes with residents, their representatives and treating doctor during the entry process or as the needs of the resident indicate and each resident also has the option of completing an advance care plan statement of choices. Care staff can access external palliative care services/support as required and the home provides appropriate equipment to ensure the comfort of residents. Staff identify and respect cultural or religious wishes. A memorial table is set up for residents who have passed and they are also farewelled in the monthly newsletter. Management assist both staff and residents to attend funerals if they wish.

## **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. Staff record residents’ dietary needs and preferences and communicate these needs to the kitchen. Staff identify residents who require a modified diet and implement processes for managing dietary changes. Likes and dislikes are considered and alternative meal choices offered. The home monitors residents for adequate nutrition and hydration through the regular checking of residents’ weight. Weight loss/gain guidelines are available and monitoring occurs for residents receiving dietary supplements. Referrals to the dietician or speech pathologist occur when required. Residents say they are satisfied with the meals provided and that snacks are always available.



### **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 to assess, identify and monitor residents’ skin integrity for risks and potential pressure injury. Staff develop skin care plans that provide regimes for skin integrity management of residents at risk and provide residents with skin integrity aids. Staff assist residents to maintain their skin, hair and nails in a healthy state and a visiting podiatrist and hairdresser are available. The home monitors skin tears and wounds and staff document wound management appropriately. Residents say staff are aware of their skin care needs and preferences.

### **2.12 Continence management**

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

#### **Team’s findings**

The home meets this expected outcome

Systems are in place to manage residents’ continence including, assessment on entry to the home and as required and the implementation of appropriate bowel and bladder management programs. Staff are aware of residents’ individual continence programs and were observed assisting residents. Residents confirm staff assist with their continence needs and that they have the appropriate mobility aids to assist their independence in the bathroom.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

Staff complete behaviour assessments on entry to the home and use this information is to develop care plans that record possible triggers, management strategies and interventions. The home has protocols to manage the use of restraint and staff make referrals to external services such as the aged person’s mental health team and psycho geriatrician as appropriate. Staff said that the arrival of the resident cat has been beneficial in decreasing anxiety levels of some residents. Residents state satisfaction with staff interaction with residents’ requiring care.

### **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 supports residents to achieve optimum levels of mobility and dexterity through assessments and regular reviews. The physiotherapist assesses residents for their mobility and transfer requirements and personal preferences. Staff identify residents at risk of falls

and falls prevention strategies are included in care plans. Residents have access to appropriate assistive devices and documented exercise regimes. Some residents use motorised scooters and have had assessments completed to ensure they remain safe to use them. Residents said they are encouraged to maintain their independence and mobility.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive oral and dental care that is appropriate to their individual needs and preferences. Staff conduct assessments for oral and dental needs and preferences on entry. From this information staff develop care plans that include details about assistance required and daily care of teeth, mouth and dentures as appropriate. Staff assist residents with daily oral care and observe and document any relevant dental issues. Staff formulate specific strategies for residents with swallowing difficulties which include texture modified diets and staff assistance with meals. Residents reported they are satisfied with the assistance provided to them in relation to oral and dental needs.

## **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

Staff identify and manage residents’ sensory losses effectively. On entry to the home assessment of residents’ communication, language and sensory abilities is completed and regular reviews occur. Staff assist residents with their sensory aids including hearing aids and glasses. The home has good lighting, adequate handrails and accessible signage. Residents attend hearing and vision specialists of their choice and staff assist them to make referrals where necessary. Residents state their satisfaction with the home’s management of sensory loss.

## **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

Staff assess residents’ normal sleep and wake patterns on entry to the home and where possible use these pre entry patterns in the care planning process. Residents can access pharmacological or non pharmacological methods to promote sleep. Staff are aware of individual routines and offer a range of interventions such as food and drinks, and position changes. Residents stated that the home is quiet and comfortable at night and that they sleep well.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

The home actively pursues continuous improvement activities in relation to residents’ lifestyle. Representatives and residents are satisfied with the communication processes and feedback they receive from staff. Refer to Expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Resident lifestyle include the following:

- Due to increasing mobility scooter numbers and after discussion with the residents, management have upgraded a garage area into a dedicated storage bay for motorised mobility aids. Each resident who uses the storage area has their own remote control for the door and residents say they are very happy with this arrangement.
- To give residents more quiet space, a resident relaxation room has been set up in one wing of the home. Residents say this is peaceful room where they can spend quiet time either alone or in a group setting. Residents interviewed commented positively about this initiative.
- Management have purchased a large new wide screen television for the resident lounge. Residents are very happy with the new television and comment that the picture is now much clearer.

#### **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 management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for details of the home’s regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Residents and representative receive a residents’ handbook and sign a residential service agreement that specifies residents’ rights and responsibilities, care and services, complaints mechanisms, fees and charges and security of tenure.
- Resident related information is stored according to privacy legislation.
- The Charter of residents’ rights and responsibilities is on display.

- The home has processes in place to manage compulsory reporting requirements.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to resident lifestyle. Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. Staff state they are encouraged to participate in the education program.

Staff training relevant to Standard 3 Resident lifestyle include:

- depression and anxiety
- diversional therapy
- counselling/lifestyle education.

### **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

There are processes in place to ensure residents receive the support they need to adjust to life in the home. Lifestyle staff provide the resident with an information booklet and welcome basket on entry and encourage and support them to gradually participate in the home's lifestyle program. Lifestyle staff gather and use information relating to residents' lifestyle, background, and past and current interests to develop care plans to guide staff practice. Staff report how they support individual residents in adjusting to life in the home and on an ongoing basis. Residents said they are very happy with the amount of support that staff give to them.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home assists residents to achieve maximum independence, maintain friendships and participate in community life. The home's assessment process identifies residents' ability and preference for social interaction and community participation and documentation confirms staff work towards meeting residents' individual requests. The home supports residents to remain as independent as possible with the use of mobility, sensory and other aids and equipment and the provision of an appropriate living environment. Residents are encouraged to attend outside activities such as the David Newman Adult Day centre, walking group, and a local elderly citizens group. Residents confirmed the staff supported them to maintain their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents' rights to privacy, dignity and confidentiality are recognised and respected. Staff give residents or their representatives consent forms to complete as well as information on privacy on entry. The home collects, stores, destroys and archives documentation according to legislation. The home has many areas both internally and externally for visitors and residents to meet privately. All rooms are single with en suite bathrooms and have lockable cabinets. We observed staff interacting with residents in a respectful and friendly manner and residents confirmed staff treat them with respect and maintain their privacy.

### **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

An established lifestyle program encourages resident involvement in a range of activities. Collection of personal history and interests occurs in the first couple of weeks of moving into the home and a care plan is developed and then reviewed two monthly. Staff evaluate the effectiveness of the program by analysis of participation data, observation and direct feedback from staff, residents and relatives. Examples of activities include chair football, craft, armchair travel and quizzes. We observed residents actively engaged in a range of meaningful activities and residents report high levels of satisfaction with the program and the passionate staff.

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

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

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

The home meets this expected outcome

Residents are encouraged and supported to participate in community, spiritual and cultural events and customs. The home has a range of visiting ministers of religion from various parishes that are also on call as needed. Cultural resource information was accessible in the form of a cultural care kit. The home acknowledges significant events such as birthdays, Christmas, Easter and anniversaries as per residents' request and national days of significance are also celebrated. Residents confirmed the home met their cultural and spiritual needs.

### **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

On entry to the home staff assess residents' choices regarding their care and lifestyle and a care plan is developed and regularly reviewed. Residents are encouraged to express their wishes through residents' and representatives' meetings, individual consultation, surveys, the comments and complaints process and an 'open door' policy. Staff informed us that they always consult with residents about personal care requirements, meal preferences and participation in group activities. Residents expressed a high degree of satisfaction with the opportunities they have to participate in decisions about their life and their home.

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

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

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

The home meets this expected outcome

The home has systems to ensure residents have secure tenure within the home and understand their rights and responsibilities. Staff provide residents with an information pack and the resident agreement contains information about rights and responsibilities, complaint procedures, terms of tenure and the schedule of specified services. The care supervisor and care manager are available as needed by new residents and their representatives to explain and assist with admission processes. Residents report that they feel safe and secure at the home and understand their rights and responsibilities.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and representatives are satisfied with the living environment, laundry, domestic and catering services. Refer to Expected outcome 1.1 Continuous improvement for details of the home’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 physical environment and safe systems include the following:

- Following a recent gastroenteritis outbreak, the home has increased its number of outbreak kits so that each wing of the home now has its own supply. Management state that lessons learnt during the outbreak may reduce infectious spread in the future.
- The home has employed the services of an infection consultant who is available for consultation at any time and available for mentoring of the newly appointed infection control representative. Management said feedback from staff has been positive.
- Following the home’s last unannounced visit from the Accreditation Agency, management have had all site evacuation plans upgraded and reprinted. The team noted new site plans throughout the facility. The home has included “you are here” signage on each map. Management said the improvements make it much easier for residents and staff to read the maps.

### **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’s management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance for details of the home’s regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 4 physical environment and safe systems include the following:

- Fire monitoring and fighting equipment is routinely checked and maintained.
- The home demonstrates systems are in place to actively promote occupational health and safety.
- The home has a food safety plan and external third party audits show current compliance.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes. Staff confirm they attend regular education relating to the physical environment and safe systems.

Examples of staff training relevant to Standard 4 Physical environment and safe systems include:

- evacuation/fire training
- first aid
- food safety refresher courses
- infection control

### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has systems in place to demonstrate they are actively working to provide a safe and comfortable environment. The home has 40 single rooms, each with a separate sitting room and en-suite and they encourage residents to bring small furniture items and photographs to personalise their rooms. The home provides well maintained gardens, pathways and courtyard areas with appropriate signage and security features, furnishings and equipment consistent with residents' care needs. There are large communal sitting and eating areas and residents are able to organise private functions in the wing kitchenettes if they wish. Management ensure they monitor the environment through surveys, audits and a preventative and corrective maintenance program. Appropriate policies and procedures are in place to guide staff practices and to meet regulatory requirements. Residents and representatives state they are extremely satisfied with the comfort and safety of the home.

### **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

Management is proactive in providing a safe working environment that meets regulatory requirements. The home has trained and active occupational health and safety representatives and policies and procedures guide safe work practices to minimise risk. All staff receive training in occupational health and safety issues and report back to the occupational health and safety representatives where required. There are appropriate



supplies of personal protective equipment and the occupational health and safety program includes effective preventative and reactive maintenance schedules and an electrical testing and tagging program. Staff store chemicals securely and material safety data sheets are current and available. Regular occupational health and safety meetings occur and issues identified through audits, incident reports and risk assessments resolved. Staff stated they attend training in manual handling and infection control and demonstrate an understanding of safe work practices and occupational health and safety issues.

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

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

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

The home meets this expected outcome

The home has established procedures for detecting and acting on fire, security or other emergency risks and incidents. Exit signs, clear egress routes, evacuation maps and emergency plans are located throughout the facility. Approved professionals test all fire alarm systems and fire equipment on a scheduled basis, deficits are actioned and compliance monitored. Staff attend mandatory annual fire training and confirm knowledge of emergency procedures. Residents know what they should do in an emergency and expressed confidence in the staff's skills.

#### **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

Management demonstrate an effective infection control program is operational at the home. Audits identify the incidence of infections and treatments with results reported at various meetings. The home has recently gained access to an external infection control consultant who will now visit monthly to conduct the audits, and provide advice and education. A designated staff member oversees infection control practices. We observed washbasins and hand washing equipment throughout the home. Outbreak and spills kits and instructions are available in each wing. Staff said they have recently received education on infection control and hand hygiene principles. Residents said they are satisfied with staff practices of hand washing and feel confident staff are knowledgeable in the area of infection prevention and control.

#### **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 hospitality services to enhance residents' lives and the staff's working environment. The home employs dedicated kitchen and cleaning staff and care staff attend to laundry tasks of an evening or overnight. The kitchen has a current food safety plan and appropriate certifications for a food premises. Meals are prepared according to a rotating menu developed in consultation with the residents, a dietitian and kitchen staff. The kitchen has a folder of Individual preferences and dietary requirements and alternative meals are

available. A high standard of cleaning is completed according to a set schedule seven days a week and as required. Colour coded cleaning equipment is used and chemicals are stored appropriately. Care staff manage the laundry and the home provides a labelling service. The laundry has separate clean and dirty areas and effective systems are in place for the collection, processing and delivery of personal clothes and linen. Residents and representatives are complimentary of the hospitality services provided at the home.