



Aged Care  
Standards and Accreditation Agency Ltd

## **Tabeel Hostel**

RACS ID 5127  
27 Ambrose Street  
LAIDLEY QLD 4341

Approved provider: Lutheran Church of Australia - Queensland  
District

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 20 September 2015.

We made our decision on 28 August 2012.

The audit was conducted on 17 July 2012 to 19 July 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

## **Tabeel Hostel 5127**

**Approved provider: Lutheran Church of Australia - Queensland District**

### **Introduction**

This is the report of a re-accreditation audit from 17 July 2012 to 19 July 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 17 July 2012 to 19 July 2012.

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

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

## Assessment team

Team leader:	Jill Winny
Team member/s:	Lynne Hill

## Approved provider details

Approved provider:	Lutheran Church of Australia - Queensland District
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## Details of home

Name of home:	Tabeel Hostel
RACS ID:	5127

Total number of allocated places:	42
Number of residents during audit:	41
Number of high care residents during audit:	26
Special needs catered for:	Not applicable

Street/PO Box:	27 Ambrose Street	State:	QLD
City/Town:	LAIDLEY	Postcode:	4341
Phone number:	07 5465 1133	Facsimile:	07 5465 1999
E-mail address:	roland.weier@qld.lca.org.au		

## Audit trail

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

### Interviews

	Number		Number
General Manager	1	Residents/representatives	6
Director of Nursing	1	Volunteers	2
Clinical Nurse Coordinator	1	Workplace Health and Safety Officer	1
Organisational Management	1	Diversional therapists	2
Registered nurses	2	Physiotherapy assistant	1
Care staff	5	Laundry staff	1
Administration assistant	1	Cleaning staff	2
Catering staff	1		

### Sampled documents

	Number		Number
Residents' files	5	Medication charts	5
Personnel files	6		

### Other documents reviewed

The team also reviewed:

- Allied health and specialist referrals
- Annual staff mandatory training record
- Approved supplier list
- Audit and survey schedule and results
- Care plan review schedule
- Clinical observation records
- Communications diaries
- Compulsory reporting guidelines
- Continuous improvement logs
- Daily behaviour/absconding record
- Daily maintenance requests
- Daily food temperature records
- Disaster management plan
- Duty lists
- Education calendar and resources
- Electronic clinical records, data and alerts
- Employee handbook

- Employee police check report
- Fire manual
- Fire systems inspection reports
- Food safety program
- Incident reports and data
- Internal and external complaints forms
- Job descriptions
- Leisure and lifestyle participation records, activity planners and evaluations
- Maintenance work order
- Mandatory reporting consolidated register
- Material safety data sheets
- Medication management protocols and resources
- Memorandums
- Menu
- Minutes of meetings
- Nurse initiated medication information
- Outbreak information
- Pain management resources
- Palliative care kit
- Pharmacy ordering and review documentation
- Plan for continuous improvement and action plans
- Policies and procedures
- Professional registrations
- Record of maintenance
- Resident and staff vaccination records
- Resident dietary and hydration needs and profiles
- Residential agreements
- Residents' consent forms
- Residents' handbook and information package
- Risk assessment forms
- Rosters
- Self-medicating authorisation and assessment
- Service agreements
- Staff communication folders
- Staff handbook
- Staff signature registers

## **Observations**

The team observed the following:

- Activities in progress
- Complaints and advocacy service brochures
- Emergency evacuation routes, signage and lighting
- Equipment and supply storage areas
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Meal service
- Medication administration and storage
- Outbreak kits
- Personal protective equipment in use
- Staff work practices



## 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

Tabeel Hostel (the home) has a continuous improvement system to identify, plan and implement improvement opportunities. Areas for improvement are identified through meetings, surveys, audits and the comments and complaints system. Improvements are monitored and evaluated by management and raised as agenda items at relevant meetings before being closed off. Feedback to residents, representatives and staff relating to progress, status and review of improvements is communicated through meetings, communication books, memorandums, noticeboards and verbally. Residents/representatives and staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- In response to the changed needs of residents and through feedback from care staff, rostered hours have increased by four hours in the morning and an additional afternoon shift has been introduced. Positive feedback has been received by care staff through meetings and directly to management.
- From an organisational level a new electronic care information management system has been introduced. Management advised that the system has been effective in streamlining the documentation processes and with the provision of clinical oversight of resident care by staff. The implementation is supported by ongoing staff education and is being monitored to ensure effectiveness.
- The leisure and lifestyle program has been extended to include Saturdays in response to feedback through resident surveys and meetings that they perceived weekends to be "a bit of a black hole with no structure". Residents are satisfied that they now have the opportunity to participate in group or individual activities at weekends.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the accreditation standards. Policies and procedures are updated from an organisational level to reflect change and are accessible to staff. Compliance with legislation is monitored through audits, surveys and observation of staff

practice. Staff are informed of relevant changes through meetings, education sessions, memorandums, communication books and notice boards. The home has a system to ensure all relevant individuals have been screened through a current criminal record check. Residents/representatives have been informed of the current accreditation audit in writing, through noticeboards and resident meetings.

### **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 a system and processes to ensure management and staff have the required knowledge and skills to perform their roles. Position descriptions describe the qualifications, skills and experience for each position. Staff are required to maintain mandatory and specific role related responsibilities and attendance at education sessions is monitored and evaluated. The education program reflects identified training needs and staff have the opportunity to undertake internal and external training programs relating to the four Standards. Staff training and education is identified through 'expressions of interest', performance appraisals, observation of practice, surveys and the changing needs of residents. Staff are satisfied that education provided is relevant to their work and that management is responsive to requests for additional training needs.

The education program reflects identified training needs and staff have the opportunity to undertake a variety of training programs relating to Standard 1 Management systems, staffing and organisational development. For example:

- Accreditation standards
- Comments and complaints
- Orientation
- Respect in the workplace

### **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 has a comments and complaints mechanism that is accessible to residents, representatives and other interested parties. Information about the internal and external complaint process is displayed and documented in information provided to residents and staff. Complaints can be raised through the submission of quality improvement and suggestion forms, comments and complaints forms with a secure box provided for confidentiality, at resident meetings, the completion of surveys or directly to management and staff. Complaints documented by management include actions taken to resolve reported issues. Staff are aware of the internal and external complaints process and how to assist residents. Residents/representatives are aware of the comments and complaints processes and are confident that issues raised with management will be addressed.

### **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 documented the residential care service's vision statement, values, philosophy, objectives and commitment to quality throughout the home and is included in information provided to residents and staff.

### **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 a system and processes to ensure that there are appropriately skilled and qualified staff sufficient for the delivery of services. Staff selection is made against identified skills, knowledge and qualification requirements. New staff are educated on appointment through the induction and orientation program. Processes to monitor adequacy of staffing levels include the current needs of residents, staff feedback, audits and surveys. Rostering ensures appropriately skilled and qualified staff are available to meet the identified care needs of the residents and the home has the ability to draw on additional staff in the event of planned and unplanned leave. Residents/representatives are satisfied that there are sufficient skilled and qualified staff to provide quality care and services to meet the needs of residents.

### **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 a system and processes to ensure that there are sufficient stocks of goods and equipment for delivery of services. Equipment needs are identified and ongoing replacement occurs based on the overall capital budget. Service agreements with suppliers and contractors are used to guide purchases and to maintain goods and equipment. Stock items are regularly rotated and checked for use-by-dates. Education is provided to staff on the use of equipment and on-going maintenance of equipment is undertaken in accordance with the programmed maintenance schedule. Staff are aware of processes for accessing stores and have enough goods and equipment to carry out their duties.

Residents/representatives are satisfied that appropriate goods and equipment are provided by the home and are available for the delivery of services to meet the resident's needs.

## **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

Management and staff have access to, and the use of accurate and appropriate information to perform their roles. Residents, representatives and staff are informed of current processes and activities relevant to their needs through newsletters, handbooks, communication books, noticeboards, memorandums and meetings. Locked rooms and cabinets are used to store private and confidential information, computers are password protected and staff sign an agreement to maintain confidentiality and privacy when handling resident information. The home has a system for the archiving and destruction of relevant documentation. Residents/representatives are satisfied with the way information is communicated.

## **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

External services are provided to meet the home's needs through service agreements that outline organisational requirements for the provision of service. Feedback on the performance of external services is monitored through feedback from residents, representatives and staff, the complaints mechanism, audits and surveys. Management review the performance of external services to ensure quality service delivery is maintained and when requirements are not being met appropriate action is taken. Residents/representatives are satisfied with the quality of services sourced externally.

## **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.

Examples of improvements related to Standard 2 include:

- Storage of 'as required' (PRN) medications on the medication trolley has been reviewed in response to increased incidents of back and shoulder strain occurring due to the weight of the trolley. Following the review, all PRN medications have been removed from the trolley and relocated to a designated shelf in the medication room. In addition wooden boxes containing medication charts have been replaced with lightweight storage baskets. Medication endorsed staff report that the reduction in weight has made the trolley lighter and easier to manoeuvre.
- Additional equipment has been purchased in response to the increased needs of residents'. For example; management advised that a new 'steady lifter' has reduced strain on staff during the transfer of residents from wheelchairs to lounge chairs and additional bariatric equipment has been purchased which enables staff to assist larger residents with their care needs in a safe, comfortable and dignified manner.
- Pulse oximeters have been purchased to monitor the oxygen saturation levels of residents. The Clinical Nurse Coordinator advised that in the event of a resident requiring oxygen, the pulse oximeters have enabled clinical staff to make informed decisions in order to regulate oxygen flow levels in accordance to need.

### **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 system and processes.

In relation to Standard 2, management ensures that registered staff are available to provide care and services as required by *Quality of Care Principles 1997 Specified Care and Services*. Compliance with legislation, including a system to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absences of residents, is monitored and maintained.

### **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 Education and staff development for information about the home’s education and staff development system and processes.

Staff have the opportunity to undertake a variety of training programs relating to Standard 2, Health and personal care. For example:

- Contenance
- Medication endorsement
- Wound care

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Registered nurses oversee the assessment of residents’ clinical needs on entry to the home using baseline health assessments and additional assessment tools as required. Care plans are developed in consultation with residents and their representatives, care staff, allied health and the treating medical officer once the assessment process is complete. Care plans are reviewed regularly and changes in care needs and preferences are reflected in progress notes and the resident’s care plan. Residents’ continuity of care is maintained through verbal and written handover reports, alerts and entries in the electronic care system, staff communication books and diary entries, The home monitors the provision of care through clinical observation of residents, regular audits, observation of staff practice and resident feedback. Residents/representatives are satisfied with the clinical care provided to meet residents’ health and personal care needs and preferences.

### **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’ specialised clinical care needs are identified through initial and regular assessment and ongoing observation. Care strategies are developed, implemented and monitored by registered staff. Outcomes of specialised care are monitored through regular evaluations, resident feedback and consultation with external services and individual resident’s medical officers. Staff are supported in caring for residents with specialised needs by the provision of clinical resource material and professional development training. Residents have access to specialised equipment and aids appropriate to their needs and are assisted by staff to use these correctly and safely. Residents/representatives are satisfied with the delivery of specialised nursing care to residents.

## **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

Residents have access to a range of health specialists according to their assessed needs and preferences. Referral to the physiotherapist, dietitian, speech pathologist, podiatrist, optometry and audiology services, psycho-geriatric and palliative care services is initiated by care staff and/or the medical officer in consultation with residents/representatives. Allied health professionals visit the home or alternatively residents are supported to have access to specialist services available in the broader district. Assessments and treatments by medical specialists and allied health professionals are incorporated into care plans and evaluated for effectiveness. Residents/representatives are satisfied with the support offered for residents to access appropriate health specialists and other 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

The home has established policies and procedures, sufficient appropriately qualified staff and ongoing review of systems to ensure management of residents’ medications is safe and correct. Initial medical and nursing assessments identify individual resident’s need for assistance and residents’ ability to self-medicate when this is appropriate. A single dose packaged system is utilised for residents’ medications; liquid and other forms of medications are supplied in the original packaging. The home ensures that medications are stored correctly with controlled drugs stored according to state legislation. Medication charts are reviewed by medical officers and the pharmacist and contain information such as photographic identification, allergies and instructions for administration specific to the needs of the resident. The home monitors the use of PRN medications for effectiveness and outcomes are documented in residents’ records. There are processes for ordering, delivery, monitoring and return of medications as well as reporting and investigation of medication incidents. Residents/representatives are satisfied with the management of residents’ medications and the assistance provided by staff.

## **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

On entry to the home registered nurses oversee the assessment of each resident’s history of pain. Residents experiencing acute or new episodes of pain have either verbal or non-verbal pain assessments completed as appropriate and interventions implemented to manage pain are recorded on the care plan. Strategies to manage pain involve a multidisciplinary approach including medication or other interventions such as massage, heat therapy, repositioning, exercise and distraction. Staff have access to information on the home’s pain management approaches and demonstrate knowledge of specific pain management interventions for residents. Residents/representatives are satisfied residents’ pain is managed effectively and that staff are responsive to their changing needs.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The terminal care needs and wishes of residents are identified through initial assessments and as their clinical status changes their documented needs, preferences and required care interventions are updated to guide staff practice. Staff with skills and specialised knowledge implement and maintain contemporary palliative care practises and when necessary further advice is accessed through the community Palliative Care Teams and/or the medical officer. Care and lifestyle staff, volunteers and religious representatives provide emotional support to residents and their families with consideration given to cultural and spiritual values during this time. The home retains copies of advanced health directives and enduring power of attorney documents to guide staff in understanding residents’ preferences. Staff competency in the use of specialised equipment and the provision of palliative care is supported through education sessions and external resources are provided for staff to reference. Residents/representatives are satisfied with the care and support provided.

## **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

Residents’ dietary needs and preferences including special requirements and/or food allergies are identified on entry. Information is forwarded to the kitchen to guide food and fluid preparation and service. Residents’ weights are monitored with strategies to manage unplanned weight loss or gain implemented as required. These include commencement of supplements or fortification of food, more frequent weigh regimes and closer support and monitoring by staff. Residents with any changed needs are referred to the general practitioner, a dietitian and/or speech pathologist as indicated. Prescribed orders relating to dietary changes or supplements, portion controls, positioning during mealtimes and the use of any aids are incorporated into the resident’s care plan and communicated to relevant staff. Staff are aware of individual resident’s needs and special requirements. Residents/representatives are satisfied with the quality and quantity of food and fluid provided to residents.

## **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

Residents’ skin care needs and preferences are identified by registered nurses through initial and ongoing assessment and review processes. Skin care interventions and preventive actions are planned to meet individual needs and preferences. Care strategies include the application of moisturisers, correct manual handling procedures and pressure area care. Podiatry services are provided and competent care staff support clinical oversight of foot and nail care. Residents with wounds are assessed by registered staff who plan, deliver and evaluate treatment, referring residents to the medical officer or wound specialist as required.



Equipment to assist in the maintenance of skin care is readily available and utilised by staff. Residents/representatives are satisfied with the assistance provided to maintain residents' skin integrity.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

The continence needs and preferences of residents are identified through assessment and reassessment processes using specific tools that consider each resident's bowel and bladder patterns. Interventions are identified for residents and information is transferred to the care plan to guide staff practice. Strategies such as programmed toileting, bowel management regimes, dietary modification, hygiene assistance and use of continence aids are recorded, implemented and evaluated for effectiveness. Staff demonstrate an awareness of individual residents' specified requirements. Residents/representatives are satisfied with the assistance and aids provided to manage residents' continence.

## **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 maintains an environment that is supportive of residents with behaviours that are challenging. Residents are assessed on admission and when their needs change. A plan of care is developed and updated as appropriate to guide staff in managing episodes of behaviours of concern. Registered nurses consult with the general practitioner, specialists and allied health professionals to maintain residents' interests and abilities according to their capacity and to maintain the organisation's minimal restraint philosophy. Electronic monitoring systems alert staff to residents' movements if concerns have been identified. Staff provide distraction and support during periods of anxiety or agitation, demonstrating interactions with residents that support their dignity and individuality. The home reports episodes of aggression through the incident reporting system. Residents/representatives are satisfied with the strategies used to manage challenging behaviour in the home.

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

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

### **Team's findings**

The home meets this expected outcome

Residents' mobility and falls risk is assessed on entry to the home by qualified staff in consultation with the physiotherapist. The home's rehabilitative approach includes individualised falls prevention strategies which are developed to assist in maintaining and/or enhancing a resident's mobility and dexterity and to prevent/minimise further falls and the risk of injury. Residents' mobility is re-assessed regularly and falls are monitored and recorded for analysis and intervention. Assistance is given to residents by the provision of mobility aids and equipment. Staff receive annual manual handling education to guide and enable them to safely assist residents to mobilise and transfer using appropriate equipment.

Residents/representatives are satisfied with the support provided by staff to achieve residents' optimal 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

Residents' oral and dental care needs and preferences are assessed on entry to the home and when their needs change. Information detailing the daily care of teeth, mouth and dentures is documented in the care plan and is reviewed regularly. Residents are assisted to maintain their oral and dental needs with referrals to external oral and dental care providers where necessary. Special dietary considerations and palliative care needs are included in the management of residents' oral and dental care including the provision of soft and vitamised diets and regular mouth care where appropriate. Staff receive education in providing oral care for residents and have access to appropriate equipment and supplies. Residents/representatives are satisfied with the assistance provided by staff in maintaining the oral and dental health of residents.

### **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

Information relating to each resident's sensory losses and the use of assistive devices is collected through initial and ongoing assessment processes and is incorporated into the resident's care plan. Staff assess residents' ability to participate in programs and adapt activities to the needs of residents with sensory impairments utilising assistive devices and equipment. Staff are aware of these strategies and of processes to ensure the correct use and maintenance of sensory aids. The home arranges for visits from specialist services to ensure residents have access to services they require. Residents/representatives are satisfied with the assistance and support residents with sensory loss receive from staff to maintain their optimal sensory function.

### **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

Residents' usual sleep patterns, settling routines and personal preferences are identified during initial and ongoing assessment and review processes. Care plans are developed to guide staff in facilitating residents' individual resting routines. Flexibility in settling and rising times is maintained with residents experiencing difficulty sleeping offered warm drinks, snacks and assistance with hygiene if required. The registered nurse monitors ongoing needs with input from care staff. Residents/representatives are satisfied with the care and comfort provided to residents and measures implemented by staff in relation to promoting sleep.

### **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.

Examples of improvements related to Standard 3 include:

- To enhance the lifestyle of residents, a program of ‘fine dining’ has been introduced to the meal service with the inclusion of tablecloths, candles and placemats on each table. Residents expressed satisfaction that the ‘fine dining experience’ provides a home-style atmosphere to communal dining.
- A resident choir has been formed to include active participation from residents across the co-located facility. Participants meet regularly for practice sessions and perform on special occasions. We observed the choir providing entertainment during the home’s Christmas in July celebrations.
- In response to resident and staff feedback a need was identified to improve the aesthetics of the physiotherapy room. As a result murals have been designed and placed on walls within the room in conjunction with the local community art society. Positive feedback has been given by residents directly to staff.

#### **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 system and processes.

In relation to Standard 3 Residents’ lifestyle, compliance with legislation includes a system to ensure staff and residents are aware of mandatory reporting guidelines.

#### **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 system and processes.

The education program reflects identified training needs and staff have the opportunity to undertake a variety of training programs relating to Standard 3 Resident lifestyle. For example:

- Elder abuse and compulsory reporting
- Music therapy
- Rights and responsibilities

### **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

Information identifying each resident's emotional and socialisation needs is gathered from residents, representatives and family members both prior to and following their entry to the home. Residents are oriented to the environment, services, staff and other residents and assessments are completed which identify the resident's individual personality traits, likes and dislikes and current abilities. The emotional needs and support required by each resident is incorporated into an individualised care plan which is reviewed regularly to identify changes or concerns they may be experiencing. Current strategies used to support residents are documented in progress notes, communication books and in care plans. Pastoral care is available to support residents' emotional needs and residents are given the choice of continued visitation. Residents/representatives are satisfied they are all supported in adjusting to life in the home 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

Clinical and lifestyle assessments are completed on entry to the home to identify each resident's requirements to maximise their independence. The information provided enables individualised care plans to be developed and these are regularly reviewed and updated as appropriate. The support required to maintain residents' independence includes identified specialised equipment and/or aids and access to the community within and outside the home. Staff practices encourage and support residents' independence within their capacity in relation to personal care and activities of daily living. Residents and their representatives provide feedback to management through a variety of mechanisms including audits, surveys, informal case conferences and resident meetings. Residents/representatives are satisfied residents are assisted to achieve maximum independent lifestyle choices.

### **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' wishes in relation to their preferred name, care and lifestyle preferences and cultural and spiritual beliefs are identified on entry to the home and this information is recorded in assessments and care plans to guide staff practice. Information about the right to privacy and dignity is contained in the handbooks for residents and staff. Privacy and dignity are discussed on admission and at meetings. Residents' records are secured in areas that are restricted to authorised personnel, electronic records are password protected and staff discuss individual residents' issues in private. Staff are provided with education and their practice is monitored to ensure that residents' rights to privacy and confidentiality are maintained. Staff are aware of individual preferences and address residents in a respectful manner. Residents/representatives are satisfied that staff maintain residents' privacy and dignity.

### **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

Information identifying the individual needs of each resident is gathered from residents and their representatives and documented in assessments and through progress note entries. A lifestyle care plan is developed which includes the physical, cognitive, social, spiritual and cultural needs and preferences of the resident. A program of activities is developed and evaluated with input from residents/representatives, staff, management and volunteers through feedback mechanisms including surveys and meetings. A daily, weekly and monthly calendar of events is displayed throughout the home, and special events are discussed and advertised at meetings and in the newsletter. Staff are aware of residents' preferred activity and leisure pursuits and with the support of volunteers provide assistance to residents to access the activity. Residents/representatives are satisfied residents are supported and encouraged to participate in a wide range of interests and activities.

### **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' specific interests, preferences, cultural and spiritual needs are identified on entry to the home and individualised care plans are developed in consultation with residents and their representatives. Church services are coordinated by staff and residents unable to attend can be visited in their rooms to ensure spiritual comfort is provided as required. Staff are aware of resources available to meet the cultural and spiritual needs of residents including pastoral care support, access to denominational services and ministers, food preferences, special events and information for culturally diverse residents. Staff assist residents to attend special celebrations and events. Residents/representatives are satisfied

the resident's individual interests, customs, beliefs and cultural needs are supported and maintained.

### **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

Residents are encouraged to make lifestyle choices in their day to day life. Their specific preferences including care needs, routines, current pursuits and interests are identified and documented through interviews with management, lifestyle and care staff.

Residents/representatives are reminded daily of events that are occurring in the home and wider community to enable them to select their preferred activity. Alternative decision makers, such as an enduring power of attorney, adult guardian or public trustee to make decisions on behalf of the resident, are identified and records are updated as required. Residents are aware of their rights and responsibilities and have access to information regarding advocacy services and comments and complaints mechanisms.

Residents/representatives are satisfied residents are able to exercise choice and decision making in relation to the care and services provided.

### **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/representatives are provided with information about security of tenure, circumstances which may require residents' transfer to more appropriate accommodation, and residents' rights and responsibilities prior to residents moving into the home. Financial arrangements, security of tenure and the process for termination of the agreement or the need to transfer are discussed with residents and their representatives. The residents' occupancy agreement and handbook include information about security of tenure, schedules of specified services including those for high care residents, and information about complaints mechanisms. The Charter of resident's rights and responsibilities is included in the agreement and is on display in the home. Residents/representatives are secure in the resident's tenure within 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.

Examples of improvements related to Standard 4 include:

- A risk assessment was undertaken of shower hoses in residents’ bathrooms following concerns raised by staff that the stainless steel coil hoses had the potential to cause skin tears. As a result all hoses have been replaced with plastic fittings which the Workplace Health and Safety Officer advised are smooth and flexible reducing the risk of skin tears to residents.
- A new chemical supplier has been sourced as a result of feedback organisationally to use environmentally friendly chemicals. Positive feedback has been received by staff that changes in the supply of chemicals has provided a safer dispensing system which reduces the need to handle chemicals and a reduction in chemical usage resulting in the amount of chemicals being stored at the home.
- To streamline the marking process of resident’s clothing, an industrial name and tagging press has been purchased for the laundry. Management advised that the new nametags are cost effective, designed for industrial use and have enabled staff to identify and return personnel items to residents in a timely manner.

### **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 system and processes.

In relation to Standard 4 Physical environment and safe systems, there is a system to ensure staff attendance at annual mandatory fire safety training and food safety guidelines are followed.

### **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 system and processes.

The education program reflects identified training needs and staff have the opportunity to undertake a variety of training programs relating to Standard 4 the Physical environment and safe systems. For example:

- Circle of safety - Chemicals
- Fire, emergency and evacuation training
- Food handling
- Manual handling
- Restraint – policy and practice

#### **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's environment reflects the safety and comfort needs of residents. Storage areas are provided for equipment and mobility aids, walkways are free of trip hazards and gardens are maintained to ensure safety. Residents are encouraged to personalise their own rooms and utilise communal and outdoor areas. Programmed maintenance is conducted in accordance with established agreements and a reactive maintenance program is responsive to requests. The home has a minimal restraint policy. The living environment is monitored through risk assessments, hazard reports, accident and incident reporting, audits, surveys and feedback from meetings. Residents/representatives expressed satisfaction with the living environment.

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

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

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

The home meets this expected outcome

The home has an occupational health and safety system that is overseen by Workplace Health and Safety Officers to assist in the identification, actioning and review of safety issues. Safety performance is monitored through audits, hazard identification, risk assessments and staff competencies and actioned as required. Training is provided on the use of chemicals, manual handling and infection control at orientation, annually and as needs arise. Equipment is maintained and chemical storage areas are secured. Health and safety issues are discussed at workplace health and safety meetings and raised at other meetings when relevant. Staff work within safety guidelines and demonstrate knowledge of the occupational health and safety systems.



#### **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 documented policies and procedures to manage fire safety, evacuations and other emergencies. Mandatory fire safety training and education is provided for staff at orientation and annually thereafter. Fire drills are conducted and staff demonstrated knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation. Evacuation plans are located in key areas of the home and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff. The home has processes to maintain the security of the building after hours and at the weekends.

#### **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 an infection control program to identify, document, manage and minimise infections. The program includes a food safety program, pest control measures, a vaccination program for residents and staff, and outbreak management contingency plans. Infection control education is provided to all staff. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed. Residents' infection statistics are recorded and reviewed monthly. Personal protective equipment and colour coded equipment are in use and hand washing facilities, hand sanitisers, sharps' containers and spill kits are readily accessible. Staff described infection control measures, including the appropriate use of personal protective equipment, hand hygiene procedures and precautions to be taken in the event of an outbreak.

#### **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

Hospitality services are provided in a way that enhances residents' quality of life and the working environment for staff. Catering services are provided to meet residents' dietary needs and preferences, which are identified on entry and on an ongoing basis. Residents have input into the current menu through resident meetings, surveys and directly to catering staff. Cleaning of residents' rooms, communal areas and high cleaning is done in accordance with the cleaning duty lists and staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. The onsite laundry has equipment and processes to ensure safe infection control practices. The effectiveness of hospitality services is monitored through meetings, audits and surveys. Residents expressed satisfaction with the catering, cleaning and laundry services provided to them.