



Aged Care  
Standards and Accreditation Agency Ltd

## **The Kensington Residential Care Facility**

RACS ID 6008

276 Portrush Road

BEULAH PARK SA 5067

Approved provider: Jakudo Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 24 June 2015.

We made our decision on 27 April 2012.

The audit was conducted on 26 March 2012 to 27 March 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

**The Kensington Residential Care Facility 6008**

**Approved provider: Jakudo Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 26 March 2012 to 27 March 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 26 March 2012 to 27 March 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:	Joy Sutton
Team member	Cherie Davy

## Approved provider details

Approved provider:	Jakudo Pty Ltd
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## Details of home

Name of home:	The Kensington Residential Care Facility
RACS ID:	6008

Total number of allocated places:	52
Number of residents during audit:	46
Number of high care residents during audit:	46
Special needs catered for:	People with dementia or related disorders

Street:	276 Portrush Road	State:	SA
City:	BEULAH PARK	Postcode:	5067
Phone number:	08 8332 0297	Facsimile:	08 8431 0722
E-mail address:	eab@memcorp.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/representatives	8
Management team	3	Allied health	1
Clinical, care and lifestyle staff	8	Ancillary staff	7

### Sampled documents

	Number		Number
Residents' files	12	Medication charts	5
Summary/quick reference care plans	12		

### Other documents reviewed

The team also reviewed:

- Agency staff orientation documentation
- Archive register
- Audits, surveys, schedules and related data
- Cleaning schedules
- Comments, suggestion and complaints documentation
- Continuous improvement documentation
- Education documentation
- Fire and emergency logs
- Food safety plan
- Home's self assessment
- Human resources documentation
- Job descriptions
- Lifestyle documentation
- Mandatory reporting documentation
- Ministers Speculations 59
- Pest control logs
- Police clearance register staff and volunteers
- Policies and procedures
- Preventative and reactive maintenance logs
- Resident agreement
- Residents' information handbook
- Testing and tagging records
- Various meeting minutes and 2012 schedule
- Various memorandum

### Observations

The team observed the following:

- Activities in progress
- Aged care pamphlets and advocacy information displayed
- Comments, suggestion and complaints forms
- Equipment and supply storage areas
- Hand-washing stations and gel dispensers

- Interactions between staff and residents
- Internal and external living environment
- Medication administration and secure storage
- Medication rounds, storage and licence
- Material safety data sheets
- Noticeboards for residents and staff information
- Re-accreditation notices.
- Staff work areas including communication books
- Suggestion boxes
- Triennial fire certification

## 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 Kensington Residential Care Facility has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. The home uses internal and external audits, resident surveys, complaints, suggestions, meetings, education evaluation, resident care needs, case conferencing and incident and hazard analysis to identify improvements. Opportunities for improvements are logged electronically onto a continuous improvement plan, where they are reviewed, evaluated and updated regularly. Evaluation and feedback is provided to stakeholders through meetings. Residents, representatives and staff are satisfied the home pursues continuous improvement.

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

- Management identified that working with a continuous improvement plan and continuous improvement log was time consuming and difficult to maintain up-to-date documents. The continuous improvement log and plan have been combined into one document. This has assisted management in ease of tracking information and following progress with continuous improvement activities and initiatives. Staff have provided feedback indicating the document is easier to read and navigate.
- Document folders have been set up in four prominent locations in the home to provide stakeholders with current information. The folders contain information, including meeting minutes, newsletters, the strategic plan and the continuous improvement plan. Feedback from stakeholders indicates these are easy to locate and clearly visible.

#### 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 compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to management systems, staffing and organisational development. Aged care legislative updates and notifications are received from peak industry bodies. Where changes to policy or procedures are identified, head office notify the home through email and management meetings. Staff are notified of changes relevant to their roles and responsibilities through memorandum, staff meetings and



the legislative update folder. The home has processes to monitor work related registrations, police clearances for staff and generally notify stakeholders of the Re-accreditation site audit. Management and staff are aware of their legislative requirements that affect their roles and responsibility.

### **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 systems to provide management and staff with the appropriate knowledge and skills to perform their roles effectively. Site orientation, job description, duty statements, mandatory training, education evaluation, staff appraisals and buddy shifts assist the home to monitor staff skills and knowledge. Education sessions including mandatory training are displayed on the education planner, information on external education is available and attendance is supported. Staff attendance at mandatory sessions is supported and monitored by management with non-attendance followed up. Staff are satisfied with the educational opportunities to support their knowledge and skills. Residents and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles effectively. Examples of training completed in management staffing and organisational development over the 12 months include continuous improvement accreditation training, understanding the standards and documentation.

### **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 systems to provide residents and representatives access to internal and external complaints mechanisms. These include admission processes, the resident handbook, resident agreement, newsletters, management's open door policy, resident meetings and focus groups. Advocacy services are invited annually to provide residents with information. Advocacy services and aged care related brochures are available and displayed in languages other than English. Secure suggestion boxes and comments, suggestions and complaints forms are available and located in prominent areas. Management record and track feedback to assist in identifying issues and trends, an acknowledgement letter with the actions taken are sent to stakeholders who provide feedback. The record log is updated with the actions taken and any evaluations, these are reported at management meetings. Staff are oriented to the home's comments and complaints process and understand their responsibility to assist residents to raise issues or concerns. Residents and representatives interviewed are satisfied their concerns are dealt with effectively.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has documented its mission statement addressing its vision, values, philosophy and objectives consistently through its strategic plan, agreements and various handbooks.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has systems to monitor staff are appropriately skilled and qualified. Staff are employed based on their qualifications, experience and suitability to work in aged care. All staff undergo a reference check and police clearance. Site orientation processes include buddy shifts and access to duty statements and job descriptions. Mandatory training and annual performance appraisals also assist the home to monitor staff skills. The clinical services coordinator has processes to identify the required staffing levels to meet residents' care needs, based on feedback from staff and residents and resident acuity level. Agency staff are utilised for vacant shifts not filled by regular and casual staff. Residents interviewed are satisfied that care provided is appropriate to the home's service philosophy and objectives.

### **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 provides sufficient goods and equipment to give the necessary care to residents. Designated staff or external service providers are given responsibility to monitor, supply, rotate or put in orders for selected stock. Contracted suppliers test and maintain electrical equipment according to legislative requirements. A preventative and reactive maintenance system is used to maintain equipment through regular checks and servicing. Monitoring occurs through the home's auditing processes and stakeholder feedback. New equipment is trialled at a corporate level and staff are invited to have input into the suitability of equipment and supplies. Residents and staff interviewed are satisfied with the level of goods and equipment provided by the home to meet their 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

The home has a range of management systems to provide staff, residents and representatives with information. Admission processes, resident meetings, focus groups, newsletters, case conferencing and lifestyle reviews provide residents and representatives with information to make decisions about the care and services residents receive. Lifestyle and care reviews, communication books, memorandum, handover and staff meetings provide staff with the relevant information to perform their roles. Management have quarterly meetings to discuss clinical indicators, feedback, comments and complaints and other clinical issues. Confidential information is stored securely, archived as required, and destroyed according to legislative requirements. Administrative electronic information is password protected and backed up at head office. There is a schedule of review for policy and procedures and auditing process assist in monitoring management information systems. Residents and representatives interviewed are satisfied residents are provided with information to assist them to make decisions about residents' 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 established processes to identify the provision of external services based on resident needs and operational requirements. Supplier agreements, outlining the service and quality expectations, are initiated and monitored at an organisational level. These include criminal history checks as required. Staff at the home have opportunity to give feedback on these services through their managers. Residents and staff interviewed are satisfied with the quality and delivery of externally contracted services provided in the home.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, case conferencing, clinical audits, infection, medication, falls and incident data assist the home to identify continuous improvement initiatives. This information is analysed and collated for trends. Residents and representatives could not provide examples of continuous improvement for residents' health and personal care. Staff are satisfied the home pursues continuous improvement.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months include:

- The home identified the need to employ a treatment nurse to provide a 'focus' for treatment regimes. Additional staffing hours were allocated to the roster. The home demonstrated improvements in clinical care for residents with complicated wounds and pain management strategies.
- The home introduced a new wound grading system to monitor wound care as previous processes did not identify the severity of the wound and care requirements. Wound treatment sheets have been updated with the new coding system. The home demonstrated improvements in wound care and healing rates for complex wounds.
- Management identified through a network focus meeting that they did not have a palliative care box set up. A range of specialised equipment was purchased and placed in the palliative care box to ensure nursing staff have access to equipment for providing pain relief through the syringe driver when and as required.
- The home identified through current research that when residents observe staff to be wearing a dressing gown at night this may encourage a sleep like environment and assist residents to sleep. Two dressing gowns were purchased for night duty staff to wear. The home is currently evaluating the benefits of this research.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home has processes to monitor compliance in relation to health and personal care, including medication competencies and

medication management reviews. Management and staff are aware of their legislative requirements relating to reporting guidelines for absconding residents and provision of services by qualified nursing staff.

### **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 processes.

In relation to Standard 2 Health and personal care, staff have completed medication competencies and attended training in pain and behaviour management, sleep education, medication side effects and continence and catheter care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. Information to assist staff in identifying strategies to manage clinical care is gained through assessment processes using entry documentation, information from health professionals and residents/representatives. Care plans are reviewed on a regular basis through case conferencing and consultation with residents/representatives. Staff are advised of changes to care through handover and care documentation. Medical practitioners visit the home on a regular basis and are advised of changes to health status using the home’s communication processes. Staff practice and assessment tools are generally monitored through the home’s monitoring systems. These include competency testing, audits, surveys, observation and care plan reviews. Residents and representatives interviewed are satisfied residents receive clinical care according to their assessed needs.

### **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 nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses assess residents for their specialised clinical needs when they enter the home and on an ongoing basis. Information and strategies to manage these needs are documented and reviewed regularly. Medical practitioners are consulted and involved in ongoing care. Staff are provided with training and specialised procedure manuals and practices generally monitored through care plan reviews and the home’s monitoring systems. Residents and representatives interviewed are satisfied residents receive specialised nursing care from qualified nursing staff.

## **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 are referred to appropriate health specialists when needed. Using consultative assessment processes the home identifies residents’ referral needs. Information is sent with residents when these referrals occur. On return, accompanying instructions are recorded and actioned as necessary. Information relating to changes in care is given to staff using the home’s communication processes. Medical practitioners are consulted for urgent referrals. Complementary therapies can be accessed and residents wishing to use these services are given support. Staff practices and assessment tools are monitored through care plan reviews, audits and surveys. Residents and representatives interviewed are satisfied with the home’s referral processes.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ medication is managed safely and correctly. The home assesses residents for their ability to manage their medication needs and documents strategies to assist staff in giving medication as prescribed. Residents are able to self medicate following assessment and adhering to the home’s policies and procedures. Medication use is generally monitored through pharmaceutical reviews, audits, incident management and the medication advisory committee. Staff interviewed are aware of policies and procedures guiding medication management and are given direction with crushing and administration practices. Medication is secured safely with dating and refrigeration as appropriate. Residents and representatives interviewed are satisfied residents’ medication is managed safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Pain management strategies used in the home are effective. Residents are assessed on entry to the home for pain management or the potential for pain and strategies to assist in managing this pain documented. Alternative strategies to medication, including heat packs, massage and positioning are also used to manage pain. Staff interviewed are able to describe nonverbal signs of pain in cognitively impaired residents and residents at risk of pain. Medical practitioners are consulted for management of identified pain and residents referred to pain or palliation specialists as required. Staff practices and assessment tools are monitored using pain charts, care plan reviews and the home’s monitoring processes. Residents and representatives interviewed are satisfied with pain management strategies used in the home.

## **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

Palliation strategies used in the home bring comfort and dignity to terminally ill residents. Residents/representatives are encouraged to complete good palliative care orders when residents enter the home. Care plans are developed using a multidisciplinary approach with referrals to palliation specialists as required. Residents and families are offered and provided emotional and spiritual support as requested or needed. Specialist equipment is available to provide comfort and afford dignity to residents. Staff practice and assessment tools are monitored through stakeholder feedback and audits. Representatives have provided feedback and state they are satisfied with the care provided to residents during the end stages of their life.

## **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 receive adequate nourishment and hydration. Residents are assessed when they enter the home to determine their nutritional and hydration needs. Allergies, likes, dislikes and special needs are identified and documented for hospitality and care staff. Supplements and high protein, high energy foods are provided for residents at risk of malnutrition or weight loss. Residents requiring textured diets and drinks, prescribed by allied health personnel, are identified and provided with necessary nutrition and hydration. Staff interviewed are able to describe specific dietary requirements of residents and strategies to assist residents in maintaining their independence at meal times. Staff practice, resident intake and assessment tools are generally monitored through audits, weight monitoring, surveys, care plan reviews and observation. Residents and representatives interviewed are satisfied residents receive adequate foods and drinks.

## **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 integrity management is consistent with residents’ general health. Residents are assessed for risk of skin impairment when they enter the home and strategies identified to assist in maintaining or improving skin integrity. These include regular repositioning regimes, emollients and pressure relieving aids. Wound management is provided by qualified staff and generally monitored by registered nurses. Supplements are given to residents to aid in the healing process. Residents with complex wounds are referred to specialist services as required. Staff practice and assessment tools are monitored using the home’s monitoring systems. Residents and representatives interviewed are satisfied with skin management strategies used in the home.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ continence is managed effectively. Using consultative assessment processes the home assesses residents on entry to the home to ascertain their continence needs. Strategies are identified and documented in care plans to assist in improving or maintaining social continence. Staff interviewed are aware of these strategies and documentation required to identify changes in urinary and bowel patterns. Infection data is collated and analysed to identify trends and monitor staff practice. Residents and representatives interviewed are satisfied residents’ continence needs are managed in an appropriate way.

## **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

Challenging behaviour of residents is managed in an appropriate way. Residents are assessed on admission to identify their potential for exhibiting challenging behaviours. Triggers and strategies to assist in minimising the impact of these behavioural traits on others are identified and documented in care plans. Staff interviewed are aware of and able to articulate strategies to minimise the risk of resident behaviours impacting on others. Residents are referred to medical practitioners and specialist services as required. Staff practice and assessment tools are monitored using the home’s monitoring processes. Restraint, if used is managed according to the home’s policies and procedures. Residents and representatives interviewed are satisfied with the home’s management of challenging behaviours.

## **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 are able to achieve optimum levels of mobility and dexterity. On entry to the home residents are assessed by registered nurses to identify strategies to maximise independence. These strategies are reviewed on a regular basis and following falls. Allied health professionals assist in prescribing range of movement exercises and aids to assist in maximising mobility and dexterity. The home has implemented the ‘stick-to-stand’ measurement system to minimise the risk of falls. Staff practice and assessment tools are monitored using the home’s monitoring systems. Residents and representatives interviewed are satisfied residents’ mobility and dexterity levels are managed and optimised.



## **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 health is maintained. Using consultative assessment processes the home identifies strategies to manage residents’ oral health. These are documented in resident care plans and reviewed on a regular basis. Residents are referred and supported to attend appointments with dentists, technicians or speech pathologists as needed. Staff practices and assessment tools are monitored using the home’s monitoring processes. Residents and representatives interviewed are satisfied with the management of residents’ oral and dental health.

## **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

Residents’ sensory losses are identified and managed effectively. The home assesses residents’ sensory losses when they enter the home and identify strategies to assist in managing these losses. Strategies to manage sight, hearing, taste, touch and smell are documented in resident care plans and reviewed on a regular basis. Residents are referred to health specialists as necessary to manage these deficits. Staff practices and assessment tools are monitored using the home’s monitoring systems. Residents and representatives interviewed are satisfied residents’ sensory losses are identified and managed effectively.

## **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 are able to achieve natural sleep patterns. Using consultative assessment processes residents are assessed on entry to the home to identify strategies which assist them in sleeping comfortably throughout the night. These strategies are documented in care plans and reviewed on a regular basis. Strategies including rising and settling times, lighting requirements and environmental issues are considered along with nutritional and hydration settling preferences. Staff practices and assessment tools are monitored using the home’s monitoring processes. Residents and representatives interviewed are satisfied residents are able to achieve natural sleep patterns.

## **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 system and processes.

In relation to Standard 3 Resident lifestyle, resident meetings, resident focus groups, case conferencing and resident surveys are used to gather suggestions. Feedback is recorded and evaluated from lifestyle and care activities. Staff contribute to improvements in resident lifestyle through training, network meetings and identifying improvement opportunities. Staff encourage and support residents and other stakeholders to provide feedback and suggestions.

Examples of improvement initiatives related to resident lifestyle implemented by the home over the last 12 months are:

- Lifestyle survey results identified that male residents wanted specific male orientated activities to be offered. A mens’ group has been established, with a volunteer assisting in running the group. The men are suggesting a range of activities they would like to be involved in and feedback to-date indicates they are enjoying the company and activities provided.
- Feedback from residents at the focus group meetings identified they would like additional off-site activities to be offered. Residents are suggesting the types of community activities and places they would like to attend. Resident feedback indicates they are enjoying the different outings each month.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home has processes to monitor compliance in relation to resident lifestyle, including mandatory reporting procedures and providing residents with residential care service agreement. Management and staff are aware of their legislative 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

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

In relation to Standard 3 Resident lifestyle, staff have attended training over the last 12 months on mandatory reporting, elder abuse, activities for people with special needs, world of creativity and understanding sexuality in dementia care.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home has systems to support residents in adjusting to their new environment on entry and on an ongoing basis. Residents are able to tour the home, personalise their living environment and are 'buddied' up with other residents. Residents and representatives receive an information package which includes a lifestyle social history assessment form. This gathers information on residents' personal likes and dislikes, including their emotional, cultural, spiritual and social preferences. This information is used to develop their 'my social history' profile, these are reviewed regularly and updated as required. Other emotional support offered includes, one-to-one support, pet therapy and referral to mental health specialists. The home monitors resident satisfaction with emotional support through surveys, family conferencing, staff observation and verbal feedback. Residents and representatives interviewed are satisfied that residents receive emotional support on entry and on an ongoing basis.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has systems to assist residents to achieve independence, maintain friendships and participate in the life of the home and community. Initial entry assessments and ongoing care, physiotherapy and lifestyle reviews identify residents' physical, personal and social preferences. Hairdressing services, allied health providers, medical officers and other specialised health providers visit the home regularly or as required. Specialised equipment is provided to promote resident independence as needed. Residents are assisted to access social leave, access cab vouchers, purchase items from the visiting gift shop and participate in the community through local outings and bus trips. The home monitors resident satisfaction with their independence through family conferencing, staff observation, surveys and verbal feedback. Residents and representatives interviewed are satisfied that residents are assisted to maintain their independence, friendships and participate in the life of the home and the community.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems that recognise and respect resident's right to privacy, dignity and confidentiality. Initial entry assessments and ongoing review processes identify residents' privacy, dignity and confidentiality needs. Residents have the choice of single or shared rooms, each with a locked drawer. Communal and private lounge and outside areas are available. Staff support residents' privacy, dignity and confidentiality by knocking on doors, using privacy curtains and shower capes during personal care and ensuring resident information is stored securely. Staff interviewed understand their responsibility for maintaining residents' privacy, dignity and confidentiality. The home monitors resident satisfaction through family conferencing, observation, surveys and resident feedback. Residents and representatives interviewed are satisfied that residents' privacy, dignity and confidentiality is maintained.

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

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

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

The home meets this expected outcome

The home has systems to encourage and support residents to participate in a range of interests and activities. Initial entry processes and ongoing discussions identify residents' preferred interests and activities of choice. The newly developed 'my social history' profile identifies residents preferred leisure activities and interests. Weekly activities planners are provided to each resident. Activities offered include music melody, high tea, men's shed, cooking classes and art and craft classes. Bus trips, on-site concerts and special events are held regularly. The home monitors resident satisfaction through family conferencing, observation, surveys and resident feedback. Residents and representatives interviewed are satisfied residents are encouraged and supported to attend activities. Staff assist residents to attend activities and events.

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

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

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

The home meets this expected outcome

The home has systems to foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Initial entry assessments and ongoing review process, including one-to-one support identify residents' cultural and spiritual preferences. The home offers regular in-house church services and songs of praise. Residents are assisted to attend the local church service weekly and are assisted with individual religious and spiritual supports as identified. Traditional cultural, religious and local significant days are identified and acknowledged. The home celebrates different cultural themes each month, with traditional food offered. The home monitors and evaluates residents' cultural and spiritual needs through discussion, family conferencing, feedback and surveys. Residents and representatives are satisfied residents' cultural and spiritual needs are acknowledged.

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

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

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

The home meets this expected outcome

The home has systems to support residents in making decisions about the services they receive. Initial entry processes identify residents' preferred choices regarding the care and services provided. Authorised representatives, advanced directives, spiritual supports and preferred choices for activities of daily living are identified and documented. The residential care agreement and handbook outline the care and services to be provided. The home monitors resident satisfaction with their choice and decision making through family conferencing, feedback and surveys. Residents and representatives interviewed are satisfied residents are provided with choice regarding the care and lifestyle 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

The home has systems to assist residents to understand their rights and responsibilities and security of tenure. Senior administration staff provide residents and or their representatives with information and the opportunity to discuss the care and services provided, including the comments and complaints system, the handbook, the residential service agreement, fees, security of tenure and residents rights and responsibilities. When residents require an advocate or guardian, management apply for guardianship to protect resident rights. The handbook is available in other languages and interpreter services are accessed as required. External advocacy services are invited to attend resident meetings annually. Auditing processes assist the home to monitor compliance. Residents and representatives interviewed are satisfied residents are assisted to 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

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

In relation to Standard 4 Physical environment and safe systems, hazard reports, audits and surveys are used to gather suggestions, which are recorded and evaluated. Staff contribute to improvements to the physical environment and safe systems by participating in training and maintaining a safe work environment. Residents, representatives and staff are satisfied the home pursues continuous improvement.

Examples of improvement initiatives related to the physical environment and safe systems implemented by the home over the last 12 months include:

- To improve access to outside areas in all weather conditions, the shade cloth pergola has been replaced with a solid roof all weather pergola, allowing residents to sit outside at all times. The home has noticed residents sitting outside and enjoying the sunshine.
- An audit identified an opportunity to improve hand-washing access for staff in the kitchen area. A new hand basin was purchased and installed, improving staff access to hand-washing facilities. Staff feedback indicates the new basin has improved access.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 4, the home has processes to monitor compliance in relation to Physical environment and safe systems, including infection and pest control, fire and food safety. Management and staff are aware of their legislative requirements.

### **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 processes.

In relation to Standard 4 Education and staff development, staff have attended over the last 12 months manual handling, chemical education and generally fire training.

### **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

Residents, representatives and staff are satisfied with the level of comfort and safety at the home. Environmental and cleaning audits, hazard and risk assessment processes, call bell audits and surveys are used to identify and monitor possible issues that may impact on resident safety and comfort. Residents are encouraged to personalise their space. The home provides a variety of indoor and outdoor meeting areas with seating and amenities that are maintained through preventive/reactive maintenance programs and cleaning routines. Restraint use, in line with the home's policies and procedures, is kept to a minimum with alternative strategies used where possible. Security procedures, including coded access, sensor mats, bracelets, and camera monitoring promote resident and staff safety.

### **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 systems to orientate and train staff in workplace health and safety at induction and re-assess this on an ongoing basis. The home monitors risk through the organisation's Occupational Health and Safety committee. A schedule of programmed audits, hazard and incident and infection rate reporting assists the home in assessing and actioning these risks. Staff receive training on their responsibilities in relation to occupational health and safety when they commence work with the organisation and on an ongoing basis. Interviewed staff are aware of their responsibilities in maintaining a safe work environment and use the incident and hazard reporting processes as required.

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

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

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

The home meets this expected outcome

The home has processes that ensure management and staff are actively working to provide an environment and safe systems that minimise fire, security and other emergency risks. The home has contingency plans for emergencies and procedure manuals are accessible to staff. Staff attend regular mandatory training which includes fire safety, emergency and fire warden training. External contractors maintain the fire and emergency system through regular monitoring and testing. The home has a current Triennial Fire Certificate. The home monitors fire, security and emergency management through incident analysis, audits and stakeholder feedback. Staff interviewed are aware of emergency procedures. Resident/representatives are reminded of responses to emergencies through newsletters, resident handbooks and meeting forums.

#### **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 surveillance program, infection control policy, procedures and outbreak guidelines for staff reference. Infection control measures are assessed and monitored by key staff in clinical, cleaning, catering, and laundry services. Training is provided to staff on infection control management. Infections amongst residents are collated analysed and trended on a regular basis and strategies implemented as necessary to minimise spread. The home has a food safety program with cleaning regimes and temperature monitoring of food. Staff practice and infection control management is monitored through audits, hand-washing demonstrations, infection data trending and observation. Staff interviewed are able to describe infection control processes to minimise spread.

#### **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 to enhance resident's quality of life and assist staff working environment. Catering services are provided to meet residents' dietary needs and preferences through the four weekly rotating menu. Changes have been made to the menu in response to resident feedback. The menu is monitored by a dietician to ensure residents' nutritional requirements are met. Routines and schedules are in place to guide cleaning of residents' rooms and communal areas. All linen and residents' personal clothing is washed on-site and residents' clothing is labelled to prevent loss. Staff interviewed are aware of infection control principles relating to cleaning, catering and laundry processes. The home monitors the effectiveness of hospitality services through audits, feedback mechanisms and observation of practice. Residents and representatives state they are satisfied with the hospitality services provided to residents. Staff interviewed are satisfied hospitality services are provided in a way that assists in the smooth running of the home.