



Aged Care  
Standards and Accreditation Agency Ltd

## **The Laura Johnson Home**

### **Approved provider: The Society for the Mount Isa Memorial Garden Settlement for the Aged**

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 14 December 2014. We made the decision on 17 October 2011.

The audit was conducted on 6 September 2011 to 7 September 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

Home's name:	The Laura Johnson Home				
RACS ID:	5022				
Number of beds:	33	Number of high care residents:	9		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Indigenous</li> </ul>				
Street/PO Box:	3 Lucy Street				
City:	MOUNT ISA	State:	QLD	Postcode:	4825
Phone:	07 4744 5100		Facsimile:	07 4744 5105	
Email address:	lauraj@lauraj.com.au				

### Approved provider

Approved provider:	The Society for the Mount Isa Memorial Garden Settlement for the Aged
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### Assessment team

Team leader:	Lee-Anne Given
Team member/s:	Kathy Prain
Date/s of audit:	6 September 2011 to 7 September 2011

**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

**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

**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

**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

# Site Audit Report

The Laura Johnson Home 5022  
3 Lucy Street  
MOUNT ISA QLD

Approved provider: The Society for the Mount Isa Memorial Garden Settlement for the Aged

## Executive summary

This is the report of a site audit of The Laura Johnson Home 5022 from 6 September 2011 to 7 September 2011 submitted to the Accreditation Agency.

### **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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 6 September 2011 to 7 September 2011

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:	Lee-Anne Given
Team member/s:	Kathy Prain

## Approved provider details

Approved provider:	The Society for the Mount Isa Memorial Garden Settlement for the Aged
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## Details of home

Name of home:	The Laura Johnson Home
RACS ID:	5022

Total number of allocated places:	33
Number of residents during site audit:	28
Number of high care residents during site audit:	9
Special needs catered for:	Indigenous

Street/PO Box:	3 Lucy Street	State:	QLD
City/Town:	MOUNT ISA	Postcode:	4825
Phone number:	07 4744 5100	Facsimile:	07 4744 5105
E-mail address:	lauraj@lauraj.com.au		

## Audit trail

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

### Interviews

	Number		Number
Facility manager	1	Residents/representatives	13
Director of nursing	1	Hotel services supervisor	1
Enrolled nurses	2	Catering staff	1
Care staff	4	Laundry staff	1
Senior administration assistant	1	Cleaning staff	1
Diversional therapist	1	Maintenance staff	1

### Sampled documents

	Number		Number
Residents' files	10	External contracts	5
Summary/quick reference care plans	14	Personnel files	5
Medication charts	10		

### Other documents reviewed

The team also reviewed:

- Accident/incident reports and statistical analysis
- Accreditation self assessment
- Activities calendar, evaluations and associated documentation
- Aged Care working group minutes
- Agency nursing orientation checklist
- AIN competency booklet
- Audits and results
- Breakfast, dietary, nutritional supplement requirement reports
- Chemical register
- Chemical schedule, service reports and associated documentation
- Clinical documentation and management folders
- Clinical monitoring information
- Comments and complaints documentation
- Contracts schedule 2011
- Daily bed and fire list
- Disaster management plan
- Diversional therapy information folders
- Education calendar, attendance and evaluation records
- Emergency response procedures folder
- Employment and recruitment pack and associated information
- Fire system and maintenance records, inspection reports and associated documentation
- Fire Safety Advisor certificate
- Food Business Licence
- Food safety plan

- Food safety program
- Food Supervisor certificate
- Hazards reports and register
- Improvement logs
- Infection control folder
- Injury risk management standards report
- Kitchen logs and reports
- Lifestyle activities documentation
- Mandatory reporting register
- Manuals and policies folder
- Material safety data sheets
- Meal choices folder
- Medication policy folder
- Medication review reports
- Meeting minutes
- Memorandum
- Menu
- Mission and strategic plan
- Maintenance and monthly service reports and associated documentation
- Notice of accreditation site audit
- Observations folder
- Orientation program
- Pest control documentation
- Pharmacy folder
- Plan for continuous improvement
- Police check matrix
- Preventative maintenance documentation
- Resident agreement
- Resident/representative and staff survey results
- Resident care profiles
- Resident feedback form
- Resident handbook and information pack
- Resident handover report and communication book
- Resident newsletter
- Restraint authorisations
- Risk assessments
- Rosters
- Staff competencies and training register
- Staff handbook/code of conduct
- Temperature monitoring records
- Visitor/Volunteer sign in register
- Waste management records



## **Observations**

The team observed the following:

- Activities displayed on whiteboard and in progress
- Activities in progress
- Archive storage
- Assembly points and paths of egress
- Brochures and information flyers regarding complaints, advocacy and suggestions/improvements
- Catering practices
- Charter of residents rights on display
- Cleaning in progress
- Emergency exits
- Equipment and supply and chemical storage areas
- Evacuation plans on display
- File and information storage areas
- Fire fighting equipment and signed fire exits
- Food storage areas
- Hand washing stations and sanitizers
- Hospitality processes
- Infection control resources
- Information displayed for residents and staff
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and servery processes
- Laundry practices
- Maintenance areas
- Meal and beverage delivery and service
- Medication round and storage
- Menu boards
- Notice boards for residents and staff
- Staff practice, provision of care and interaction with residents
- Visitor sign in/out books

## **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

Management has actively pursued continuous improvement in its management systems, staffing and organisation development and the home has monitored its performance measured against the expected outcomes through its self assessment. Improvements have been achieved through the systematic review of processes. The home has mechanisms that encourage residents and staff to identify opportunities for improvement. Outcomes are demonstrated and review of the effectiveness of improvements occurs. Feedback from staff and residents indicates they have input into improvement activity and are encouraged to raise issues and make suggestions. Recent improvement in this Standard includes the introduction of a new position of Clinical Clerk following feedback from staff to provide administration support to the registered staff. Feedback indicates registered staff are now freed up to attend to nursing tasks with the Clinical Clerk undertaking follow up after doctor's visits and ensuring scripts are forwarded to the pharmacy.

### **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 established systems and processes to identify and ensure compliance with relevant regulatory requirements. Management monitors changes to regulatory requirements or amendments to existing requirements through memberships of peak bodies, subscriptions to legislative publications and information provided by consultants to the home. This information is reviewed to determine if any changes need to be made to the organisation’s policies or procedures. Processes are in place to ensure that all staff and volunteers have a current police certificate and to ensure that professional registrations of nursing staff are current. The home provides and displays information to residents/representatives about the accreditation site audit.

### **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 skills and knowledge required by management and staff to perform their roles effectively are supported by access to industry consultants who provide ongoing support and resources. New staff are provided with a generic orientation program and role specific on the job training. Management and staff demonstrate knowledge of relevant roles and responsibilities.

Processes are in place to identify individual educational needs following orientation and to conduct regular appraisal of staff performance. Mandatory training is provided as required. Competencies are utilised to assess the required skills of staff. Residents/representatives were satisfied with the skills and knowledge of management and staff.

#### **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

There are established processes in place to provide residents/representatives with information about internal and external complaints mechanisms. This information is provided in documentation such as resident booklets, agreements and brochures and is reinforced verbally through one to one contact and at resident meetings. Complaints are received and investigated by the home's management and feedback is provided to the complainant. Records are maintained and resolutions are demonstrated. Residents/representatives reported that they are aware of how to raise concerns and access complaint mechanisms should these be required.

#### **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 their vision, values and commitment to quality and this information is provided to residents, representatives 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 established position descriptions and recruitment criteria to ensure that staff have the appropriate qualifications and skills to meet the needs of residents and to meet relevant regulatory requirements. Processes are in place to determine the required number of staff to be rostered with consideration for the care needs of residents and the skills mix of staff. A registered nurse is available at all times either onsite or through the co-located nursing home. The home's roster also includes staff with relevant qualifications in food safety and occupational health and safety. Replacement of staff on planned and unplanned leave occurs. Rostered hours are reviewed utilising indicators such as comments and complaints, feedback from staff and workload monitoring. Staff report that there are sufficient staff to meet the needs of residents and that they generally are able to complete their allocated work. Residents/representatives reported that there are sufficient staff to meet their needs and that staff know how to care for them.

## **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

Residents and staff report satisfaction with the availability of goods and equipment and the timeliness of the home's maintenance program. There are established processes in place for management to determine the needs in relation to goods and equipment. Input is sought from residents and staff as well as consultants that advise the home. Stock levels are monitored with imprest systems for standard stock levels; increased stock is obtained during seasonal periods such as the wet season to ensure ongoing supply. There is an effective maintenance program in place which includes preventative and reactive works.

## **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

Information management systems are in place to effectively provide management, staff and residents with accurate and current information. Written and verbal communication processes keep residents and their families informed about their care and lifestyle and the day to day events of the home. Residents' care information is stored securely and is available to care and support staff. Policies are in place to manage information security and confidentiality. Electronic information is backed up and password protected. Archiving processes have been reviewed and improved to allow for effective retrieval or destruction of information. Residents/representatives indicated satisfaction with access to information and staff reported they have sufficient and timely access to information to allow them to perform their roles

## **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 externally source services to meet the needs of residents, staff and the home. Contractors are offered a formal agreement which includes consideration for safety, quality and regulatory requirements. Processes to assess performance against specifications are documented. Management negotiates and contracts with key external service providers and monitors their attendance and quality of service. There are established guidelines for the return of unsuitable or defective goods and equipment. Staff reported satisfaction with external service providers.

## **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

Management has actively pursued continuous improvement in relation to residents' health and personal care and the home has monitored its performance measured against the expected outcomes through its self assessment. Improvements have been achieved through the systematic review of processes. The home has mechanisms that encourage residents and staff to identify opportunities for improvement. Outcomes are demonstrated and review of the effectiveness of improvements occurs. Feedback from staff and residents indicates they have input into improvement activity and are encouraged to raise issues and make suggestions. Recent improvement in this Standard includes the allocation of specific staff and rostered shifts to focus on undertaking residents' weight monitoring which has resulted in consistency with the ability to track and respond to unplanned weight loss or gain through a recording matrix.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has established systems and processes to identify and ensure compliance with relevant regulatory requirements. Management monitors changes to regulatory requirements or amendments to existing requirements through memberships of peak bodies, subscriptions to legislative publications and information provided by consultants to the home. This information is reviewed to determine if any changes need to be made to the organisation's policies or procedures. Processes are in place to ensure that residents are provided with specified care and services and medications are managed in accordance with regulations. The home provides and displays information to residents/representatives about the accreditation site audit.

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

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

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

The home meets this expected outcome

The skills and knowledge required by management and staff to perform their roles effectively are supported by access to industry consultants who provide ongoing support and resources. New staff are provided with a generic orientation program and role specific on the job training. Management and staff demonstrate knowledge of relevant roles and responsibilities. Processes are in place to identify individual educational needs following orientation and to

conduct regular appraisal of staff performance. Mandatory training is provided as required. Competencies are utilised to assess the required skills of staff. Residents/representatives were satisfied with the skills and knowledge of management and staff.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

The home has implemented processes to comprehensively assess residents’ initial and ongoing clinical care needs and preferences, document individualised care plans to guide staff practices and evaluate the effectiveness of care interventions. Communication methods between medical, allied health, nurses and care staff ensure that staff have current information about residents’ care needs; staff demonstrate knowledge of residents’ needs in line with care plans and shift hand over report information. A starburst sticker is displayed on relevant resident files to alert staff to changed care plans. Medical reviews occur at regular intervals and when required by changes in health status (e.g. acute health episodes); medical orders are followed up by a registered nurse. Staff practices and resident care processes are monitored by the Director of Nursing (DON) and registered nurses through assessment and care plan review processes, observation of staff practices, competency assessments, audits and resident surveys and analysis of incident data. Residents/representatives report they are satisfied with the care that is provided.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Registered nurses identify residents’ initial and ongoing specialised nursing care needs and preferences. Written care plans are evaluated by registered nurses at intervals appropriate to the identified need and in consultation with the resident, staff and relevant members of the health care team. Staff demonstrate appropriate skills and qualifications to identify and manage residents’ specialised nursing care needs and there are processes for referring residents to external specialists to assist in assessment and care planning processes as required. Professional development training and resource materials are available to support staff to maintain current practice knowledge and skills and appropriate equipment is provided to enable residents’ specialised nursing care needs to be met. Residents/representatives indicate they are satisfied with the care provided by 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/representatives indicate they are satisfied with the assistance and choice they are given to access other health and related services. Processes to assess residents’ initial and ongoing health and personal care needs and preferences identify residents who require referral. In consultation with the resident/representative and their doctor, referrals are made

to appropriate services. Interventions are evaluated by the registered nurse and/or by the allied health professional at subsequent visits. Specialist services such as podiatry, physiotherapy, dietetics and speech pathology are available at the home. Residents are assisted to attend a variety of external specialist services when necessary and appointments are planned and diarised for future reference.

## **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 a system to manage residents’ medication and staff knowledge of safe and correct processes and administration competencies are assessed annually or more often when required. Registered staff and medication competent assistants in nursing assist residents to take routine medication from pre-packed and original medication packaging. Registered nurses are available for consultation and authorisation of all non-routine medications or for the administration of controlled drugs. Processes are in place to manage the ordering, disposal and safe storage of medications and to monitor the effectiveness of medication management processes (e.g. ongoing monitoring of staff practices, procedural audits and review and investigation of errors). The home generally has processes to assess the capacity of residents who wish to self administer their own medications to ensure their ability to do this safely. Residents’ medication orders are regularly reviewed by a doctor and by an accredited pharmacist annually or more frequently as required. Residents/representatives indicate they are satisfied with the assistance provided by staff regarding their medication.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Residents/representatives indicate they are satisfied with the assistance provided to residents to remain as free from pain as possible. The pain management needs of residents are identified in the initial assessment process and pain is reassessed every three months or more frequently if health status changes. The assessment tool identifies the location, type, severity and frequency of pain, the non-verbal signs of pain and the usual methods used for relieving pain including pharmacological and non-pharmacological strategies including repositioning and massage to alleviate/prevent pain, in the first instance. Residents are referred to appropriate specialists and/or their doctor or physiotherapist as indicated by need. Progress notes reflect assessment and referral information. The effectiveness of providing each intervention is evaluated and noted in the progress notes.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Residents/representatives commented that staff are caring and attentive and respect their comfort and dignity. The palliative care needs and wishes of residents, their preferred

contacts and funeral arrangements are identified and recorded through the initial and ongoing assessment, case conferencing and review processes. Residents are supported to remain in the home during the palliative phase of care and families/friends are encouraged to stay with residents in the end stage of life. Internal and external specialist resources (e.g. nursing, medical and spiritual/pastoral) are accessed as required to meet residents' individual needs and preferences. Staff are supported to access specialist education on palliative care to ensure they are best able to maintain the comfort and dignity of palliative residents. Access to a range of specialised equipment assists in maintaining residents' comfort and dignity.

## **2.10 Nutrition and hydration**

*This expected outcome requires that "residents receive adequate nourishment and hydration".*

### **Team's findings**

The home meets this expected outcome

Residents' nutrition and hydration requirements are identified through the initial and ongoing assessment and review processes, which includes determining a resident's healthy weight range, food and fluid likes/dislikes, personal preferences and medical dietary needs. Residents are monitored for changes to weight and senior clinical staff review and implement appropriate actions (such as commencement of dietary supplements or weight loss strategies, more frequent weight monitoring, referral to the doctor, dietician and/or speech pathologist) in consultation with the resident/representative. Care strategies are incorporated into resident care plans and communicated to all staff including kitchen staff. Residents' hydration is monitored and fluids are available for residents; additional fluids are provided and encouraged as indicated by resident need. Staff are aware of individual resident's needs and special requirements and provide residents with appropriate aids and the assistance they require to eat and drink. Residents/representatives indicate they are satisfied with the quantity, quality and choice of food and fluid they receive.

## **2.11 Skin care**

*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

### **Team's findings**

The home meets this expected outcome

The initial and ongoing assessment and review processes identify residents' skin care needs and preferences; assessment includes general skin integrity status and potential risk of breakdown. Care interventions and preventative actions to maintain skin integrity and/or to treat breaks in skin integrity (e.g. skin tears, ulcers, pressure areas and rashes) are planned in accordance with assessment information and to meet individual needs and preferences. Care is evaluated and interventions are revised as indicated by residents' responses to treatment and/or medical orders. Supplies of goods and equipment (such as skin cleansers, moisturisers, skin protective aids and wound care products) are readily available and used appropriately for residents. The incidence of skin breakdown is reported, data is monitored by nursing staff and actions are taken (such as staff training) if trends are identified. Residents/representatives indicate they are satisfied with the care provided by nurses and care staff to help maintain 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

Residents’ initial and ongoing urinary and bowel continence status and personal habits and routines are assessed and focus assessments are conducted over varying periods of time depending on the identified needs of the resident. Individualised strategies to promote continence, manage incontinence and maintain bowel health are developed in consultation with the resident and/or representative, staff and relevant members of the health care team. Strategies include individualised toileting programs, trial and selection of appropriate continence aids, monitoring bowel habits, monitoring fluid intake, diet and use of aperients. The effectiveness of strategies is evaluated and noted in the progress notes. Residents/representatives indicate they are satisfied with the assistance and aids provided to manage 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 needs of residents with challenging behaviours are identified during the initial assessment phase and re-assessed as required. Behavioural assessments identify the types of behaviours exhibited. Progress notes generally detail the type of behaviour and the interventions used. Mental health services are accessed to provide information and management advice for residents with challenging behaviours. Representatives express satisfaction with the way in which staff manage residents’ behaviours and staff demonstrate familiarity with residents’ needs and strategies used to manage behaviour.

## **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 dexterity needs and risk of falling are identified through the initial and ongoing assessment and review processes. A physiotherapist assesses residents’ ability to mobilise; transfer and weight bear and develops a personal mobility plan and range of exercises for each resident as required. Physiotherapy aides and care staff implement mobility plans and exercises for residents. Residents and care staff are instructed in the use of mobility and transfer aids and practices are monitored. Sufficient numbers and types of mobility and dexterity aids are available and staff encourage and assist residents to use their aids to maximise mobility, safety and dexterity. Residents/representatives indicate they are satisfied with the assistance and equipment to enhance optimum levels of 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 are identified during the initial and ongoing assessment process and care interventions are planned to address identified needs, personal preferences and usual habits. Residents are referred for dental assessment and treatment as required and are assisted to access dental services in the community according to their preference and need. Dental care products are provided to residents and residents and representatives indicate they are satisfied with the assistance provided by staff to maintain their 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

Information about each resident’s care needs in relation to hearing, vision, speech, touch, smell and communication is collected through the initial and ongoing assessment processes. Assessments are conducted as indicated by need to identify environmental risks and control measures are implemented to maximise the resident’s safety. Care interventions reflect identified needs and personal preferences and sensory care needs are also linked with other relevant care plans such as hygiene, behaviour and skin care. Residents are referred to specialists in accordance with assessed need and in consultation with the resident, their representative and doctor and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the strategies used to meet residents’ individual needs. Residents/representatives indicate they are satisfied with the assistance provided by staff.

## **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

Initial and ongoing information about residents’ usual sleep patterns, settling routines and personal preferences is collected through the assessment and review processes. Staff are aware of each resident’s sleep and rest patterns and personal preferences/routines and assistance is provided when residents have difficulty sleeping. Residents indicate they are satisfied with staff assistance to help them get to sleep when required such as help with hygiene, repositioning, pain management and refreshment

## **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

Management has actively pursued continuous improvement in relation to the residents’ lifestyle and the home has monitored its performance measured against the expected outcomes through its self assessment. Improvements have been achieved through the systematic review of processes. The home has mechanisms that encourage residents and staff to identify opportunities for improvement. Outcomes are demonstrated and review of the effectiveness of improvements occurs. Feedback from staff and residents indicates they have input into improvement activity and are encouraged to raise issues and make suggestions. Recent improvement in this Standard includes the trialling of alternative main meals to enhance residents’ choice and decision making following feedback from residents about the meals and the purchase of a new bus to facilitate access to the community based on an identified need by management and through local fundraising.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has established systems and processes to identify and ensure compliance with relevant regulatory requirements. Management monitors changes to regulatory requirements or amendments to existing requirements through memberships of peak bodies, subscriptions to legislative publications and information provided by consultants to the home. This information is reviewed to determine if any changes need to be made to the organisation’s policies or procedures. Processes are in place to ensure that mandatory reporting guidelines are implemented, if required.

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

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

#### **Team’s findings**

The home meets this expected outcome

The skills and knowledge required by management and staff to perform their roles effectively are supported by access to industry consultants who provide ongoing support and resources. New staff are provided with a generic orientation program and role specific on the job training. Management and staff demonstrate knowledge of relevant roles and responsibilities. Processes are in place to identify individual educational needs following orientation and to conduct regular appraisal of staff performance. Mandatory training is provided as required.

Competencies are utilised to assess the required skills of staff. Residents/representatives were satisfied with the skills and knowledge of management and staff.

### **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

Residents/representatives indicate they are satisfied with the support they receive from staff to help them settle into their new home and with the support they continue to receive. There are processes for assisting residents to adjust to living in their new environment including orientation to the home and their room, introduction to other residents, linking with residents with similar backgrounds and interests, visits from diversional therapy staff and volunteers, information about what to expect regarding care, services, daily routines and activities and encouragement to bring in personal possessions to decorate their room. Information about social and family history, personal routines and preferences is collected throughout the assessment process using a "Key to Me" profile from the resident and/or their representatives. Family, friends and community links are encouraged and residents are actively assisted to maintain and develop supportive links.

### **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

Residents indicate that they are encouraged and assisted to maintain their independence, family and social networks, and links with the community. Information about each resident's social, cultural, spiritual and family background and preferences, current support network, community interests and activities is collected and used to develop a plan to support and promote independence. Each resident's level of independence in relation to meeting health, personal care and lifestyle needs is assessed on an ongoing basis and care interventions reflect a resident's capacity for independent activities. Staff practices promote and support residents' independence within their capacity in relation to personal care and activities of daily living. The diversional therapist, care staff and volunteers assist residents to participate in activities of their choice including those that maintain and develop links with the community, family and friends. Residents with special needs are encouraged to join in communal activities.

### **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 indicate they feel that their right to privacy, confidentiality of information and to be treated with dignity and respect is recognised and maintained by management and staff. Information about the right to privacy and dignity is contained in the resident agreement and

handbook, and explained to all residents and/or their representatives. Residents' administrative and care files are stored and accessed in a way that provides security and confidentiality of resident information. Information about each resident's personal preferences and needs regarding privacy and dignity is collected and specific needs are communicated to relevant staff. Staff interaction with residents indicate that their privacy and dignity are maintained; for example staff identify themselves before entering a resident's room, doors are closed when personal care is being provided and staff use a resident's preferred name when addressing them.

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

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

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

The home meets this expected outcome

Residents report positively about the group and individual activities offered and advised that they are encouraged and assisted by staff to participate in activities that are of interest to them. The activities program includes a variety of programs and incorporates a number of special events that involve both family and community representation. Information about each resident's interests and preferred activities is collected during the entry process and lifestyle plans are developed and reviewed in consultation with residents/their representatives and staff. Planned interventions reflect residents' interests and their physical, cognitive, cultural, social and emotional needs. The diversional therapist, care staff and volunteers observe the level of involvement/enjoyment of residents and revise individual and group activities accordingly. Staff members and volunteers encourage and assist residents to attend group activities or provide individually tailored activities with residents.

### **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 indicate satisfaction with the support and assistance they receive to maintain their cultural and spiritual preferences. Diversional therapy staff collect information about each resident's interests, customs, beliefs and cultural and ethnic backgrounds through the assessment and review processes in consultation with the resident and/or their representatives. Residents are supported to attend church services and are assisted to arrange visits from religious representatives if required according to their wishes. Days of cultural significance are celebrated. Internal resources are accessed to assist staff in identifying and meeting residents' individual cultural, ethnic and spiritual needs as required.

### **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 indicate they are able to exercise choice and make decisions regarding the care and services they receive. Residents are able to have input and exercise choice about care and services through ongoing one-to-one consultation with staff and management, resident meetings, satisfaction surveys and the comment/complaint process. Residents' individual care and lifestyle preferences, routines and habits are identified through the assessment and review processes and are reflected in planned interventions. There are processes to provide information to residents and representatives about their rights and responsibilities (e.g. brochures, resident newsletters) and alternative decision makers are recorded in residents' records. Staff interactions with residents support the right of residents to make choices and provide them with the opportunity to make their own decisions, within their capacity, in relation to their care.

### **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 indicate their stay in the home is secure and are aware of their rights and responsibilities. Processes are established to ensure that each resident/representative is provided with an admission information package, a residential care agreement and a resident handbook prior to moving into the home where possible. The information provided includes residents' rights and responsibilities, fees and charges, security of tenure (including the circumstances in which a resident may need to be transferred/discharged and the consultative process to be followed), internal and external complaint mechanisms, and the care, services and routines provided at the home. There is a process in place to notify residents/representatives about changes relating to security of tenure, rights and responsibilities or fees via personal letters and one-to-one contact if required.

## **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

Management has actively pursued continuous improvement in its physical environment and safety systems and the home has monitored its performance measured against the expected outcomes through its self assessment. Improvements have been achieved through the systematic review of processes. The home has mechanisms that encourage residents and staff to identify opportunities for improvement. Outcomes are demonstrated and review of the effectiveness of improvements occurs. Feedback from staff and residents indicates they have input into improvement activity and are encouraged to raise issues and make suggestions. Recent improvement in this Standard includes an identified need by management to improve the internal and external environment; major renovation to the living environment through a painting program and the replacement of worn carpets with vinyl flooring has been completed and residents reported satisfaction with these improvements.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has established systems and processes to identify and ensure compliance with relevant regulatory requirements. Management monitors changes to regulatory requirements or amendments to existing requirements through memberships of peak bodies, subscriptions to legislative publications and information provided by consultants to the home. This information is reviewed to determine if any changes need to be made to the organisation’s policies or procedures. Processes are in place to support compliance with relevant food safety legislation, fire and occupational health and safety legislation and regulations.

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

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

#### **Team’s findings**

The home meets this expected outcome

The skills and knowledge required by management and staff to perform their roles effectively are supported by access to industry consultants who provide ongoing support and resources. New staff are provided with a generic orientation program and role specific on the job training. Management and staff demonstrate knowledge of relevant roles and responsibilities. Processes are in place to identify individual educational needs following orientation and to conduct regular appraisal of staff performance. Mandatory training is provided as required. Competencies are utilised to assess the required skills of staff. Residents/representatives were satisfied with the skills and knowledge of management and staff.

#### **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 internal and external living environment is maintained to optimise resident comfort and safety with consideration for noise, adequate lighting and temperature control. Residents have access to emergency assistance at all times. The home has processes to monitor the living environment including planned and reactive maintenance and regular safety checks. Systems are in place to generally report incidents and hazards and to manage associated risks. Residents/representatives report satisfaction with the home's 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 established a safe working environment that is consistent with regulatory requirements including relevant staff education, hazard identification, risk assessments of hazardous substances and access to personal protective equipment. Occupational health and safety is managed through a standard agenda item in the continuous improvement forum. The home has access to trained workplace health and safety officers. Regular safety compliance audits are conducted and action is taken when issues are identified. Staff are provided with training in the key aspects of occupational health and safety and confirmed knowledge of their responsibilities.

#### **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

There are established systems and processes in place to minimise the risk of fire, security breaches and other emergencies. The home is protected by fire detection and alarm systems which are maintained by service contractors. Management has developed procedures and plans such as emergency evacuations for fire and natural disasters which are practiced and reviewed. The home has an onsite generator to ensure the ongoing supply of power. Contracted security guards patrol the home after hours. Visitors are required to sign in and sign out when entering or leaving the home. Staff are given fire and evacuation training during orientation and thereafter each year. Staff demonstrated appropriate knowledge of the home's emergency procedures and residents reported feeling safe in their environment.



#### **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 effective infection control program and management and staff demonstrated knowledge of practices to minimise the risk of cross infection. The program is managed by the DON and resident infections are identified, investigated and monitored until resolved. Staff demonstrate appropriate hand washing practices and the use of personal protective equipment. There are processes to guide staff in catering, cleaning and laundry management as well as waste and sharps management. Spills kits are available for staff. The home's food safety program is in place and a food licence is displayed. Residents are offered vaccinations and the home has outbreak management procedures and additional stocks of protective equipment for use 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

Residents reported satisfaction with the catering, cleaning and laundry services. Catering staff have access to residents' current dietary requirements, likes and dislikes. The menu is developed with input from residents and offers three main meals plus morning and afternoon teas and supper. The menu has been reviewed by a dietician. A week day laundry service is provided and a complementary mending service. Processes are in place to identify residents' lost clothing. Cleaning services are provided by personal care workers and utilise a cleaning schedule that provides for routine and periodic cleaning. Staff reported satisfaction with their working environment.