



Aged Care  
Standards and Accreditation Agency Ltd

## **The Terraces Assisted Aged Care**

RACS ID 5640

74 University Drive

Varsity Lakes QLD 4227

Approved provider: McKenzie Aged Care Group 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 23 October 2016.

We made our decision on 03 October 2013.

The audit was conducted on 20 August 2013 to 22 August 2013. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

Expected outcome	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  
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# Audit Report

## The Terraces Assisted Aged Care 5640

Approved provider: McKenzie Aged Care Group Pty Ltd

### Introduction

This is the report of a re-accreditation audit from 20 August 2013 to 22 August 2013 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 20 August 2013 to 22 August 2013.

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

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

## Assessment team

Team leader:	Anita Camenzuli
Team member/s:	Karen Thurecht

## Approved provider details

Approved provider:	McKenzie Aged Care Group Pty Ltd
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## Details of home

Name of home:	The Terraces Assisted Aged Care
RACS ID:	5640

Total number of allocated places:	151
Number of residents during audit:	147
Number of high care residents during audit:	137
Special needs catered for:	Not applicable

Street/PO Box:	74 University Drive	State:	QLD
City/Town:	Varsity Lakes	Postcode:	4227
Phone number:	07 5580 9500	Facsimile:	07 5562 5930
E-mail address:	sfoote@mckenzieacg.com		

## Audit trail

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

### Interviews

	Number		Number
Facility Operations Manager	1	Residents/representatives	17
Director of Nursing	1	Catering staff	5
Deputy Director of Nursing	1	Laundry staff	2
Quality Systems Co-ordinator	1	Cleaning staff	2
Project Manager	1	Physiotherapist	1
Education officer	1	Physiotherapy aide	1
Registered staff	8	Lifestyle staff	2
Care staff	8	Resident Support Officer	2
Client Relations	2	Maintenance officer	1

### Sampled documents

	Number		Number
Residents' files	16	Medication charts	20
Residential care agreement	1	Personnel files	6

### Other documents reviewed

The team also reviewed:

- Accident/incident summary and reports
- Activity attendance records and participation lists
- Agency site orientation checklist
- Allied health referral, communication and directives
- Audit documentation
- Authority for nurse initiated medication
- Blood glucose reportable levels
- Bowel monitoring notification form
- Care plan review schedules
- Chemical register
- Cleaning schedules
- Clinical monitoring and assessments charts
- Communication books and diary
- Competency assessments
- Compliments and complaints folder
- Controlled drug registers

- Disaster plans
- Duty lists
- Education calendar, training and education records
- Electronic medication management system implementation plan
- Emergency evacuation exercise report
- Fire detection and equipment maintenance documentation
- Fire service maintenance inspection report
- Food business licence
- Food safety plan, manual and monitoring data
- General evacuation instruction record
- Handover sheet
- Hazard register and report forms
- Infection control surveillance/monthly and data
- Letters, electronic mail, facsimile and memoranda
- Local emergency evacuation plans
- Maintenance book
- Material safety data sheets
- Menu
- Minutes of meetings
- Newsletters
- Police certificate matrix
- Policies, procedures, guidelines and flowcharts
- Quality improvement forms and reports
- Quick reference care plans
- Refrigerator temperature monitoring records
- Resident care plan consultation/family conference
- Resident dietary information and supplements list
- Resident evacuation lists
- Resident handbook and enquiry pack
- Restraint authorisations and monitoring charts
- Risk assessments
- Rosters and staff replacement list
- Self medication assessment
- Staff handbook
- Surveys
- Weight data and weight variance investigation form
- Wound documentation

## **Observations**

The team observed the following:

- Accreditation audit posters displayed
- Activities calendars and blackboard on display
- Activities in progress
- Charter of residents' rights and responsibilities on display
- Chemical storage
- Colour coded cleaning equipment in use
- Complaints and advocacy brochures on display
- Emergency evacuation maps, routes of egress and assembly areas
- Equipment and supply storage areas
- Feedback forms and locked deposit box
- Fire panel and detection alarm system
- Hand washing facilities and hand sanitisers being accessed
- Handover processes
- Information notices and brochures on display
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and pantry processes and storage
- Laundry processes
- Meal and beverage service
- Medication administration and storage
- Mobility aids and transfer/lifting equipment
- Personal protective equipment in use
- Sign in/out books
- Staff practice and provision of care



## 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 Terraces (the home) identifies implements and evaluates continuous improvement activities through suggestion forms, internal audits, incidents and hazard recording, clinical indicator data, and individual and group meetings. Improvements are logged and discussed at relevant meetings, and actions are planned and monitored, before being evaluated through to completion. Stakeholders are provided feedback via correspondence, noticeboards, and meetings. Residents, representatives, staff and contracted staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- The home has implemented a weekly meeting program for team leaders from each area of the facility. These meetings provide opportunities for information sharing, increasing awareness of the different areas of the facility and fostering teamwork. Management and staff are satisfied that the meeting program has resulted in strategies for working together and increased efficiency in meeting the needs of residents.
- In response to focus group meetings held with staff, a Workplace Consultative Committee was established with staff representatives from across all areas of the home. The Workplace Consultative Committee provides a formal structure for consulting staff on matters affecting the facility and the workforce. The Committee has identified workplace health and safety representatives; established monthly theme days and implemented strategies to resolve ongoing parking issues. Management and staff are satisfied that the Workplace Consultative Committee increases the team culture within the home.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated to reflect change and are accessible electronically and through information from management. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, education sessions, memoranda, communication books and notice boards. The home ensures relevant individuals have been screened through a current police certificate check

and monitor for three yearly updates. Residents and/or their representatives were informed of the accreditation audit through correspondence, meetings and notice boards.

### **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 maintains a comprehensive education schedule including mandatory training, in-service training sessions and self-directed learning packages. Staff are encouraged and supported to attend external learning opportunities. Internal and external education sessions are communicated to staff via education calendars, meetings and notice boards. Education opportunities are identified via meetings, surveys and other feedback mechanisms and are informed by the changing needs of residents. Management monitor the skills and knowledge of staff through audits, observation of staff practice, attendance at mandatory education and via incident and hazard monitoring. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. Education relevant to Standard 1 includes accreditation standards, internal management systems, processes and human resource information.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

Residents and/or representatives are aware of how to access the complaint mechanisms within the home. Management and key personnel provide opportunities for residents and representatives to voice concerns and maintain an open door policy. Complaints are captured through individual or group meetings as well as through written processes and management provides either verbal or written feedback to the complainant. Changed processes or requirements to manage the complaint are communicated to relevant staff. External complaints information is displayed and available for residents, representatives and stakeholders to access.

### **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's mission and philosophy are documented and displayed throughout the home. New residents, staff and other stakeholders are informed about the home's philosophy, mission, values and commitment to quality through information handbooks, staff orientation processes and on an ongoing basis.

## **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

Employment processes at the home include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff receive 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified at annual performance appraisals, competency assessments, audits and attendance at education/training. To ensure that there is appropriate and adequate staffing for all shifts the home maintains a roster which is reviewed regularly in response to the changing care needs of the residents. Planned and unplanned leave replacements are maintained from the home's current staffing numbers and a pool of casual staff. Residents are satisfied that their needs are met by appropriately skilled staff.

## **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

Processes to ensure there are appropriate goods and equipment available for service delivery include key personnel responsible to maintain stock levels and ordering procedures. Equipment needs are identified by management, staff and health professionals and are based on the needs and preferences of residents. Equipment and stock for specialised health and personal care, resident lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and/or corrective maintenance. Residents and/or their representatives and staff are satisfied that adequate stocks of goods and equipment are provided by the home.

## **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 processes to ensure effective information management systems are in place. Electronic and paper based records are maintained by the home with restricted and/or locked access to resident and staff confidential information and files. Care plans and the verbal and written handover process provide staff with relevant information to ensure residents' care needs are met. Staff have access to duty lists, policy and procedures (guidelines and flow charts), memoranda and meeting minutes to guide their ongoing practice. Information is disseminated to residents/representatives through the resident handbook, newsletter, one to one-to discussions, meetings and notice boards. Information is stored, archived, and destroyed according to legislative requirements. The effectiveness of information systems is reviewed through regular audits, surveys, and staff and resident/representative feedback. Staff, residents and/or their representatives are satisfied with the home's communication processes and their access to information appropriate to their needs.

## **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

Residents/representatives, staff and management are satisfied with the external service contractors providing the home's care and service needs. Service agreements and contracts with providers outline the home's requirements and the quality of service to be provided. External providers have a current police certificate clearance as required. The home has contracts with external services including cleaning, laundry, continence products, medical supplies, chemicals and catering.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to Standard 2 Health and personal care, staff record any adverse events in relation to resident falls, skin tears, medications, behaviours and absconding and this information is analysed for trends. Residents and staff are satisfied that the organisation actively promotes and improves residents' physical and mental health.

Examples of improvements related to Standard 2 include:

- Higher than expected incidents of falls led to a review of the falls management program. This included implementation of a new falls' management committee comprising the physiotherapist, assistants in nursing, registered staff and the deputy director of nursing. Additional equipment was purchased including low-low beds, crash mats, sensor beams and additional hip protectors. High risk falls symbols were placed in residents' rooms and on care plans to alert staff. Staff attended additional training in falls prevention and staff hours were increased during times when there were increased falls. As a result of this program falls incidents have decreased.
- The home has recently made the transition from a paper based system to an electronic system for medication management. As part of this transition a full audit and review of the medication system was carried out and new process guidelines were established. Staff were provided with training in relation to the new systems and processes as well as in best practice medication management generally. Management and staff report that the electronic system and the increased awareness it has placed on processes has increased efficiency and accuracy of medication management for residents.

### **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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care. Management and staff are aware of their responsibilities in relation to the provision of specified care services and the notification of unexplained absences of residents.

### **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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting residents’ physical and mental health. Education relevant to Standard 2 includes medication management, pharmaceutical information and specific health related issues for resident 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 appropriate clinical care. Assessment and planning of care needs commences prior to entry to the home where possible and continues when residents enter the home. An interim care plan is developed to guide staff in relation to residents’ care needs and preferences. A comprehensive care plan is formulated from a series of assessments and the care plan is reviewed on a regular basis. Residents are attended by a medical officer of their choice and are referred to allied health professionals as their needs indicate. Information regarding resident care is communicated via the electronic care system, through handover processes and on resident care plans. Monitoring of clinical care is undertaken through the review of clinical incident data and regular audits. Senior clinical staff review residents’ progress notes on a daily basis and ensure appropriate clinical care and follow up is occurring. Staff have readily accessible guidelines for admission and clinical care of the resident and are provided with education on care assessment and documentation. Residents and/or their representatives are satisfied with residents’ clinical care.

### **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 through assessment processes in consultation with residents, representatives, health professionals and medical reports. Registered nurses develop and review care plans containing specific information relevant to specialised care needs. Registered nurses are available 24 hours a day and oversee all specialised nursing care needs. The home accesses external specialists if the resident need exceeds the current knowledge and skill of staff and assistance and education is sourced. Staff have access to sufficient resources and equipment to provide for the needs and preferences of residents. Residents and/or representatives are satisfied specialised nursing care needs are met by appropriately qualified 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 in accordance with their needs and preferences. Initial and ongoing assessments gather resident information to identify need for referral to health services. The home has referral processes to a variety of health professionals including physiotherapist, dietitian, speech pathologist, podiatrist, optometrist and audiologist. Documentation of health specialists visits is incorporated into residents’ care plans and progress notes. Implementation of recommended strategies is monitored and the effectiveness of care evaluated. Follow up appointments are organised by the home as needed. Residents and/or their representatives are satisfied with the range and access to appropriate health specialists and the follow up care provided.

## **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 processes to manage residents’ medication safely and correctly. Medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed via a pre-packaged medication system and administered by registered staff. Medications charts on the home’s electronic medication system include resident photograph, information on resident allergies, administration instructions, and possible medication side effects. Residents wishing to self medicate are assessed for competency annually and as required and a locked drawer is available in residents’ rooms to store medications. Medical officers and a registered pharmacist regularly review residents’ medications and communicate regarding medication needs. Medications are stored securely including controlled medications and appropriate records are maintained. Nurse initiated medication lists are available and signed by individual medical officers and reviewed on an annual basis. The medication system is monitored through audits, review of incidents and staff practice. Results are analysed and discussed at relevant meetings. Action is taken to address deficiencies and staff receive appropriate education on the medication management system. Staff involved in administration of medication are required to complete annual medication competencies. Residents and/or representatives are satisfied with the management of residents’ medications and the assistance provided by staff

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The pain management needs of residents are identified through assessment undertaken on entry to the home and at regular intervals. Consultation occurs with the resident taking into account past history, present conditions and needs and preferences for pain management. Pain interventions are recorded on care plans and treatment sheets and evaluated by registered staff and the physiotherapist for effectiveness. The home utilises a number of pain management strategies including repositioning, heat packs, elevation, massage, exercise programs, transcutaneous electrical nerve stimulation (TENS) and regular and as required

medication. The physiotherapist conducts a clinic to treat pain four times a week. Staff are able to identify verbal and non verbal signs of pain and unrelieved pain is referred to the pain clinic and medical officer for review. Residents and/or their representatives are satisfied residents' pain is managed effectively and staff respond in a timely manner when they experience pain.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure the comfort and dignity of terminally ill residents is maintained. Residents are assessed for their needs and wishes in relation to end of life requirements on entry to the home or at time suitable to the residents. Planning is conducted in consultation with their representative and medical officer involvement and documented in the plan of care. Information regarding advanced health directives and power of attorney are located in the resident's records if required. The home is supported by its own palliative care resources and is able to access more if the need arises. Relatives are able to stay with the resident in the palliative phase. Resource personnel are available with counselling and chaplaincy skills to assist residents, representatives and staff with palliative care and grief issues. Staff are offered training in palliative care and a medical officer conducts a monthly palliative care meeting with staff as a forum to discuss concerns and treatment. Residents' pain, comfort and spiritual needs are managed in consultation with the resident and/or representative, medical officer, staff and pastoral care personnel to provide physical, emotional, cultural and spiritual support to residents and their families.

## **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. Dietary requirements are assessed on entry to the home including allergies, likes, dislikes, special diets, requirements for assistive devices and level of assistance required. Relevant information is communicated to the kitchen and included in plans of care to guide staff. Residents with identified swallowing difficulties or nutritional deficiencies are referred to a speech pathologist or dietitian as appropriate and monitored by registered staff and their medical officer. Systems are in place to monitor residents' weight and weight variances of concern are analysed for causative factors and referred to their medical officer or allied health professional. Specialised diets and supplements are utilised under supervision of registered staff and other health professionals. Residents are assisted with meals and fluids as necessary and specialised equipment is available to assist residents with their dietary intake. Residents and/or their representatives are satisfied with the provision of food and fluids and the assistance they receive from staff to meet their needs.



### **2.11 Skin care**

*This expected outcome requires that “residents’ skin integrity is consistent with their general health”.*

#### **Team’s findings**

The home meets this expected outcome

Residents’ skin care needs are assessed on entry to the home and on a regular basis. Interventions to maintain skin integrity are recorded in care plans according to residents’ needs and preferences. Potential for compromised skin integrity is assessed and preventative strategies are employed including limb protectors, emollients, bed cradles, air mattresses, regular scheduled positional changes and equipment assisted manual handling devices. Skin tears and wounds are reported, monitored and trended. The home’s wound co-ordinator reviews ongoing and complex wounds and referral to relevant health professionals as required. Staff report sufficiency of wound care products and have attended education in wound care. Residents and/or their representatives are satisfied with the care provided in relation to residents’ skin integrity.

### **2.12 Contenance management**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ continence needs are managed effectively. Assessment processes identify any continence issues and include residents’ strategies to assist in maintaining and improving continence. Continence programs are implemented to optimize levels of continence including scheduled toileting programs, use of continence aids, links to diet, fluids and medications, and use of aperients where prescribed. Staff complete daily bowel monitoring charts and variations to regular patterns are reviewed by registered staff and treated as appropriate to the resident’s individual needs and preferences. Residents and/or their representatives are satisfied residents’ continence needs are managed effectively and staff maintain residents’ privacy and dignity.

### **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 managed effectively. Assessment processes involving consultation with residents, representatives and medical officers identify challenging behaviours and strategies useful in behavioural intervention. Individual behaviour management plans are formulated including possible triggers for behaviours and management strategies. Referral to behavioural specialists is available to assist in behaviour management and to provide staff education. Recreational activities are utilised to assist with behaviour management. Staff demonstrated a calm approach when interacting with residents and attending to their needs. Staff are aware of their reporting responsibilities in the event of a behavioural incident. Residents and/or their representatives are satisfied the home manages challenging behaviours in an effective manner.

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

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure optimum levels of mobility and dexterity are achieved for all residents. Residents' level of mobility and dexterity and falls risk are assessed by a registered nurse or physiotherapist on entry to the home and reviewed on a regular basis. A care plan is formulated which includes mobility and transfer needs and any equipment required. Individual exercise programs are devised for residents and a number of group exercise classes are also conducted each week. A physiotherapy aide assists residents in specific targeted exercises and accompanied walks. Falls are reported and monitored. The home has a monthly falls prevention meeting where trends and strategies to minimise falls are discussed. Care plans include specific falls prevention strategies which are reviewed for effectiveness. Residents were observed utilising a range of mobility aids and are satisfied with the support they receive to maintain 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 are assisted to maintain their oral and dental health. Residents' oral and dental health history is collected on entry to the home and needs and preferences are identified on their care plan. Staff supervise and monitor residents' ability to self-manage their oral care and assist when required. Registered staff coordinate external dental referrals, transport and escort when necessary. Dentists attend the facility as needed. Staff have access to appropriate equipment and supplies and report sufficiency. Residents and/or their representatives 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

The home has processes to ensure residents' sensory losses are identified and managed effectively. Residents' vision, hearing and communication needs and preferences are collected and identified on care plans. Information in relation to taste and tactile sensory loss is included in the initial assessment process. Plans of care include reference to use of assistive devices and when they are utilised. Staff assist residents to manage assistive devices such as hearing aids and spectacles and provide consideration and assistance to residents who have sensory impairments to enable them to access activities. The home utilises strategies including large print books, talking books, large print activity calendar and large bingo cards, to assist residents with sensory loss. Residents and/or their representatives are satisfied with assistance offered to residents to minimise the impact of sensory loss.

## **2.17 Sleep**

*This expected outcome requires that “residents are able to achieve natural sleep patterns”.*

### **Team’s findings**

The home meets this expected outcome

The home has processes to assist residents to achieve natural sleep patterns. Each resident’s natural sleep pattern and settling history is collected on entry and reviewed as necessary. Individual care plans are formulated using information gathered from resident and representative input and assessment processes. Care plans include information on settling routines and rituals, usual sleep times, day time rest patterns, and use of pharmacological strategies where prescribed. Drinks and food are available for residents who wake in the night. Sleep disturbances are investigated and referred to the medical officer if interventions are considered to be ineffective. Residents and/or their representatives are satisfied with the assistance provided by staff so residents can maintain their natural sleep and rest patterns, and with the assistance provided by staff during times of sleep disturbance.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly evaluated from all lifestyle and care activities. Staff also contribute to improvements to resident lifestyle within regular meetings and encourage and support residents to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- In response to a request from residents dance exercise classes were introduced into the activities program at the home. A representative was invited to the home to speak with residents and provide a demonstration prior to classes being scheduled. The classes are well attended and residents report that they enjoy them very much. The dance exercise classes have resulted in residents who have not previously participated in physical exercise activities now gaining this exercise.
- An afternoon activities program for high care residents has been established. The program includes group activities for residents confined to chairs, as well as one on one activity for residents in their rooms. This focus on activities for high care residents has been well received by residents and their relatives and has reduced incidents of challenging behaviours in the afternoons.

#### **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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to resident lifestyle. Staff training and monitoring processes are effective in ensuring staff are aware of their responsibilities in relation to compulsory reporting.

### **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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing training in relation resident lifestyle and management and staff demonstrate knowledge and skills relevant to their roles in the maintenance of residents' rights. Education relevant to Standard 3 includes but is not limited to, elder abuse/compulsory reporting, resident rights and responsibilities and privacy and dignity.

### **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

Each resident receives support in adjusting to life in their new environment and on an ongoing basis. New residents receive a resident handbook which has information relating to all aspects of life in the home. Information on social and biographical history, past and present interests, are collected. Residents and representatives are welcomed with a personalised welcome card and orientated to the surroundings, introduced to other residents and encouraged to personalise their room. Resident support officers and lifestyle staff are available to support residents and representatives and offer emotional support. Care staff provide emotional support through observance of significant lifestyle events and during the settling period. Resident support officers are available to provide grief counselling, and additional support at times of increased emotional need. Residents and/or their representatives are satisfied with the emotional support provided by the home.

### **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 are assisted to achieve maximum independence, maintain friendships and participate in community life within and outside of the home. Residents are assisted with aspects of personal care and other activities they are unable to manage unaided, and appropriate equipment such as mobility aids are provided to support residents' independence. Residents are encouraged to continue to participate in activities of interest both in and outside the home and take up new activities. Family and visitors are welcome in the home and participate in special celebrations and activities. Residents and/or their representatives are satisfied with interventions to maintain independence and assistance offered by staff.

### **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

Each resident's right to privacy, dignity and confidentiality is recognised and respected. On entry to the home residents are provided with information about their rights including the right to privacy. Files containing residents' personal information are stored in secured areas with access limited to authorised stakeholders. A consent register is maintained for photos, names on doors, place cards, and public celebration of birthdays. Residents are provided with single rooms with ensuite or shared rooms with privacy curtains and separate wardrobe. Shared bathrooms are managed with the use of labelled towel hooks and separate toiletry caddies. Doors were observed to be closed during personal cares and procedures and staff were observed to address residents by their preferred names as reflected in their care plans. Residents are satisfied their privacy is maintained and they are treated in a respectful and courteous manner by staff.

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

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

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

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities of significance to them. Information on past and present interests is collected and included in plans of care. Lifestyle activity programs are developed in consultation with residents and reflect physical and cognitive abilities. There is an organised daily activity program displayed throughout the home and provided to residents' rooms as well as large blackboards advertising daily activities. Specific activity programs are designed to cater to particular groups such as weekly devotions, men's group, ladies club, dance exercises, music therapy, high care program and one on one visits. Activities are evaluated and resident feedback is sought through monthly resident meetings, surveys and formal evaluation to ensure resident satisfaction is met. Residents and/or their representatives are satisfied with the leisure and activity program offered by the home.

### **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

Resident's individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home has a system for identifying and recording residents' specific cultural, linguistic and spiritual needs and preferences on entry to the home and this is identified on the care plan. Dietary preferences are assessed to cater for residents' cultural backgrounds and this information is communicated to the catering department. Lifestyle staff review care plans on a regular basis and ensure currency. Relevant contact details for church and clergy are included in care plans for ease of communication. Church services are conducted at the home for different denominations, a weekly devotion meeting is held for interested residents, and visits from pastoral or religious representatives can be organised.

Multicultural resources are available for staff and more can be accessed as necessary. Residents are encouraged and assisted to continue their involvement in cultural groups outside the home. Residents are satisfied their cultural and spiritual needs and preferences are respected.

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

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

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

The home meets this expected outcome

Each resident and/or their representative participate in decisions and exercises choice over their lifestyle. The home has processes to identify and assess the choice and decision-making ability of residents on entry and when changes occur. Information about representative contact details, power of attorney, advance health directives and care preferences is included in resident files. Residents are encouraged to maintain control over their lives. Resident choice is incorporated into care plans and supported by staff in activities of daily living. Residents are able to partake in activities with a level of risk involved through consultation with the resident, representative and medical officer as appropriate. Residents and representatives are given opportunities to have input into care and the environment through monthly resident meetings, satisfaction surveys and via the feedback/complaints system. Residents are offered a choice of meals and those whose preference is not to participate in activities are respected by staff. Choice and decision making is included in staff orientation. Residents and/or their representatives are satisfied with the support to exercise choice and make decisions in the home.

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

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

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

The home meets this expected outcome

Residents have secure tenure within the home and understand their rights and responsibilities. Residents and their representatives are provided with this information through the resident handbook and residential care agreement. Security of tenure is discussed with residents and their representatives. The charter of residents' rights and responsibilities is displayed throughout the home. If a resident's care needs change or increase requiring relocation within or outside of the home, consultation with the resident and/or their representative and medical officer is undertaken prior to this occurring. Should the care needs of the resident exceed that which can be offered by the home, management seek to assist in locating suitable accommodation. Residents are satisfied they have secure tenure and are aware of 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 systems and processes. In relation to Standard 4 Physical environment and safe systems, information collected from staff about any hazards, incidents, infections, and the environment is analysed for trends. Staff and residents are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

- An environmental audit indicated that the carpet cleaning equipment was ineffective in high use areas. In consultation with cleaning staff, the home trialled and purchased an extractor and a wide area vacuum. Staff report that the new equipment is more efficient and enables them to carry out an improved treatment of the carpeted areas. Residents report that the high use areas are now much cleaner and more pleasant.
- A fire evacuation drill report indicated that there was a risk that the chief fire warden may not be immediately alerted to activation of the fire alarm if they were not on the affected level. In response the home has carried out enhancements to the emergency response equipment so that the chief fire warden is now notified on the cordless telephone when the fire panel has been activated ensuring an immediate response. Subsequent fire evacuation reports confirm that this has increased the efficiency of the emergency response system.

### **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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. The home’s food safety program has been accredited by council and external audits conducted; a Food Safety Supervisor and a Fire Safety Adviser are available to guide staff practice.

### **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 systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in maintaining the welfare of residents, staff and visitors in safety and comfort. Education relevant to Standard 4 includes but is not limited to, mandatory education for fire and emergency response and infection control.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The living environment is monitored through reporting and actioning of hazards and investigation of incidents. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. The residents are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable home like environment to support the lifestyle needs of the residents. Security arrangements are in place to ensure a safe environment for residents and staff over night. Residents and/or their representatives are satisfied that management is actively working to provide a safe and comfortable 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

Management is actively working to provide a safe working environment that meets regulatory requirements. Processes and procedures to identify hazards, review safe work practices, evaluate new equipment and provide ongoing education to maintain a safe working environment are identified and the home provides information to direct staff practice. Workplace health and safety information provided during orientation and staff meetings and annual mandatory training contribute to a safe working environment. Audits and risk assessments, hazards and incidents are logged and discussed at staff meetings and information is made available to staff through minutes of meetings. Staff are aware of the home's workplace health and safety system, contribute to safety improvements and indicate that management is responsive to providing a safe workplace.

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

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

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

The home meets this expected outcome

The home has documented policies and procedures to manage fire safety, evacuations and other emergencies. Evacuation plans are located across the site in accordance with regulatory guidelines and exits are clear of obstruction. External providers maintain fire

systems, equipment and signage. Emergency procedures are documented and available to staff. Mandatory fire safety training and education is provided for staff at orientation and annually and is monitored for attendance. Regular fire drills are conducted and staff have knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation.

#### **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 to identify and contain potential and actual sources of infection including in the event of an outbreak. Processes are established for the identification of resident infections and incidents are collated on a monthly basis for analysis and trending. Audits and risk assessments are undertaken and issues relating to infection control are discussed at workplace health and safety meetings and monitored via clinical governance reports and relevant meetings. Staff demonstrate an understanding of infection control practices relating to their area of work. Hand washing facilities are located throughout the home and personal protective equipment is available and used by staff. Laundry items are laundered in a way aimed at reducing the risk of cross infection; safe food practices are followed in the kitchen and cleaning schedules are in place for all areas of the home. Residents and/or their representatives are satisfied with the care provided by the staff in the management of infections and with the cleanliness of the home.

#### **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 expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Residents' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure their individual needs and preferences are met. The home provides meals that are cooked fresh on-site and are served from bain maries in resident dining rooms. Residents have input into the menu through surveys, resident meetings and feedback sheets. Alternative meal preferences are provided for each meal. There is a scheduled cleaning program which includes duties lists and schedules to guide staff to ensure weekly cleaning of residents' rooms and the environment. Laundry services are provided on-site for linen and personal items. Personal items are returned to residents within 24 hours. Sufficient stocks of linen are maintained to ensure adequate supplies at all times.