



Aged Care  
Standards and Accreditation Agency Ltd

## **Tuart Lodge**

RACS ID 7268

19 Hughie Edwards Drive

MERRIWA WA 6030

**Approved provider: Australian Flying Corps & Royal Australian Air  
Force Association (WA Div) Inc**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 September 2016.

We made our decision on 18 July 2013.

The audit was conducted on 18 June 2013 to 19 June 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  
Standards and Accreditation Agency Ltd

# Audit Report

**Tuart Lodge 7268**

**Approved provider: Australian Flying Corps & Royal Australian Air Force Association (WA Div) Inc**

## Introduction

This is the report of a re-accreditation audit from 18 June 2013 to 19 June 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:

- 44/44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 18 June 2013 to 19 June 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:	Alison James
Team member:	Ann-Marie Phegley

## Approved provider details

Approved provider:	Australian Flying Corps & Royal Australian Air Force Association (WA Div) Inc
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## Details of home

Name of home:	Tuart Lodge
RACS ID:	7268

Total number of allocated places:	48
Number of residents during audit:	48
Number of high care residents during audit:	48
Special needs catered for:	Nil identified

Street:	19 Hughie Edwards Drive	State:	WA
City:	MERRIWA	Postcode:	6030
Phone number:	08 9400 3800	Facsimile:	08 9400 3888

## Audit trail

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

### Interviews

	Number		Number
Facility manager	1	Physiotherapist	1
Residential coordinator/ information manager	1	Therapy assistants	3
Residential coordinator/quality assistant	1	Occupational health and safety representative/domestic supervisor	1
Occupational health and safety/injury manager	1	Maintenance officer	1
Registered nurse	1	Chef	1
Clinical nurses	2	Domestic staff	2
Care staff	8	Residents/representatives	11
Occupational therapist	1		

### Sampled documents

	Number		Number
Residents' assessments, care plans and progress notes	5	Medication charts	20
Residents agreements	4	Personnel files	9
External contractors agreements	6		

### Other documents reviewed

The team also reviewed:

- 'Tell us what you think' file
- Accidents and incidents file
- Activities program
- Audits file
- Blood glucose measurement records and file
- Care plan review calendar
- Cleaning schedules (kitchen, laundry, resident rooms and communal areas)
- Clinical incident reports and collated statistics
- Corrective and preventative maintenance schedules and electrical equipment tagging records
- Daily diaries
- Education attendance, evaluation and staff training matrix
- Electronic police certificate register

- Family conference calendar
- Fire and emergency procedures including resident evacuation mobility list
- Fire equipment service records
- Food temperature records including cooking/cooling, reheating and goods received
- Hazard reports
- Job descriptions/duty statements
- Material safety data sheets (MSDS)
- Medication incident reports
- Memoranda file
- Menus
- Minutes of meetings
- Performance appraisal schedule
- Physiotherapy program
- Plan for continuous improvement and improvement logs
- Policies and procedures
- Professional registration list
- Refrigerator/freezer temperature records
- Resident drinks and thickened fluid lists
- Residents' information package and handbook
- Shower and bowel records file
- Staff handbook
- Staff rosters
- Therapy files and statistics
- Volunteers file including police certificates and volunteer handbook
- Wound care file.

## **Observations**

The team observed the following:

- Access to internal and external complaints and advocacy information
- Activities in progress
- Archive storage
- Availability of personal protective equipment and hand washing facilities
- Charter of residents' rights and responsibilities displayed
- Chemical storage
- Cleaning in progress
- Equipment and supply storage areas
- Interactions between staff and residents
- Laundry storage and delivery

- Living environment
- Locked suggestion box
- Main kitchen, services and laundry
- Meal and refreshment services
- Noticeboards with information displayed (minutes of meetings, fees, complaints process, mission, vision, philosophy and commitment to quality care)
- Staff access to information to enable them to perform their roles
- Storage and administration of medications.



## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has a framework that assists management to actively pursue continuous improvement. There are multiple methods to identify opportunities for improvement including 'Tell us what you think' forms, audits, case conferences, resident/relative meetings, staff meetings, surveys, clinical incidents and hazard reports. Information from these sources are transferred to the home's continuous improvement plan where appropriate. Initiatives are discussed at all meetings for planning and actioning. Staff reported they are encouraged to participate in the home's pursuit of continuous improvement and gave examples of continuous improvement activities. Residents and representatives reported they are satisfied the home actively pursues continuous improvement.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development are described below.

- The director of care identified the facility manager was receiving too many after hours phone calls. In response, a smart phone was purchased for the facility manager and staff were advised to email the facility manager for after hours issues unless it was urgent. The facility manager reported and staff interviewed confirmed, this has been a positive initiative and enables the facility manager to better prioritise out of hours issues which may arise.
- The senior management team identified not all staff were attending mandatory training. In response, the home has developed a training schedule where mandatory training is now completed annually over one day. The management team reported, and documentation reviewed shows an increase in compliance of staff attending mandatory training.
- An audit identified there were too many documents for the servicing of equipment and as a result several scheduled maintenance items were not consistently serviced. In response, a new maintenance signing sheet has been implemented that identifies all items to be checked/serviced on a monthly basis. The management team reported this will be evaluated at a later date.

## **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

Residents and representatives reported they are aware of the Charter of residents' rights and responsibilities and have access to the external complaints and advocacy information. The home has subscriptions and memberships to legislative alert systems, industry groups and peak bodies that advise of updates and legislative changes. Policies and procedures are updated by the organisation and staff are provided with information regarding changes through education, staff meetings and memoranda. The home's internal and external audit system monitors compliance. The home has processes for monitoring police certificates, statutory declarations of new and existing staff. Residents' charges and fees are set according to legislation. Management informed residents and representatives of the re-accreditation audit via meetings and displayed notices.

## **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's education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management uses feedback and requests from staff and residents, satisfaction surveys, observation of work practices and accident/incident forms to identify staff training needs. There is a 'buddy' system to support new staff through the induction and orientation process. Staff reported they are supported and encouraged to attend internal and external training to maintain their knowledge and skills. Residents and representatives reported they are satisfied staff have appropriate knowledge and skills.

Examples of education and training related to Standard 1 are listed below.

- Bachelor of nursing
- Bullying and harassment
- Certificate IV in aged care
- Corporate orientation
- Diploma of enrolled nursing.

## **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 representatives receive information regarding the comments and complaints system via the resident handbook, discussed at case conferences and resident/representative meetings. Information regarding external complaints and advocacy is readily available. There is easy access to the home's 'Tell us what you think' forms and a

suggestion box for anonymous or confidential complaints. Resident and representatives reported they are satisfied with the access to the internal and external complaints mechanisms without fear or retribution and management handle concerns effectively.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home displays its mission, vision and philosophy statements on noticeboards around the home and this information is documented consistently in the resident and staff handbooks. These statements include the home's commitment to provide quality care and accommodation and support to enhance the quality of life for residents. Staff reported management discuss the home's vision, philosophy, mission and commitment to quality care at induction and at each staff meeting.

### **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 utilises the organisation's systems to manage human resources based on the home's policy and procedure manual, regulatory requirements and includes recruitment, selection, orientation, training and development of staff. Processes are in place to adjust staffing levels or skill mix in response to the changing needs of the residents. The facility manager oversees recruitment and new staff receive a site orientation and undertake supernumerary shifts until competent to perform their required duties. Mandatory, optional and competency based training is provided. Staff performance is monitored via feedback mechanisms such as complaints, clinical indicators, surveys and performance appraisals. Absenteeism is covered by the home's own staff or agency staff if required. Staff reported they have sufficient time to complete their tasks and have opportunities for training and education. Residents and representatives reported they are satisfied staff have sufficient skills and knowledge to ensure residents' care needs are addressed accordingly.

### **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

Staff reported there are adequate stocks of appropriate goods and equipment, repairs are made in a timely manner and management are responsive to requests for additional supplies and equipment. The home has processes to facilitate the purchase, use, storage and management of appropriate goods and equipment required for quality service delivery. The home has corrective and preventative maintenance programs to ensure all equipment is regularly checked and serviced. Audits and inspections are undertaken to ensure that goods

and equipment are maintained at sufficient levels and correctly stored. The home has processes for ordering supplies including, paper goods, chemicals and surgical supplies.

### **1.8 Information systems**

*This expected outcome requires that "effective information management systems are in place".*

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

The home meets this expected outcome

The home has effective processes to facilitate the collection, analysis and dissemination of information related to residents' care and business and operational issues. On employment, staff sign a confidentiality agreement and access information via the home's policies and procedures, residents' care plans, memoranda, handover and at meetings. Electronic data is backed up and protected with secure passwords. Archived information is secure and the home has a process in place to facilitate retrieval of archived information. Staff reported they have access to appropriate information to help them perform their roles. Residents and representatives reported they are satisfied with the access to information to assist them make decisions about residents' care and lifestyle.

### **1.9 External services**

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

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

The home meets this expected outcome

Staff, residents and representatives reported satisfaction with the externally sourced services. The home has systems to ensure that selection of external services are based on quality standards and the needs of the residents and the home. The home monitors police certificates and indemnity insurance. Documented procedures outline the processes implemented to effectively utilise external service providers. External providers perform audits, review and service equipment and provide education and training pertaining to chemicals, infection control and fire and evacuation. The home has a list of preferred suppliers and contractors to assist in the purchase of goods and services.

## **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 resident falls, skin tears, medications, behaviours and wondering from the home without explanation. This information is then collated and discussed at monthly meetings. Residents and staff are satisfied the home actively promotes and improves residents' physical and mental health.

Examples of improvement initiatives related to health and personal care implemented by the home over the last 12 months are described below.

- The facility manager identified medication incidents were increasing. In response, the manager liaised with the pharmacy for regular schedule eight medications to be packed with residents' regular medications and red aprons were purchase to identify staff undertaking the medication administration round. The management team reported and documentation reviewed confirmed, a decrease in medication errors.
- It was identified at a pressure meeting that residents were experiencing weight loss and an increase in pressure areas. In response, the home sourced appropriate nutritional supplements and in liaison with the chef, organised to have meals delivered 15 minutes earlier for residents requiring assistance. The management team reported and documentation reviewed confirmed, resident weights have stabilised and there has been a decrease of residents with pressure areas. The management team reported a formal evaluation will occur at a later date.

### **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 monitors changes to legislation and alert staff using a variety of communication methods. A monitoring system is in place to ensure professional staff are registered as required. There are processes to report unexplained absences of residents. Medications are stored safely and administered by staff who are deemed competent by a registered nurse. Residents receive specified care and services to individual care needs and preferences. Registered nurses carry out initial and ongoing assessments of residents identified as requiring high care.

### **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

See Education and staff development in Standard 1 – Management systems, staffing and development for an overview of the education and staff development system.

Examples of education and staff development in relation to Standard 2 are listed below.

- Dementia care essentials
- Diabetes
- First aid and cardiopulmonary resuscitation
- Hearing aid management
- Medication management
- Pain management
- Promoting health and wellness
- Registered nurse/enrolled nurse study days
- Stoma and colostomy care.

### **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 systems to ensure residents receive appropriate clinical care. The multidisciplinary team assess residents’ clinical needs when they move into the home using their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home’s policy and in consultation with residents and representatives via care conferences. Processes are in place to monitor and communicate residents’ changing needs and preferences, including regular review of residents by their doctors, six-monthly care plan reviews and shift handovers. Clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Residents and representatives reported satisfaction with the clinical care 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

The home has processes to ensure registered nurses and enrolled nurses identify and review residents’ specialised nursing care needs. Residents’ specialised nursing care needs are assessed when they move into the home and these are documented in a specific nursing care plan and reviewed six-monthly or as required. Clinical nurses monitor the provision of residents’ specialised nursing care needs and the home has a registered nurse and enrolled

nurses rostered over seven days to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Examples of specialised nursing care include wound care, behaviour management, parenteral nutrition and management of diabetes. Residents and representatives reported residents' specialised nursing care needs are met.

## **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 a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. A physiotherapist and an occupational therapist assess all residents when they move into the home and develop therapy care plans that are reviewed six-monthly or as required thereafter. A podiatrist visits the home weekly and attends to the needs of residents. Referrals are made to other health specialists as the need is identified, including a speech therapist, dietician, dentist and the mental health team. Residents and representatives reported satisfaction with residents' ongoing access to a variety of health specialists.

## **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

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Enrolled nurses and competent care staff administer medications via a pre-packed system, as per general practitioners' instructions. Registered nurses administer residents' non-packed medications and 'as required' medications. Specific instructions concerning the administration of residents' medications and topical treatments are documented on their medication profiles. Medication audits and recorded medication incidents are used to monitor the system. A registered pharmacist conducts reviews of residents' medications and communicates findings to the relevant doctors and the home. Residents and representatives reported being satisfied residents' medications are managed safely and correctly.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

There are systems to identify, implement and evaluate each resident's pain management strategies to ensure they remain as free as possible from pain. Pain assessments are conducted on admission and annually for all residents with identified pain and residents are assessed more frequently if required. Care plans detail residents' individual pain management strategies. Therapy staff provide massage, nerve stimulation, heat packs and pressure-relieving equipment as part of residents' pain management programs. Ongoing pain is reported and where required, residents are referred to their general practitioner for review. Staff described their role in pain management including identification and reporting of pain.

Residents and representatives reported staff are responsive to complaints of pain and residents' pain is managed appropriately.

## **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

There are systems to ensure the comfort and dignity of terminally ill residents are maintained. Residents or their representatives have the opportunity to complete an advanced care directive when residents move into the home or at any time throughout their residency. The home's clinical and allied health personnel, general practitioners and relevant clergy support residents' and their families during palliation. Residents and representatives expressed confidence that, when required, staff would manage residents' palliative care competently, including the maintenance of their 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' nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Residents' care plans outline their dietary requirements including the level of assistance required. An enrolled nurse monitors residents' recorded monthly weights and, where unacceptable weight loss or gain is identified, refers the resident to the clinical nurses. A regime of supplementary nutritional drinks is implemented for residents who are deemed to be under their recommended weight. Swallowing assessments are conducted and residents identified as being at risk are referred to a speech pathologist for further assessment. The registered nurse and enrolled nurses direct and supervise residents' nutritional management. Residents and representatives reported they are satisfied with the menu and associated support provided to residents.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

Registered nurses conduct regular assessments of residents' skin integrity and formulate care plans that state preventative skin care interventions. Residents' wound care is attended and regularly recorded by registered and enrolled nurses. A number of preventative strategies are used to maintain residents' skin integrity, including pressure-relieving mattresses, re-positioning and moisturising lotions. Care staff monitor residents' skin care daily and report abnormalities to the clinical or registered nurse. The home records and collates skin-related incidents and strategies to manage individual residents' skin issues are discussed at pressure management meetings, attended by clinical and allied health



personnel. Residents and representatives reported satisfaction with the home's management of skin care.

## **2.12 Contenance management**

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

### **Team's findings**

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate residents' continence care needs when they move into the home and on an ongoing basis. Residents' urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of their assessed needs. Staff utilise bowel charts to track bowel patterns and enable the development of appropriate bowel management programs, and registered and enrolled nurses monitor the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage residents' continence needs. Residents and representatives reported being satisfied with the management of residents' continence needs.

## **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

Residents' behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for a resident's behaviours are identified and appropriate interventions are developed and documented in a care plan. Effectiveness of behaviour management strategies is monitored via clinical indicators and observations. Residents are referred to therapy and mental health services when the need for further assessment of challenging behaviours is identified. Residents and representatives reported residents' challenging behaviours are well managed and the impact of the behaviours on other residents is minimised.

## **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

When residents move into the home the physiotherapist, occupational therapist and registered nurses assess their mobility, dexterity and associated falls risks. Residents are encouraged to maintain their mobility and dexterity by participating in the home's activity program that includes a range of group exercises and physical activities to improve independent movement. Residents are also offered individual therapy sessions and their daily attendance at therapy sessions is monitored. A range of seating and mobility aids are available to assist residents to maintain mobility and independence. Incidents related to mobility and dexterity are reported and discussed at clinical and quality meetings. Residents and representatives reported satisfaction with the home's management of residents' mobility and dexterity needs.

## **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

When a resident moves into the home an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the resident’s care plan. Residents identified with swallowing deficits are referred to a speech pathologist for further assessment. An annual dental examination is offered to residents and follow up treatment is arranged with family consultation. If residents are unable to visit an external dentist, management organises a visiting dentist to provide on-site service. Staff are aware of residents’ individual oral hygiene requirements. Residents and representatives reported satisfaction with the support provided to residents 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 occupational therapist and physiotherapist assess residents’ sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in residents’ care plans and are regularly reviewed by the therapists and registered nurses. Residents are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. Staff described strategies used to assist residents with sensory losses. Residents and representatives reported satisfaction with the home’s management of sensory losses and needs.

## **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 established processes to assist residents to achieve natural sleep patterns. Sleep assessments are conducted for all residents to identify sleep patterns and disturbances. Interventions to assist residents to establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on residents’ sleep including noise, confusion, pain and continence issues. Residents and representatives reported residents are satisfied with the support provided to achieve restful sleep at night.

## **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 recorded and evaluated from all lifestyle and care activities. Staff also contribute to improvements to resident lifestyle through surveys and training. Staff encourage and support residents and others to provide feedback and suggestions.

Examples of recent improvements undertaken or in progress in relation to Standard 3 Resident lifestyle are described below.

- It was identified via a staff training session that the ‘Key to me’ (social history) was not being utilised. Documentation reviewed shows a memorandum was sent to staff and this was also discussed at regular staff meetings. Further documentation reviewed by us shows the ‘Key to me’ is now included in the new resident information pack. Staff reported and documentation reviewed confirms, the ‘Key to me’ is now being utilised. The management team reported this will be reviewed annually by the occupational therapist to ensure residents’ interests listed are current and appropriate.
- It was identified by the therapy staff there was reduced participation in activities for male residents. Documentation reviewed shows specific men’s activities have been included in the home’s activity program. The management team reported this will be evaluated at a later date.

### **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

Residents and representatives interviewed reported they are informed of any changes to fees and are aware of their rights and responsibilities. The home has systems to ensure compliance with all relevant legislation and regulatory requirements, professional standards and guidelines. Management inform staff of changes relevant to resident lifestyle through training, memoranda and meetings. There are procedures for mandatory reporting of elder abuse. Staff reported they have access to the home’s policies and procedures, attend mandatory training and sign a confidentiality statement upon commencement of employment.

### **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

See Education and staff development in Standard 1 – Management systems, staffing and development for an overview of the education and staff development system.

Examples of education and staff development in relation to Standard 3 are listed below.

- Abuse of residents
- Dignity and care.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Processes are established to support residents when they move into the home and on an ongoing basis. An information handbook is supplied to all residents giving comprehensive information about services provided. A social history task (key to me) is completed that includes information about residents' background, significant life events and previous and current social and activity interests. A care plan is developed from information gathered and assessments are conducted by the occupational therapist. Residents and representatives are encouraged to personalise their rooms with photos and personal effects. Residents and representatives stated they can visit the home at any time and are welcomed by staff.

### **3.5 Independence**

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

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

The home meets this expected outcome

The cognitive, physical, and emotional status of each resident is assessed when they move into the home and care plans are developed that identify interventions to encourage and assist residents to maintain their independence. Suitable aids and therapy programs support residents to maintain their mobility, cognitive status and dignity. Residents are encouraged to maintain friendships and participate in life within the home and the external community via the activities program and regular bus outings. Special events are celebrated. Such as Christmas, Easter, Melbourne cup and Mothers' day. Staff reported, and we observed staff assisting residents to attend activities within the home. Residents and representatives reported satisfaction with the assistance provided by the home in relation to residents' independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Systems are established to ensure residents' privacy is maintained including the secure storage of confidential records. Residents' right to privacy is reflected in the agreement, the home's privacy policy and the residents' handbook. Residents are allocated single rooms with ensuites and lounges are available to residents and their family and friends to encourage privacy and dignity. Staff sign a confidentiality agreement on commencement of employment. Staff demonstrated a clear understanding of their responsibilities with regards to the confidentiality of resident information. Residents and representatives stated staff are respectful and they are confident residents' private information is managed effectively.

### **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

All residents' current and past interests and activity preferences are identified when they move into the home. The occupational therapist develops a therapy and social care plan guided by the assessment information. The activity program is based on residents' needs and interests and is reviewed and changed according to resident participation, therapy assistants' feedback and resident satisfaction surveys. Residents have access to a range of activities with sensory, social and cognitive therapies. The program includes art and crafts, bingo, concerts, quizzes and bus outings. Staff reported they provide individual therapy for residents who prefer not to attend the group program. Residents and representatives reported staff encourage residents to attend the range of activities conducted at 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

Residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered at the home. Various clergy conduct religious services at the home and are available to support residents and families in times of need. Culturally significant events and anniversaries are celebrated including Australia day, ANZAC day, Remembrance day and Easter. Residents' birthdays are celebrated on the day they occur. Residents and representatives reported they are satisfied with the way staff support residents' cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home has systems to enable residents and their representatives to participate in decisions about the services they receive and to exercise choice and control over residents' lifestyle. Residents and representatives have the opportunity to provide feedback through feedback forms, residents' meetings, informal and formal meetings and surveys. Each resident is supported and encouraged to maintain control over their lifestyle within their assessed abilities. Staff described some of the ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives stated they feel comfortable providing feedback and the choices and decisions of other residents and representatives do not infringe on the rights of other people.

### **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

Systems are established to ensure residents have secure tenure within the home and understand their rights and responsibilities. Prior to moving into the home residents and representatives have access to a tour and are provided with information about the services and care provided. The resident handbook, the resident agreement and associated documentation outline residents' rights and responsibilities, fees and charges and security of tenure. Residents and representatives reported they have sufficient information regarding the residents' rights and responsibilities and feel the tenure is secure.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of improvement initiatives implemented by the home over the last 12 months are described below.

- The occupational health and safety (OSH) committee identified external contractors did not have a safety handbook to refer to when on site. In liaison with the senior management team and facility managers, a contractors safety handbook has been developed that includes the code of conduct, appropriate policies and procedures and the names and contact details of the home’s OSH representatives. The management team reported this will be evaluated at a later date.
- The OSH/injury manager identified the home were unable to report hazards or incidents involving all persons on site. Documentation reviewed shows the incident form has been updated to include staff, visitors, volunteers and estate residents. The management team reported this will be evaluated at a later date.

### **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 systems and processes to identify and ensure compliance in relation to the physical environment and safe systems. Staff reported they receive mandatory training in manual handling, OSH, chemical training, infection control and chemical training. The home has regular environmental audits and safety checks and there is a food safety program in place. There is a policy for the use of restraints and reporting mechanisms for unexplained absences of residents, incidents, accidents and hazards. Material safety data sheets (MSDS) are available where chemicals are stored. Staff reported they are provided with personal protective equipment (PPE) and have access to infection control guidelines in the event of an outbreak.

### **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

See Education and staff development in Standard 1 – Management systems, staffing and development for an overview of the education and staff development system.

Examples of education and staff development in relation to Standard 4 are listed below.

- Chemical safety
- Fire and emergency training
- Food safe
- Infection control
- Injury management
- Manual handling
- Occupational health and safety representative training
- Outbreak management.

### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has systems and processes to assist in providing residents with a safe and comfortable environment consistent with their care needs. Residents are accommodated in single rooms with ensuite bathrooms and are encouraged to personalise their rooms with furniture and mementos from home. Corridors are wide and well lit with handrails for additional safety. The internal environment was observed as pleasant and calm, with appropriate temperatures and noise levels and the gardens provide a secure and relaxing space for the residents and their families. The home has corrective and preventative maintenance and cleaning programs in place. Residents and representatives interviewed reported they are satisfied with the living environment.

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

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

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

The home meets this expected outcome

Management are actively working to provide a safe working environment that meets regulatory requirements. New staff receive an orientation that includes occupational health and safety. Staff complete annual mandatory training for manual handling, infection control and OSH. Hazards and staff incidents are investigated and issues identified by the home's environment and safety audit followed up promptly. The home has three trained OSH



representatives, and daily safety meeting are held to discuss safety issues and a monthly quality meeting to discuss hazards, incidents, accidents, audit results and infection control. Staff interviewed reported appropriately how they would identify and report hazards and incidents and stated they feel their working environment is safe.

#### **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's emergency procedures guide staff and residents in the event of a fire, security breach, bomb threat or other emergency. There is appropriate fire detection and fire fighting equipment, compartmentalised residential wings, sprinklers, smoke detectors, fire blankets and extinguishers. Evacuation plans are displayed throughout the home and staff have access to the home's emergency procedures, including a resident evacuation list that defines each resident's mobility level. The home has specialised contractors who attend the home and conduct scheduled monitoring and servicing of all components of the home's fire and emergency system. All electrical equipment is tested and tagged. Staff have received education and training in all aspects of managing fire and emergencies. Residents and representatives reported they sign in on arrival and when leaving the home and are aware of what to do on hearing the fire alarm.

#### **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

Staff demonstrated the home's infection control program is effective in identifying, containing and preventing infection. The facility manager and clinical nurses oversee infection control and monthly data is monitored. Information on individual resident infections is collected and discussed at the daily safety meeting and at the monthly staff and quality meetings. A range of measures including staff training, personal protective equipment, cleaning and laundering procedures, hand washing facilities, a food safety program, disposal of sharps, resident and staff vaccination programs, and pest control are in place to minimise the risk of infection. Staff interviewed reported a working knowledge of the principles of infection control.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".*

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

The home meets this expected outcome

Catering is undertaken on site and four weekly rotating menus are in place that are reviewed by a dietician. Systems ensure residents' individual dietary needs and preferences are met on an ongoing basis. Residents and representatives can choose the residents' meals and meals and drinks are provided in the resident's room or communal dining areas. Cleaning and laundry are undertaken daily. Cleaning staff undertake cleaning duties within the home in accordance with duty statements and cleaning schedules. All laundry services are conducted on site and there are processes in place to minimise loss of clothing. All

hospitality services encompass the home's food safety and infection control requirements and management monitor the quality of services via feedback mechanisms such as 'Tell us what you think' forms, audits, and surveys. Residents and representatives interviewed reported they are satisfied the home's hospitality services meet residents' needs and preferences.