Aged Care
Standards and Accreditation Agency Ltd

# Wharparilla Lodge
RACS ID 3048
Hartshorn Drive
ECHUCA VIC 3564
## Approved provider: Echuca Benevolent Society 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 29 November 2015.

We made our decision on 10 October 2012.

The audit was conducted on 5 September 2012 to 6 September 2012. The assessment team's report is attached.

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

**Most recent decision concerning performance against the Accreditation Standards**

**Standard 1:   Management systems, staffing and organisational development**
**Principle:**
Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

**Standard 2:   Health and personal care**
**Principle:**
Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

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

| Standard 3: Resident lifestyle | |
|---|---|
| **Principle:** | |
| Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community. | |

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

| Standard 4: Physical environment and safe systems | |
|---|---|
| **Principle:** | |
| Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors. | |

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

# Audit Report

**Wharparilla Lodge 3048**

**Approved provider: Echuca Benevolent Society Inc**

## Introduction

This is the report of a re-accreditation audit from 5 September 2012 to 6 September 2012 submitted to the Accreditation Agency.

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

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

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

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

**Assessment team's findings regarding performance against the Accreditation Standards**
The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 September 2012 to 6 September 2012.

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

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

## Assessment team

| | |
|---|---|
| Team leader: | Sarah Lawson |
| Team member: | Carmel Fitzgerald |

## Approved provider details

| | |
|---|---|
| Approved provider: | Echuca Benevolent Society Inc |

## Details of home

| | |
|---|---|
| Name of home: | Wharparilla Lodge |
| RACS ID: | 3048 |

| | |
|---|---|
| Total number of allocated places: | 92 |
| Number of residents during audit: | 89 |
| Number of high care residents during audit: | 64 |
| Special needs catered for: | Dementia |

| | | | |
|---|---|---|---|
| Street: | Hartshorn Drive | State: | Victoria |
| City: | Echuca | Postcode: | 3564 |
| Phone number: | 03 5480 5000 | Facsimile: | 03 5480 9133 |
| E-mail address: | Nil | | |

**Audit trail**

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

**Interviews**

|  | Number |  | Number |
|---|---|---|---|
| Chief executive officer | 1 | Residents/representatives | 14 |
| Director of nursing | 1 | Lifestyle staff | 2 |
| Assistant director of nursing | 1 | Pastoral carer | 1 |
| Registered nurses | 3 | Physiotherapist | 1 |
| Enrolled nurses | 4 | Catering staff | 3 |
| Personal carers | 3 | Maintenance staff | 1 |
| Occupational health and safety officer | 1 | Laundry staff | 2 |
| Administration officers | 2 | Cleaners | 2 |

**Sampled documents**

|  | Number |  | Number |
|---|---|---|---|
| Residents' files including assessments/ care plans/progress notes | 16 | Medication charts | 10 |
| Personnel files | 10 |  |  |

**Other documents reviewed**

The team also reviewed:

- Activity calendar and evaluations

- Audits, schedules and reports

- Cleaning schedules and cleaners' manual

- Clinical and specialised nursing assessments, documentation and information

- Clinical competencies and clinical indicators

- Communication diary

- Complaint register/response documents

- Continuous improvement plan, logs and information

- Contractors agreements and handbook

- Dangerous drugs register

- Education calendar, attendance records and evaluations

- Emergency management plans

- External contractor information and preferred supplier register

- Fire and essential services maintenance and testing records

- Food safety plan, external audit and charting

- Hand over sheets

- Human resource documentation
- Incident forms/results /analysis
- Material safety data sheets
- Meeting minutes and schedules
- Memoranda
- Menus
- Newsletters
- Nursing registrations and police certificates data
- Orientation checklist and staff and volunteers' handbook
- Pest control documentation
- Polices and procedures
- Position descriptions and duty statements
- Preventive and corrective maintenance program
- Residents appointments and communication book
- Residents' agreements, information package, handbook and surveys
- Rosters
- Tagging and testing documentation
- Vision and values statement

## Observations
The team observed the following:

- Activities in progress
- Advocacy and complaints information
- Archive storage
- Charter of residents' rights and responsibilities
- Equipment and supplies and storage areas
- Fire evacuation plans/equipment/egresses/instructions/evacuation kit
- Vision and values displayed
- Improvement forms and post box
- Interactions between staff and residents
- Internal and external living environments
- Manual handling equipment
- Meal service and refreshment rounds
- Medication administration and storage
- Noticeboards and resource information- including accreditation site audit notices
- Personal protective equipment, spills kits and sharps containers
- Sign in/out registers
- Staff and resident interactions

**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 systems and processes to pursue continuous improvement across the Accreditation Standards. They use a range of mechanisms to identify improvement opportunities including focus groups, surveys, incident reports, audit results, informal feedback from staff and residents, suggestions for improvement, comments and complaints and meetings. Management plan, implement and evaluate improvements using the plan for continuous improvement to document progress of initiatives. Staff reported they are encouraged to give suggestions and are aware of improvements in progress. Residents advised they hear of improvement activities in their newsletter and at meetings and are encouraged to give feedback on care and services.

Recent improvements in relation to Standard 1 Management systems, staffing and organisational development include:

- Management introduced an online education program for staff education and some competencies to make mandatory education more stimulating for staff. Staff complete a range of education and answer quiz questions about what has been learnt before moving to the next topic. They have the option of completing the education in work time or at home and staff who need assistance to use a computer are provided with training. Feedback from staff is it has been 'good to excellent' and is very comprehensive.

- After an external complaints management training session management decided to make the continuous improvement documentation more accessible and user friendly. They simplified the suggestions form and made it available in more areas of the home for residents to access easily and they attach a copy to the newsletter twice a year. Management advised there has been an increase in comments since the implementation of this initiative.

### 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 and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines across all four standards. Management receive information from peak bodies, legislative update services and government information. Management identify relevant regulatory compliances, then review and amend policies and procedures in response to legislative changes. Memoranda,

education, noticeboards and meetings keep stakeholders informed. Management and staff gave examples of their regulatory compliance responsibilities.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- There are processes to ensure the currency of police record certificates for staff and volunteers and relevant statutory declarations are in place.

- Management monitors the credentials of registered and enrolled nurses.

- Residents, representatives and staff received notification of the reaccreditation assessment visit.

### 1.3   Education and staff development:
*This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

**Team's findings**
The home meets this expected outcome

The home has systems to ensure management and staff have the ongoing knowledge and skills to perform their roles effectively. Management identify training needs through a variety of sources including performance appraisals, changing resident needs, adverse events and staff requests. An education planner available on the staff room noticeboard and verbal, written and email reminders advise staff of training sessions and opportunities. A range of delivery methods such as in-house sessions, external consultants, competency evaluation and online learning packages address the requirements of staff education. The home has a mandatory training program and staff attendance at all education sessions is recorded and monitored. Management encourages staff to attend external training and conferences deemed of benefit to the home including accessing education provided by the local hospital. Staff expressed their satisfaction with the education available to them.

Recent training in relation to Standard 1 includes:

- computer training for staff

- frontline management (leadership development)

- bullying and harassment

- understanding accreditation.

### 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

A system is in place to ensure all residents and representatives have access to information to make internal or external complaints. Complaints information and documentation are available in multiple areas around the home. Management respond promptly to residents or representatives making complaints verbally or in writing. Residents receive information about complaints mechanisms in the resident handbook, on the noticeboard and at meetings. Management monitors the effectiveness of the system by audits and surveys. Residents receive information about complaints and how to make them and management is responsive to their input.

### 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

Management has documented consistently Wharparilla Lodge's vision and values. The statements of commitment are on display, documented in staff, resident, volunteer and contractors handbooks and discussed during staff orientation. The home has a strategic plan maintained by the board of management. Management and staff said they are committed to upholding the vision and values of the home in providing quality care for residents.

### 1.6  Human resource management

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

**Team's findings**

The home meets this expected outcome

The home has systems to ensure staff are appropriately skilled and sufficient in numbers to meet residents' requirements. Formal recruitment, selection and induction processes are used and all staff receive an orientation. Position descriptions, duty lists, handbooks, policies, procedures and other relevant resources support staff in their roles. Ongoing monitoring of staff practice occurs and includes observation, appraisals and incident reports. Management maintain records of qualifications, police certificates, statutory declarations and professional registrations. Residents spoke positively of staff at the home and stated they are satisfied with the skills, response times, competency and caring approach of 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

There are systems and processes in use to ensure stocks of appropriate goods and equipment are available. Designated staff monitor and order goods on a regular basis and ensure all goods are stored correctly. Staff give management feedback on suitability for residents needs and the usability of new equipment. They follow a process to return unsatisfactory goods. There is a system for preventative and remedial maintenance of equipment. Storage areas observed were clean and tidy and equipment was in good condition and stored safely. Staff and residents reported there are appropriate goods and equipment available and maintenance staff manage issues promptly.

### 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 systems to ensure stakeholders have access to current information about the processes and activities of the home. Management and staff have access to accurate information appropriate for their roles. Processes to keep staff informed include policies, procedures, flowcharts, handbooks, emails, meetings, handover and position descriptions. Electronic systems are password protected, there is regular back up of computerised information and the home has an archive system including an electronic register. Residents and their representatives are kept informed through case conferences, newsletters, meetings, letters and verbally. Staff interviews confirmed management informs them of issues relating to their position. Residents and representatives said the home keeps them informed and they have access to relevant information.

### 1.9    External services

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

**Team's findings**

The home meets this expected outcome

The home has systems to ensure the quality and suitability of externally sourced services. The home has lists of preferred approved contractors for staff to follow. External contractors have signed service agreements specifying standards of service delivery, police checks, ongoing certification or registration and insurance requirements. The home has contracts with a wide variety of providers including security, podiatry, laundry and pharmaceutical services. All stakeholders are able to provide feedback to management about the quality of services and contractors Staff and residents are satisfied with the services provided by external contractors.

**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

For a description of systems and processes the home uses to actively pursue continuous improvement across the accreditation standards refer to expected outcome 1.1 Continuous improvement. The system demonstrates ongoing improvements in residents' health and personal care.

Examples of recent improvements in relation to Standard 2 include:

- Management decided they wanted to strengthen the combined board and management roles of ensuring strong clinical governance systems at the home. They commenced routinely reporting on clinical indicators at board meetings to increase board members' understanding of clinical issues occurring and corresponding requests for funding of goods and equipment in clinical areas. They have recently purchased twenty softer mattresses to improve skin care and comfort for residents with the board's approval. Management advised feedback from the board has been positive and their understanding of clinical issues is growing.
- Following an increase in falls and challenging behaviours in the secure unit management aimed to improve delivery of these two areas of care. They sent key staff to external dementia training and accessed services of a visiting dementia advisory service. Management reported staff have developed more individualised interventions and a broader range of management strategies for residents. The falls and behaviours in this area have reduced since the initiative began.


**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 system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Interviews with staff confirmed management keeps them informed of regulatory compliance responsibilities and changes to legislation.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- The home has arrangements in place for an appropriate response in the event of an unexplained resident absence.

- Medications are stored safely and administered according to legislated processes and guidelines.

- Registered nurses oversee provision of all specialised nursing procedures and needs.

### 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

Management and staff have appropriate knowledge and skills required to perform their roles effectively in relation to health and personal care. Staff have access to policies and procedures, internal and external training and individual education sessions. For further details refer to expected outcome 1.3 Education and staff development.

Recent training and development opportunities and topics relevant to Standard 2 include:

- pressure ulcers
- medications
- continence
- dementia.

### 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. Staff consult residents or representatives as required, to identify and document resident care needs and preferences. Suitably qualified staff assess residents on moving into the home, annually and as needed. Staff have access to care documentation and care given is routinely evaluated, monitored and reviewed. Care and nursing staff report there is good communication of residents' changing needs and they make appropriate referrals as required. Management collect and review clinical indicator data, which they use to inform improvements. Residents interviewed were satisfied with the clinical care they are given and the ongoing consultation with them.

### 2.5  Specialised nursing care needs

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

**Team's findings**
The home meets this expected outcome

Registered nurses follow processes to identify, assess, manage, review and evaluate residents' specialised nursing care needs. Current specialised nursing care includes management of complex pain, complex wounds, catheters, stoma, administration of suppositories and diabetes. Nurses develop individualised care plans to inform staff of required interventions. Registered nurses are available on all shifts, some of whom attended recent education on wound care and pain management. They access other health specialists to provide care as required. Residents report their specialised nursing care needs are being 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

Staff refer residents to a broad range of health specialists in accordance with their needs and preferences. There is routine attendance at the home by a physiotherapist, diabetes educator, audiologist and podiatrist. Staff have referred residents to a range of specialists in the past year including a gerontologist, urologist, dentist, speech therapist, dietician and optometrist. They can refer residents to other specialists as required. Staff document care instructions from health specialists in care plans. Residents expressed satisfaction with referrals to health specialists and the assistance they receive to access them.

### 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

Staff follow processes to ensure medications are managed safely and correctly according to their policies. There are processes in place for ordering, receiving, storage and disposal of unused medications. Nursing staff document resident needs and preferences for administration clearly in care plans for staff to follow. Medications are stored appropriately and administered by nurses and medication competent care staff. Medication incidents are reported and actioned. A consultant pharmacist reviews all residents' medications annually and provides education updates for staff. Staff regularly assess residents who self medicate, reviewing their skills to ensure ongoing safety of administration. Residents said they are satisfied with how staff manage their medications.

### 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 home has systems and processes to ensure all residents keep as free from pain as possible. Staff conduct pain assessments as required which include identifying pain indicators for non-verbal residents. Staff follow care plans containing residents' pain management needs and preferences. Staff refer residents to other health specialists as required. The home provides a range of interventions to manage residents' pain needs and these are routinely evaluated for effectiveness. Nursing staff described ways they evaluate the effectiveness of residents' pain management to meet their needs. Staff have attended recent pain management and palliative care education. Residents advised they are satisfied with the pain management provided to them.

### 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 staff maintain the comfort and dignity of terminally ill residents. Residents are encouraged to provide information about their end of life wishes when they move to the home. Staff described a range of palliative care interventions they provide to residents to maintain their comfort. Registered nurses are available on all shifts and external palliative care services are accessed if required. Residents said they have confidence staff will support them to remain comfortable should they require palliative care.


### 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

Staff follow systems and processes to ensure all residents routinely receive adequate nutrition and hydration. They identify residents' needs and preferences when they move to the home and follow a formal system for communicating changes when required. There is current documentation to ensure all staff are informed of residents' needs for assistance or aids. Registered nurses monitor residents' weights and identify and manage significant weight changes in accordance with their policy. Staff refer residents to medical practitioners or dieticians and commence dietary supplements as needed. Special equipment is available for residents who require it and when residents have swallowing difficulties they are referred as needed. Residents reported they are satisfied with the meals they receive and the support staff give to manage them.


### 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 nursing staff follow processes to assess residents when they come in to the home and inform staff of interventions required to maintain resident skin integrity consistent with their general health on an ongoing basis. Care and nursing staff communicate residents' changing skin care needs and preferences on a daily basis. Staff described strategies they use to prevent breakdown including using alternatives to soap, regular application of moisturising creams, repositioning and new softer mattresses for residents. Registered and enrolled nurses attend residents' wounds and have current wound management education. They access wound specialists locally as needed. Staff report skin breakdowns as incidents and manage them appropriately. Residents reported satisfaction with how the home's staff manages skin care and the level of consultation with them.

### 2.12  Continence management
*This expected outcome requires that "residents' continence is managed effectively".*

**Team's findings**
The home meets this expected outcome

The home has processes to identify, assess, manage and monitor residents' continence needs effectively. There is ongoing review of how residents' needs are being met through consultation with residents and other staff. Care plans document residents' individual assistance needs and aids required to maintain continence. Staff identify changes in continence needs by changes to aid usage patterns and feedback from other staff and residents. Staff report there are stocks of aids and equipment sufficient for residents' needs. Residents report satisfaction with the assistance staff give them to manage their 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

Processes are in place to ensure staff manage the needs of residents who have challenging behaviours effectively. Staff assess residents' care needs to identify triggers to the behaviour and interventions to assist them. They document specific individualised information in care plans, and review them regularly. Staff refer residents to external health specialists as required. They report behaviour incidents which are analysed to identify trends and take actions to assist individuals and improve outcomes for all residents. Management evaluate the effectiveness of behaviour management systems through audits, feedback from staff and residents and incident reports. Residents are satisfied with the ways staff manage challenging behaviours at the home.

### 2.14  Mobility, dexterity and rehabilitation
*This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".*

**Team's findings**
The home meets this expected outcome

The home has processes to ensure staff can achieve optimum levels of mobility and dexterity for all residents. Residents are encouraged to maintain their mobility and dexterity by participating in the home's activity program, which includes group and individual exercise programs and use of the gym. The gym assistant ensures mobility care plans are actioned. A visiting physiotherapist reviews incidents in liaison with nursing staff and reviews and evaluates the system for identifying and managing residents' mobility and dexterity care needs. Care plans documenting individuals' needs are in place for residents. The home monitors outcomes for residents through reviews of care plans, evaluation of mobility programs and internal audits. Residents are satisfied with the level of consultation and with the mobility and dexterity support staff give them.

### 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

Processes are in place to ensure staff maintain residents' oral and dental health. Nursing staff assess residents' oral and dental health when they move into the home and ongoing and develop strategies in consultation with residents to maintain good oral hygiene. They document assistance needs on individual oral and dental care plans which care staff follow. Staff evaluate these routinely and refer residents to dentists externally when issues arise. Care staff described the assistance they give residents, how they identify issues which may require specialist intervention and the reporting process they follow. Staff monitor oral and dental equipment and change it regularly and as needed. Residents described how staff assist them and are satisfied with staff input to meet their oral and dental needs.

### 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

There are processes in place to effectively manage residents' sensory losses. Nursing staff assess residents' senses when they move to the home. Staff document care strategies and details of aids management in care plans for staff to follow. They routinely review and evaluate these and make changes as required. Care staff communicate any sensory changes to registered staff as they occur. An optometrist is available to residents by referral and an external audiologist visits routinely and as needed. Staff assist residents to access aids suited to their needs. Residents are satisfied with the care provided to manage sensory 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. Staff document individualised information including residents' preferences on care plans. Staff obtain feedback from residents to review and evaluate interventions for effectiveness. Staff described a range of interventions they use to assist individuals to sleep. Residents advised they are satisfied with the level of support they receive to sleep well.

## 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

For a description of systems and processes the home uses to actively pursue continuous improvement across the accreditation standards refer to expected outcome 1.1 Continuous improvement. The system demonstrates ongoing improvements in resident lifestyle.

Examples of recent improvements in relation to Standard 3 include:

- Following a survey of respite residents and an external education aimed at improving services for residents, management wanted to make new residents feel more welcome in the home. New residents were previously welcomed at a morning tea and each resident received a rug on moving to the home. They wanted to do more to positively acknowledge the transition to residential care using a special gesture. They now place flowers in each new resident's bedroom when they arrive and each resident receives a card from the chief executive officer welcoming them to the home. They reviewed the initiative two months after commencement and family and resident feedback has been positive. Staff feedback about the initiative has also been positive.
- The director of nursing care wanted to improve ways staff support residents' spiritual needs following her attendance at an external education. The home subsequently participated in a working party and conducted education sessions for team leaders and staff to increase awareness of spirituality in aged care. The home has now also engaged a paid pastoral care worker for six hours per week to assist residents. The pastoral care worker has been supportive of residents and representatives following two recent deaths and there are plans for her to provide grief and loss training for staff in the near future. Staff and residents said the appointment is very beneficial.

### 3.2 Regulatory compliance

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

**Team's findings**

The home meets this expected outcome

The home has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to resident lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- The home has systems to demonstrate compliance related to residential agreements.
- Policies and procedures to maintain privacy and confidentiality of resident information are in place and followed.

- The home has policies, procedures and staff education for appropriately managing reportable incidents of elder abuse.

### 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

Management demonstrates staff members have skills and knowledge for effective performance and provides training opportunities for staff in relation to resident lifestyle. For further details refer to expected outcome 1.3 Education and staff development.

Recent training and development opportunities relevant to Standard 3 include:

- elder abuse
- dementia and sexuality
- spirituality in aged care
- external lifestyle conferences.

### 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

Staff support residents in adjusting to life upon entering the home and on an ongoing basis. Management provide residents and representatives with information including an information pack, tour and handbook to assist in their orientation to the home. Staff provide residents with additional emotional support during their settling in period. Assessment of emotional needs includes information regarding family and life history, important life events and individual preferences for emotional support. The home has a pastoral carer two days a week who sees residents as needed. We observed staff to be supportive and to use a caring approach with residents. Residents said they were supported in adjusting to life in the home and staff are friendly and welcoming.

### 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

Care and lifestyle assessments provide information about residents' individual independence needs and preferences including mobility, personal care, nutrition and communication. Residents' independence in mobility is maximised through the onsite gymnasium, physiotherapy and individualised exercise programs. Staff promote residents' independence and community involvement through regular use of the home's bus, shopping trips and visiting school/community groups. Staff practices maintain each resident's individual level of

independence. The home's environment and equipment encourages independence including having tea and coffee making facilities, private areas, mobility aids and handrails. Residents confirmed they are satisfied with the level of consultation and assistance provided in promoting their independence and their participation in the community.

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

**Team's findings**
The home meets this expected outcome

The home has systems to provide for residents' privacy, dignity and confidentiality. Accommodation for residents is in single rooms with ensuites. The home has private sitting areas and gardens where residents can have quiet time or socialise with families and friends. Residents' information is securely stored and access to the computerised care system is password protected. Staff contracts, handbooks and practices promote residents' privacy and confidentiality. The complaints system, surveys and care consultations provide feedback. Staff stated they have sufficient time to deliver resident care and do not need to rush residents when providing daily care. Residents and representatives confirmed staff maintain their privacy and dignity.

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

**Team's findings**
The home meets this expected outcome

The home has systems and processes to encourage and support residents to participate in a range of interests and activities. Staff complete lifestyle profiles and assessments after entry to the home in consultation with residents and representatives and individualised care plans are developed. Lifestyle staff provide activities in small and large groups, on a one to one basis and consider cognitive ability and gender. On entry lifestyle staff identify each resident's special wish or dream and work toward making that wish/dream come true. Annual surveys, resident meetings and participation levels monitor the effectiveness of the program. Each resident receives a monthly program; also displayed in prominent areas of the home. Regular outings and visits from school groups and entertainers provide opportunities to foster close relationships with the wider local community. Residents are satisfied with the encouragement they receive to participate in a range of activities of their choice.

### 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

Staff document individual interests, customs, beliefs and cultural and ethnic backgrounds of importance to residents on entry to the home. The home celebrates culturally significant days and staff support and value residents' individual spiritual and denominational needs. There are weekly church services at the home and staff refer residents to the home's pastoral carer as needed. As part of the activity program special events celebrated include Christmas,

Easter, Remembrance Day, ANZAC Day and the Melbourne Cup. Staff are aware of individual needs and preferences and use food, music and theme days to celebrate days of significance and cultural diversity. 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

The rights of residents to make decisions and exercise choice and control over their lifestyle is recognised and respected. Assessments record choices and preferences. Individual preferences are noted in care plans, dietary lists and records of activities which are regularly reviewed by lifestyle and clinical staff. The home has a complaints system with forms displayed prominently and resident surveys, meetings and comment forms provide feedback. Staff conduct regular care consultations with residents and representatives. Residents stated staff respect their choices and preferences and they are encouraged to participate in decisions about their care and give feedback.

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

**Team's findings**
The home meets this expected outcome

The home has systems to ensure residents understand their rights and responsibilities and have security of tenure within the home. Management provide an information package and handbook to all residents and the home's agreement contains information about fee calculation, terms of tenure and services provided. Staff are informed about residents' rights and responsibilities, specified care and services and elder abuse through policy, handbooks and education. Residents and representatives have access to information regarding independent complaint services and advocacy groups. Residents and representatives confirmed management assists to understand relevant information about their security of tenure.

## 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

For a description of systems and processes the home uses to actively pursue continuous improvement across the accreditation standards refer to expected outcome 1.1 Continuous improvement. The home has a system that demonstrates ongoing improvements in physical environment and safe systems.

Examples of recent improvements in relation to Standard 4 include:

- Management decided one of the internal courtyards needed upgrading to make it more attractive and user friendly to residents. They chose a Mediterranean theme, providing hardy Mediterranean style plants which as well as being aesthetically pleasing, have low water requirements and are easily managed in the local climate. Residents stated they are happy with the improvement.

- Management observed that using a bain-marie in the secure area was a possible burns risk to residents who were often ambulant around the dining room at meal times in this area. They decided there could be risk to residents in other areas as well so they are trialling staff plating meals in the kitchen for residents in these areas to reduce risk. Management stated this has improved the safety of residents.

### 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 a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to the physical environment and safe systems and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Chemical storage is secure and current material safety data sheets are available.

- The home has a food safety program audited annually by a third party.

- The home complies with annual essential services maintenance reporting.

### 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

Management provides training opportunities for staff in relation to the physical environment and safe systems and demonstrates staff members have skills and knowledge for effective performance. For further details refer to expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 4 include:

● manual handling

● infection control

● fire and emergency.


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

**Team's findings**
The home meets this expected outcome

The home's management and staff are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents have single rooms with ensuites which they are encouraged to personalise. The living environment includes communal and private dining, living rooms, activity areas, internal courtyards and outside areas. The home is clean, well maintained, and free of clutter. Staff complete audits regularly and carry out preventative and remedial maintenance to keep the environment free of hazards and comfortable. Staff interviewed described appropriate procedures they follow in order to ensure the safety and comfort of residents. Residents described the environment as comfortable, well maintained and safe.


### 4.5    Occupational health and safety
*This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".*

**Team's findings**
The home meets this expected outcome

The home's systems and management support the provision of a safe working environment. Management inform staff of occupational health and safety through the orientation process, handbook, policies, procedures, meetings, education and manual handling training.
The home has occupational health and safety representatives and a dedicated committee who meet every second month. Processes supporting occupational health and safety include hazard and incident reporting mechanisms, maintenance requests, preventative maintenance schedule, risk assessments and audits. Staff have access to appropriate inventory and equipment to promote safe work practice. Staff demonstrated an understanding of the home's processes for ensuring a safe work environment and are satisfied with management's response to any issue relating to occupational health and safety.

### 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 systems to maintain a secure environment and minimise fire, security and other emergency risks. The home is equipped with emergency, fire fighting and detection systems, which are maintained and serviced regularly according to a schedule. Evacuation maps are located throughout the home and emergency exits and egress routes are free from obstruction. Keypad locks which automatically release in the event of an emergency protect all internal and external entry points to the home. There are documented contingency plans available to staff to respond to other identified emergencies. Fire and emergency training is part of staff and volunteer induction and is mandatory annually for staff with management monitoring attendance. Staff demonstrated appropriate knowledge of emergency and evacuation procedures and their responsibilities. Representatives and residents are satisfied with the home's provision of a safe environment

### 4.7 Infection control
*This expected outcome requires that there is "an effective infection control program".*

**Team's findings**
The home meets this expected outcome

Management demonstrated an effective infection control program is in place. Staff follow processes to identify, log and action infections appropriately. Management analyse infection statistics, identify trends and action issues as they occur. A food safety program, pest management, personal protective equipment, mandatory education, sharps disposal and vaccination programs for residents and staff are components of the program to prevent and minimise infections. There is a regular audit program and management and nursing staff monitor staff practice. Staff interviewed described routine actions they take to prevent and minimise infections.

### 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

Food is prepared onsite using a 'cook-chill' method according to a food safety program, seasonal menu and dietician input. Staff assess resident's dietary requirements and preferences on entry and review these on a regular basis. Catering staff have access to current information, cater for preferences and provide alternatives. Residents reported they have input into the menu selection and are satisfied with food choices offered by the home. Cleaning staff follow schedules and infection control cleaning policies. The home was clean, neat and tidy and staff said they have sufficient time to complete tasks. Staff launder and label residents' clothing and linen is provided by an external contractor. There are designated clean and dirty areas and staff could describe correct procedures for use of chemicals and washing infectious laundry. Residents and representatives were satisfied with hospitality services provided at the home.