



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Acacia House Residential Aged Care Service**

RACS ID 4348  
9 Batman Avenue  
SHEPPARTON VIC 3630

**Approved provider: Shepparton Retirement Villages 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 07 December 2017.

We made our decision on 13 October 2014.

The audit was conducted on 16 September 2014 to 17 September 2014. 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	Quality 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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	Quality 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	Quality 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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Acacia House Residential Aged Care Service 4348**

**Approved provider: Shepparton Retirement Villages Inc**

### **Introduction**

This is the report of a re-accreditation audit from 16 September 2014 to 17 September 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 September 2014 to 17 September 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 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

<b>Team leader:</b>	Marian (Sandra) Lacey
<b>Team member:</b>	Sarah Lawson

## Approved provider details

<b>Approved provider:</b>	Shepparton Retirement Villages Inc
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## Details of home

<b>Name of home:</b>	Acacia House Residential Aged Care Service
<b>RACS ID:</b>	4348

<b>Total number of allocated places:</b>	60
<b>Number of care recipients during audit:</b>	57
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	N/A

<b>Street:</b>	9 Batman Avenue
<b>City:</b>	Shepparton
<b>State:</b>	Victoria
<b>Postcode:</b>	3630
<b>Phone number:</b>	03 5821 0594
<b>Facsimile:</b>	03 5832 0860
<b>E-mail address:</b>	<a href="mailto:sueh@sheppvillages.com.au">sueh@sheppvillages.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	2
Nursing/care staff	10
Administration staff	3
External consultants	2
Lifestyle staff	1
Care recipients/representatives	16
Environmental/hospitality	6
Allied health	3
Maintenance staff	3

### Sampled documents

Category	Number
Care recipients' files	13
Summary/quick reference care plans	8
Resident agreements	10
Medication charts	8
Personnel files	10
External contracts	5

### Other documents reviewed

The team also reviewed:

- Audits, audit schedule and surveys
- Care recipients' information handbook
- Care waivers
- Certificate of occupancy
- Clinical assessments, charts, forms and documentation
- Compulsory reporting register

- Continuous improvement plan
- Diversional therapy timetables folder
- Drugs of addiction registers
- Education calendar, attendance and evaluation records
- Electronic care planning system
- Emergency evacuation list
- Evaluations and special events folder
- Food safety program, audits, dietary information and menu
- 'Have your say' logs
- Hazard/risk alerts folder
- Incident reports
- Infection surveillance log, analysis and trending
- Job descriptions
- Master and working rosters
- Material safety datasheets
- Meeting minutes and memoranda
- Nursing registrations, police certificate and statutory declaration data
- One-to-one therapies and activities 2014 folder
- Policies and procedures
- Reactive and preventative maintenance folders
- Resident of the day folder
- Self-assessment report
- Staff handbook
- Working documents on fire alarm testings.

## **Observations**

The team observed the following:

- Activities in progress



- Archive room
- Equipment and supply storage areas
- Firefighting equipment, evacuation pack and fire panel
- Interactions between staff and residents
- Internal and external living environment
- Meal and refreshment services
- Medication administration and storage
- Short observation in dining room.

## 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 care recipients, 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 organisation actively pursues continuous improvement across the Accreditation Standards through mechanisms including opportunity to improve forms, organisational wide policies and procedures, incident and hazard reporting, scheduled audits, measurement and review of key performance indicators, monthly quality and safety meetings and planned quality activities. Continuous improvement registers are analysed by corporate and the home's management for identification of improvement opportunities. Documentation indicates timely actioning of improvement opportunities with appropriate feedback, follow-up, completion and review. Systems and processes enable and ensure tracking and monitoring of the improvement system by management and at the organisational level. Residents and representatives said management and staff inform them of changes made at the home and feel welcome to make suggestions and give feedback. Staff said they are familiar with the system for managing continuous improvement and are encouraged to communicate suggestions for improvement.

Improvements identified and completed in Standard 1 Management systems, staffing and organisational development include:

- Management introduced a new comments and complaints system to encourage all stakeholders to provide feedback. They introduced 'Have Your Say' forms. Suggestion boxes to maintain confidentiality were strategically placed throughout the home, including specifically in the care station to encourage staff to give feedback about the home's systems and processes. Auditing results indicate a tripling of feedback received.
- In May 2014, management introduced a new computerised integrated medical records system. Staff were trained in this new system, which includes a 'message board' to advise all staff who initially log on to the computer. This system is heavily utilised by management as a means to communicate directly with staff. Management provided a high degree of education to staff who said processes have improved considerably. We observed staff using the computer system.
- Management developed and introduced a new position of team leader to assist registered nurses. As a result there are two team leaders, one for each 30-bed unit. Staff said this decreases the pressure on the clinical care coordinator. Staff are satisfied with the support they receive. Management consulted with staff continuously throughout the

development of these new roles. Evaluation of this improvement will occur later in the year.

## **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

Management and the organisation have systems to identify and ensure compliance with relevant legislation, regulatory requirements and guidelines. The organisation receives regulatory compliance information and changes from external services including peak, industry and government bodies and internal legal staff. Information and changes are actioned and disseminated by senior staff through the organisation’s and the home’s information systems and processes. Regulatory compliance is a standing agenda item for staff meetings and staff have access to information through the organisational intranet.

Regular audits and staff training monitor and maintain compliance and regular policy reviews and updates occur.

Examples of regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- A system for ensuring the currency of police certificates, statutory declarations and visas as appropriate for staff, volunteers and contractors.
- Annual renewal of professional registrations.
- Confidential documents are stored and destroyed securely.
- Notification to staff, care recipients and representatives of re-accreditation site audits.
- Information is available to care recipients and representatives on external complaints and advocacy services.
- A continuous improvement plan.

## **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 appropriate knowledge and skills to perform their roles effectively. An annual education plan is developed and additional training specific to the home is included as required. Audits, meetings, incident reports, clinical monitoring and staff requests identify training needs. Management monitor attendance at annual mandatory education. The home has a recruitment procedure and orientation program

for new staff. Staff stated they have access to internal training group sessions and external education when appropriate.

Recent training and development opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- bullying and harassment
- e-case training
- effective communication
- ongoing training with all new equipment.

#### **1.4 Comments and complaints**

*This expected outcome requires that "each care recipient (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

Management has systems, which ensure care recipients and representatives have access to internal and external complaints mechanisms. Residents and representatives are comfortable raising issues of concern with staff and management and any complaints or issues are actioned in a timely manner. Management captures complaints and comments through 'Have Your Say' forms, resident meetings, audits and verbal feedback, which are recorded in the comments, and complaints register for analysis and trending. Information in the resident information pack outlines the system for expressing any comments and complaints and includes contact details for external complaints mechanisms. Management displays brochures including external complaints bodies in public areas at the home.

#### **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

Information displays and documentation including resident and staff handbooks consistently document the home and the organisation's values. These statements articulate the home's commitment to providing high quality care and services responsive to the needs of residents through integrity, empathy and compassion, with a vision to be a centre for excellence.

## 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

Management ensures staff are appropriately skilled and qualified and in sufficient numbers to ensure delivery of appropriate care and services to residents. Organisational policies and procedures guide staff recruitment, orientation, rostering, staff replacement and management processes. Management develop rosters and review staffing levels in response to residents' changing care needs. Staff said they have access to information about their roles and responsibilities including position descriptions and confirm the staffing levels are flexible and appropriate. Residents and their representatives are satisfied with staffing levels and staff knowledge.

## 1.7 Inventory and equipment

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure stocks of appropriate goods and equipment are available and maintained. Management and relevant staff purchase consumables regularly and maintain adequate stock holding levels. Identification of equipment needs occurs through incident and hazard reporting, observations, meeting structures, changing residents' needs and audits. Storage areas are secure, clean and sufficient for inventory and equipment not in use. The home's equipment is maintained through a preventative and reactive maintenance program. Residents, representatives and staff said they are satisfied with the quantity and quality of supplies and equipment used.

## 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

Management ensures effective information management systems are available and staff have access to current policies and other relevant resource documentation. Management disseminate information at shift handovers and by memoranda, meetings, newsletters, intranet and text messages. There are processes for document review and control, computers are password protected and back up of electronic information occurs off site. Secure storage, archiving and destruction of confidential documents ensures regulatory compliance requirements are met. Staff, residents and representatives are satisfied with the level of information provided including opportunities for feedback and communication with management.

## 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

Management have effective processes to ensure the ongoing quality and responsiveness of external service providers meet the home's needs and quality goals. Management monitor contractors and audit and review satisfaction of the services provided on a regular basis.

Feedback on satisfaction is from residents, representatives and staff through audits, surveys and observations. Product suppliers and service contractors sign service agreements, which include standards of service, regulatory and license requirements, qualifications and insurance. A list of preferred service providers is available. Residents and staff said they are satisfied with the services provided by the current external contractors and suppliers at the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

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

Improvements identified and completed in Standard 2 Health and personal care include:

- In September 2013, management hired a nurse as an aged care funding instrument coordinator and care support officer to consult with families and evaluate care plans. As a result, the home is now capturing all aspects of care from all areas and care plans are reviewed every two months. In addition, management re-commenced the use of 'resident of the day' checklist to prompt staff to ensure there is a full review completed with the care support officer meeting with staff in order to complete the form. Staff said they were happy with this improvement as it took the pressure off them to complete 'paperwork' and concentrate more on resident care.
- In August 2014, management converted a single room, which has a small kitchen sink to a palliative care room. The room can be used by residents who have reached end stage or for families supporting a dying relative and need to stay overnight. Both staff and external palliative care providers said this is a good improvement.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about management’s regulatory compliance system and processes.

Examples of regulatory compliance at the home relating to Standard 2 Health and personal terms include:

- Maintenance and monitoring of appropriately qualified staff including nursing registrations.
- There is information on professional clinical guidelines and evidence-based practice is communicated and available to care staff.
- Secure storage of medication.
- Processes for reporting unexplained resident absences including notification processes.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education system and processes.

Examples of recent education in the home in relation to Standard 2 include:

- medication management
- palliative care
- textured foods
- wound care.



## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Residents receive appropriate clinical care. On entry, an initial care plan guides staff practice until completion of residents’ assessment periods occur. The development of individual care plans occurs from assessments, which identify residents’ needs, preferences and strategies required. Nurses regularly review residents’ care plans and consultation with residents or their representatives takes place as needed. The monitoring of residents’ clinical care occurs by audits, clinical data and incident report analysis and stakeholder feedback. Staff demonstrated clinical interventions used to meet residents’ needs. Residents and representatives said they are satisfied with the clinical care residents receive.

## 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

Appropriately skilled staff identify and meet residents’ specialised nursing care needs. Nurses assess, plan and evaluate residents’ specialised nursing needs in consultation with appropriate allied health professionals and general practitioners. Care plans document specialised nursing needs, preferences and strategies required. Specialised nursing needs are monitored by audits, stakeholder feedback and clinical data analysis. Staff have appropriate knowledge and skills to provide specialised nursing care. Residents and representatives said residents receive specialised nursing care in accordance with their needs and preferences.

## 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

Referrals to appropriate health professionals for residents occur in accordance with their needs and preferences. Completed assessments identify residents’ need for referral to appropriate health professionals. Referrals take place according to the home’s internal referral system and management monitor this to ensure the effectiveness of referrals.

Documentation indicated staff implement and follow health professionals’ recommendations as required. Residents and representatives said referrals to appropriate health specialists take place as necessary.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The management of residents’ medication occurs safely and correctly. An assessment of residents’ medication administration needs occurs on entry and as required. Medication charts document relevant information including special instructions, allergies and photographs for ease of identification. Management monitor medication administration by audits, incident data analysis and staff competency completion. Staff store medications appropriately and assist or supervise residents’ medication administration as necessary. Residents and representatives said the administration of residents’ medications is timely.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Residents are as free as possible from pain. Residents’ pain assessments identifying their risk for potential pain occur. Care plans document triggers for pain, strategies and equipment required. Consultation takes place with residents and their representatives and the health care team as needed. Pain management interventions include a pain management program implemented by physiotherapists, medication, heat packs and massage. Management monitor residents’ pain management by audits and stakeholder feedback. Staff were aware of appropriate pain management interventions to implement. Residents and representatives said they are satisfied with the management of residents’ pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home maintains the comfort and dignity of terminally ill residents. Residents and representatives complete end of life wishes where appropriate. Care plans reflect palliative care needs and preferences when required and a review of these needs is ongoing throughout the palliative care stages. Staff access general practitioners and palliative care specialists as needed. The monitoring of palliative care occurs by audits and stakeholder feedback. There are sufficient goods and equipment to provide appropriate palliative care and education is delivered to staff. Residents and representatives said consultation occurs regarding residents’ needs.

## **2.10 Nutrition and hydration**

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

### ***Team’s findings***

The home meets this expected outcome

Residents receive adequate nourishment and hydration. Residents have a dietary assessment completed on entry that informs kitchen staff. Care plans identify dietary requirements, likes and dislikes and the level of assistance staff are to provide when assisting residents with meals. Staff monitor residents’ weight and referrals to dietitians and speech pathologists take place as needed. Management monitor nutrition and hydration by resident weight analysis, audits and stakeholder feedback. Staff assist residents with meals in an appropriate manner as needed. Residents and representatives said they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs.

## **2.11 Skin care**

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

### ***Team’s findings***

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Staff assess residents’ skin integrity and care plans document needs and preferences, including the level of assistance and equipment required. Incident reports identify breaks in residents’ skin and staff initiate follow up care. Wound care charts guide staff practice when wounds occur and a wound consultant visits as needed. Staff have access to appropriate emollient creams and dressings. Residents and representatives said they are satisfied with the care provided in relation to residents’ skin care management.

## **2.12 Continence management**

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

### ***Team’s findings***

The home meets this expected outcome

The management of residents’ continence is effective. Residents’ continence assessments occur on entry and again as changes in continence needs occur. Care plans document relevant strategies, equipment and the level of assistance required by staff. Management monitor residents’ continence needs by feedback, urinary tract infection data analysis and scheduled audits. Staff have access to adequate supplies of continence aids and equipment to meet residents’ continence needs. Residents said consultation takes place in regards to the management of their continence requirements.

## **2.13 Behavioural management**

*This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

The management of residents with challenging behaviours is effective. Staff assess residents’ behaviours on entry following a settling in period. Reassessment occurs if new behaviours arise. Care plans identify behaviours, potential triggers and interventions needed. Referrals to general practitioners and behavioural management specialists take place if assistance is required. Management monitor residents’ behaviour needs by incident data analysis, audits and stakeholder feedback. Staff are educated on appropriate methods for managing residents with challenging behaviours. Residents and their representatives said other residents’ behaviours do not infringe on their rights.

## **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

Management of residents’ optimum levels of mobility and dexterity is effective. Residents have their mobility and dexterity needs assessed, which includes an assessment by the home’s physiotherapist. Care plans document interventions required, including aids and equipment needed for mobilisation. Staff complete incident reports following resident falls and physiotherapists review residents after these incidents occur. Management monitor residents’ mobility by fall data analysis and audits. Staff have attended education in relation to assisting residents with mobilisation. Residents and their representatives said they are satisfied with the home’s approach to optimising residents’ mobility and dexterity.

## **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

### **Team’s findings**

The home meets this expected outcome

The maintenance of residents’ oral and dental health occurs effectively. Oral and dental care assessments take place and care plans identify aids, equipment and the level of assistance required. Oral and dental health specialists visit the home or residents can visit outside specialists as needed. Management monitor oral and dental care by audits and stakeholder feedback. Staff assist residents with maintaining their oral and dental hygiene regimes.

Residents and representatives said residents receive assistance as required to maintain residents’ oral and dental care.

## **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

Assessment and care planning processes ensure staff identify residents’ sensory losses. Staff develop management strategies to minimise any identified sensory loss relating to the five senses. Referrals to audiologists and optometrists occur and devices to assist in residents’ sensory loss are acquired as needed. Care plan information includes the level of assistance required, care of aids and strategies to optimise sensory function. Management monitor sensory loss by audits and stakeholder feedback. Staff said they assist residents in maintaining and fitting sensory aids. Residents and representatives said they are satisfied with the support and care provided to manage residents’ sensory loss.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Nursing staff identify resident sleep needs and preferences using entry and ongoing assessments. Care plans document individual preferences including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Management monitor residents’ sleep requirements by audits and stakeholder feedback. Staff encourage natural sleep patterns, meeting residents’ environmental needs, pain management requirements and continence care. Residents said they are able to communicate with staff in relation to their sleep needs.

## Standard 3 – Care recipient lifestyle

**Principle:** Care recipients 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 management’s continuous improvement system and processes.

Improvements identified and completed in Standard 3 Care recipient lifestyle include:

- An August 2013 resident survey identified a lack of variety of activities. As a result, management revamped the activities program in conjunction with the diversional therapist. More one-to-one time was allocated, including the introduction of art classes, writing skills group, reading group, knitting group, music appreciation, men’s shed, gardening and cooking. Verbal feedback from residents and representatives have been positive and management plan to evaluate this improvement when the next survey is due.
- In an effort to ensure all residents’ preferences are honoured, management installed whiteboards behind each resident’s room doors. This whiteboard is useful for representatives to communicate with staff about resident preferences. Attached next to the whiteboard is a corkboard and staff adhere activities calendars, meeting minutes and newsletters. Residents living with dementia, who receive mail, are delivered a notice pinned to the board stating ‘You have Mail’ so that family are then notified to stop by the office to pick up the mail. Residents and representatives were positive about the improvement and we observed the whiteboards installed in residents’ rooms in use.

### **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 care recipient lifestyle”.*

#### ***Team’s findings***

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about management’s regulatory compliance system and processes.

Examples of management demonstrating compliance in relation to Standard 3 Care recipient lifestyle include:

- Appropriate systems to record and respond to incidents of elder abuse privacy and dignity policies and practices.
- The home meets privacy legislation.
- The home demonstrates how it meets other requirements of the *Aged Care Act 1997*.

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

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

#### ***Team’s findings***

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education system and processes.

Examples of recent education in the home in relation to Standard 3 Care recipient lifestyle include:

- cultural awareness
- elder rights advocacy
- mandatory reporting of elder abuse
- privacy and dignity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Care recipients receive support in adjusting to life in the new environment of the home. Staff identify residents' emotional needs upon entry to the home and on an ongoing basis. Staff encourage residents to decorate their rooms with personal items. Family members are welcomed and invited to participate during the settling in phase and on an ongoing basis.

Assessment of residents' emotional profile, current situation and needs occurs and lifestyle activities are individualised for residents' enjoyment to support emotional needs. Volunteers and lifestyle staff visit isolated residents to give them comfort and support. Residents are satisfied with the emotional support provided by staff to promote their well-being.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents' independence is fostered and encouraged. Assessment of independence includes the resident's physical, cognitive, emotional, social and financial status and any subsequent impact. Staff assist residents with communication, mobility and cognitive difficulties to maintain independence according to their preferences. Representatives, friends and volunteers are welcome to assist residents in maintaining their individual interests, in participating in outings, controlling their financial matters where appropriate and maintaining their civic responsibilities. Continued links with local organisations including churches and local shopping activities are encouraged and residents attend many activities and events held within and outside the home. Residents said they are assisted to maintain their independence and the opportunity to continue friendships and links with community groups.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents said management and staff recognise and respect their right to privacy, dignity and confidentiality. Staff and volunteers are provided with information relating to confidentiality and respect for residents' privacy and dignity through orientation, meetings, education and policy. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring privacy when delivering personal care. Files containing residents' personal information are stored in locked



areas with access limited to authorised staff and visiting health professionals. Electronic information is password protected with limited access according to roles. Residents said staff are respectful of their privacy and dignity at all times.

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

*This expected outcome requires that "care recipients 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 lifestyle program supports residents to participate in a wide range of interests and activities according to their choice and abilities. Following entry to the home, lifestyle staff complete social profiles of the resident's life history, social and leisure preferences and interests and important events. In consultation with residents an individualised care plan is developed. Care plans are updated regularly in response to residents' changing preferences and needs. An activity calendar is on display and staff assist residents to participate in activities. A wide range of activities allowing for cultural, cognitive and individual interests is offered. Volunteers assist and support the lifestyle program. Evaluation of the program occurs through observation, attendance records, newsletters, meetings, resident consultation and verbal feedback. Residents said they are satisfied with the activities offered, the lifestyle program is well-resourced and provides results for residents.

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

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

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

The home meets this expected outcome

Residents' individual cultural, spiritual beliefs and background are respected and fostered. On entering the home staff discuss residents' cultural, spiritual and related dietary needs documenting and communicating this information to relevant staff or work areas. Residents are supported to maintain contact with cultural groups as they prefer. Cultural resources are available to assist staff in fostering and valuing residents' customs. Culturally specific and spiritual days reflective of residents are celebrated. Spiritual services are offered for a number of denominations on a regular basis. Residents said they are satisfied with the support provided to enable residents to maintain their cultural and spiritual lives.

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

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

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

The home meets this expected outcome

Residents and or their representatives make decisions and exercise choice and control over lifestyle, services and care. Assessments, care plans and records document choices and preferences and are reviewed regularly by clinical and lifestyle staff. Residents have input into the services they receive including personal care, choice of general practitioner, rising and retiring times, food choices and their level of participation in activities. Residents have the opportunity to provide input regarding the care and services the home provides via the complaints and suggestion systems. Residents said they are involved in choice and decision-making and are encouraged to express their opinions and comments through meetings and face-to-face feedback.

### **3.10 Care recipient security of tenure and responsibilities**

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

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

The home meets this expected outcome

Management demonstrate they provide information on security of tenure to residents and representatives during the initial enquiry stage with corporate support and on entry to the home. The residential agreement and resident handbook includes information on the home's internal security of tenure provisions and resident's rights and responsibilities. Consultation regarding relocation occurs with the resident and or their representative if the need arises.

Residents said they felt secure living in the home and staff have had an understanding of residents' rights.

## Standard 4 – Physical environment and safe systems

**Principle:** Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 management’s continuous improvement system and processes.

Improvements identified and completed in Standard 4 Physical environment and safety systems include:

- Due to an increase in gastroenteritis outbreaks and formal observations, management identified a need for more hand cleaning facilities throughout the home. Staff were consulted as to the best locations of basins and/or alcohol based hand gel. As a result, a total of 20 alcohol based gel-washing containers were installed throughout the home, mainly around the dining rooms. Management decided the best locations for the gel packs was in dining rooms and down corridors. Introduction of the gel packs took place in December 2013 and there have been no further gastroenteritis outbreaks since, despite outbreaks in the community. Staff had specialist education of ‘five moments of hand washing’. Infection control audit results have improved.
- A resident survey in November 2013 highlighted resident dissatisfaction with meal choices. After consultation with residents, catering staff and a dietitian, residents now have a choice of two hot main courses, multiple choices of vegetables, a cooked breakfast every six weeks, salad choices and sandwich choices. Each day at meal times, staff ask residents what they want from the menu. The contract dietitian and speech pathologist reviewed the seasonal menu and approved it. This improvement is still under review. Resident feedback has been positive. Because of this improvement, there has been a reduction in tray service, creating more of a restaurant environment. The meal service has become more of an activity. Staff were encouraged to slow down the service. Residents and representatives said they are very happy with this improvement.
- As result of management initiative, the home now has a special diets cook. The special diets cook role includes meeting with residents who are not happy with the regular menu in order to modify the menu as needed. Consultation with residents results in improving residents’ selection. An out of hours menu has been introduced for residents who like late night snacks. Residents who have texture modified meals have their meals moulded to reflect the food they are eating. For example, carrots are shaped into carrots. Residents said they are happy with this improvement.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about management’s regulatory compliance system and processes.

Examples of regulatory compliance at the home relating to Standard 4 Physical environment and safe systems include:

- An annual essential safety measures report is provided by an external contractor.
- Fire and emergency equipment is maintained in accordance with accepted requirements.
- Occupational health and safety systems including an occupational health and safety representative and occupational health and safety information provided to staff.
- Infection control guidelines.
- There is a system to ensure certification and other environmental requirements are met.
- A food safety program with current kitchen external third party audit and certification.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education system and processes.

Examples of recent education in the home in relation to Standard 4 Physical environment and safety systems include:

- fire and emergency training
- infection control
- manual handling
- safe use of chemicals.

#### **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 care recipients' care needs".*

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

The home meets this expected outcome

Management and staff are actively working to provide a safe, comfortable and culturally familiar living environment for residents. Residents have single and double bedrooms with ensuites and staff encourage residents to personalise their rooms. Numerous lounge and sitting rooms, tastefully decorated, provide areas for residents to engage and socialise. The maintenance officer or appropriate contractor carries out timely and effective routine and preventative maintenance. Management review the living environment through a range of audits and monitoring feedback. Residents are comfortable and satisfied with the internal and external 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

There is an effective work health and safety program. A committee with trained representatives actively work to provide a safe working environment for staff through regular workplace inspections, hazard and incident reporting, equipment evaluation and trials, training and environmental audits. Management discuss work health and safety at staff orientation, information is on display and manual handling education is mandatory. Incidents, audit results and hazards are trended, analysed and actioned appropriately. Chemicals are stored safely and material safety data sheets are accessible. Staff are aware of their responsibilities and confirmed completion of training.

#### **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

Management and staff are actively working to provide an environment that minimises fire, security and emergency risks. There are current procedures covering all types of emergencies, clear evacuation maps and evacuation bags with current resident lists.

Maintenance and specialist services regularly service and maintain emergency and firefighting equipment. Staff undertake annual fire and evacuation training and there is documented maintenance of all essential services. Keypads and nightly checking procedures ensure security. Management utilise stakeholder feedback, internal and external audits and

inspections to identify risks. Staff understand their role in an emergency and confirmed their attendance at training. Residents reported feeling safe and secure.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has a system to prevent, identify, manage and contain infections. Infection control education is part of orientation and the home's annual mandatory education. Management collect, analyse and trend infection data monthly then identify and implement strategies and interventions. Outbreak guidelines, protective equipment, infectious waste disposal and pest control form part of the infection control program. The home has a food safety program in place. Staff stated identification and management of infections occurs quickly and effectively.

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

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

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

The home meets this expected outcome

The provision of hospitality services enhances residents' quality of life and the staff working environment. The home has a rotating menu, offering choices at meal times and prepared in accordance with a food safety program. Residents have ongoing input into the menu. Staff assist residents with their meals in a dignified manner. Cleaners follow a schedule that ensures appropriate cleaning of all areas of the home. Cleaning occurs according to infection control guidelines and personal protective equipment is utilised. The laundering of personal clothing takes place on site and laundry staff offer a labelling service. Residents and representatives said they were satisfied with all of the hospitality services provided at the home.