



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Dunmunkle Lodge Hostel**

RACS ID 3047  
1 McLeod St  
MINYIP VIC 3392

**Approved provider: Dunmunkle Lodge 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 26 May 2018.

We made our decision on 09 April 2015.

The audit was conducted on 03 March 2015 to 04 March 2015. 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.

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

**Dunmunkle Lodge Hostel 3047**

**Approved provider: Dunmunkle Lodge Inc**

## **Introduction**

This is the report of a re-accreditation audit from 03 March 2015 to 04 March 2015 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 03 March 2015 to 04 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

## Assessment team

<b>Team leader:</b>	David Barnett
<b>Team member:</b>	Doris Hamilton

## Approved provider details

<b>Approved provider:</b>	Dunmunkle Lodge Inc
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## Details of home

<b>Name of home:</b>	Dunmunkle Lodge Hostel
<b>RACS ID:</b>	3047

<b>Total number of allocated places:</b>	36
<b>Number of care recipients during audit:</b>	34
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	Nil

<b>Street:</b>	1 McLeod St
<b>City:</b>	Minyip
<b>State:</b>	Victoria
<b>Postcode:</b>	3392
<b>Phone number:</b>	03 5385 7463
<b>Facsimile:</b>	03 5385 7005
<b>E-mail address:</b>	<a href="mailto:dunlodge@dunmunkle.com.au">dunlodge@dunmunkle.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management/administration	3
Nursing/care/lifestyle staff	10
Environmental/hospitality staff	6
Care recipients/representatives	9
Volunteers	1

### Sampled documents

Category	Number
Care recipients' files	6
Weight charts	7
Lifestyle participation records	6
Medication charts	5
Resident agreements	5

### Other documents reviewed

The team also reviewed:

- Asset register
- Care recipients' information package and surveys
- Cleaning schedules
- Clinical records and documents
- Comments/complaints log
- Continuous improvement plan and log
- Education program and attendance records
- Emergency manual
- Environmental audits
- Evidence folders

- Fire and emergency equipment testing logs
- Food safety plan and related documentation
- Incident reports
- Leisure and lifestyle records and documents
- Management/board reports
- Mandatory reporting register
- Material safety data sheets
- Meeting schedule and minutes
- Memoranda
- Monthly newsletter
- Nursing registrations
- Opportunity for improvement forms
- Police certificate spreadsheet and statutory declarations
- Policies and procedures
- Position descriptions
- Reaccreditation self-assessment
- Reactive and preventative maintenance logs and schedules
- Resident evacuation list
- Roster
- Staff employment pack.

## **Observations**

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities
- Cleaning in progress
- Emergency exits and paths of egress
- Equipment and supply storage areas
- Fire, security and emergency equipment and signage

- Hard copy information systems
- Interactions between staff and care recipients
- Kitchen, cleaning and laundry areas
- Living environment
- Meals service
- Noticeboards, brochure and information displays
- Nursing station
- Residents interacting
- Short observation in dining area
- Storage of medications.

## Assessment information

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

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

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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 home has a continuous improvement framework and encourages stakeholder input. It is further supported by opportunity for improvement forms and the home's systems and processes. The identification of improvement opportunities occurs through formal and informal stakeholder input and surveys, audits, meetings, incidents, risk management, maintenance and management processes and observations. The continuous improvement plans are working documents and record and monitor the progress of more complex and longer-term improvement activities with timely actioning, follow-up, completion, evaluation and outcome of improvement opportunities. The home monitors the progress and completion of individual improvements through regular checking and meetings.

Improvements identified and completed in this Standard include:

- Following a review of the home's education program, management implemented a revised on-line training program through an industry provider. The home completed research and identified the new initiative to benefit management and staff with individualised education programs for staff, improved facilitation and more effective monitoring. The home plans to monitor the ongoing effectiveness of the initiative.
- Management and the board identified an opportunity to install solar panels on the roof for improved environmental outcomes and significant cost saving in electricity usage. The panels are installed and highly effective.

#### 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 relevant legislation, regulatory requirements and guidelines. The home receives regulatory compliance information and

changes from industry and government bodies and update services. Management monitors and reviews the information which is then disseminated to staff. Ongoing monitoring through checking processes, staff training, meetings, memoranda and policy reviews and updates assist to maintain compliance. The home informs residents and their representatives of re-accreditation audits. A system ensures all relevant persons have and maintain a current police certificate and required statutory declaration.

### **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. Management develop an education program based on resident care needs, staff requests and feedback, data/audit results, industry changes and regulatory requirements. The education program includes mandatory and discretionary training and competencies and education sessions provided by consultants and other external providers. The home advises staff of on-line and face-to-face education within the home and external regional opportunities, records all attendance and monitors the effectiveness of training. Management encourage and support upskilling of staff to gain nursing qualifications. Staff are satisfied with the range of educational opportunities provided. Residents and representatives said they are satisfied staff have the skills and knowledge to meet residents' needs.

Examples of education provided in relation to Standard 1 Management systems, staffing and organisational development include effective written documentation, call bell system, equipment training, office manual handling and staff upskilling.

### **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

The home informs care recipients and their representatives of the complaints processes with stakeholders encouraged to contribute. Stakeholders have access to complaint mechanisms with appropriate forms, meetings, surveys and a suggestion box. Management encourage formal and informal stakeholder input. Opportunity for improvement forms and a register document formal and appropriate responses and follow-up. Management monitor and review the comments/complaints processes through reports and meetings. Comments and complaints may be confidential and anonymous. Residents and representatives stated satisfaction with the home's comments and complaints processes.

## 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 consistently document the home's vision, mission, and goals and the commitment to quality and responsive aged care in a safe and comfortable environment that meets residents' needs and ensures their quality of life.

## 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 sufficient appropriately skilled and qualified staff to help ensure the delivery of residential care services in accordance with the Standards and the home's philosophy and objectives. Management have procedures to recruit staff with appropriate qualifications and experience to meet the needs of residents. Staff complete orientation and relevant training and management conduct regular appraisals. Staff skills and numbers help ensure shifts are appropriately filled at all times including during planned and unplanned leave. Management review staffing numbers, mix of skills and qualifications in response to changing care needs. A registered nurse is available on site or on-call. Staff stated they understand their roles and responsibilities and have sufficient time to complete them. Residents expressed satisfaction with care they receive from 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 to ensure there are adequate stocks of goods and appropriate equipment for quality service delivery. Management and designated staff complete monitoring and ordering of supplies and equipment which are stored in appropriate, clean and secure areas. Local suppliers are used where possible and preferred suppliers enable regular ordering and supplies of stock. Identification of equipment requirements occurs through processes such as resident needs, staff feedback, maintenance and environmental processes. Staff are provided with equipment training. Management maintain an asset register and corrective and preventive maintenance monitors and maintains equipment. Staff, residents and representatives said they are satisfied with the provision of supplies and equipment to meet residents' needs.

## **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 generally effective information management systems. Management, staff, residents, representatives and others have access to appropriate and current information. Residents and representatives receive sufficient information to assist them to make decisions about residents' care and lifestyle. Information dissemination and management in the home is enabled through regular meetings, newsletters, surveys, noticeboards, information displays, management monitoring/reporting and informal communication. Information is accessible and retrievable in a timely manner and appropriately and securely stored and archived. Residents, representatives and staff stated satisfaction with communication and information systems in the home.

## **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

There is a system to provide external services to meet the home's needs and service quality goals. The home sources and maintains where possible local and regional external service providers through formal and informal agreements. Stakeholders provide feedback on external service providers and management and departmental staff demonstrate they review and monitor service provider performance on an ongoing basis. Systems and processes ensure all external service providers maintain regulatory requirements. Residents, representatives and staff said they are satisfied with the services provided by external service providers.

## **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 this Standard include:

- The home identified a safety risk with medication trolleys and medication storage. The home purchased an additional medication trolley and remodelled medication storage rooms for safer and more effective storage practices. Feedback and staff practices confirm the initiatives are working effectively.
- In response to residents' comments, residents now have access to fresh filtered water in areas of the home as opposed to previous bottled water. The change is enjoyed by residents and has benefitted residents' hydration.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system and processes.

The home demonstrates regulatory compliance in health and personal care with care tasks performed by appropriately qualified staff, the maintenance and monitoring of nursing registrations, medication management and systems in place for the required reporting of unexplained absences of residents.

## **2.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

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

Education conducted relating to Standard 2 Health and personal care includes palliative approach, advance care planning, falls risk management, sleep oral health and aseptic technique.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. Registered nurses assess prospective residents to ensure the home can meet their clinical care needs. Clinical staff assess residents when they enter the home and develop interim care plans. Clinical staff document assessments, care plans and observations. Registered nurses review care plans regularly and in response to the changing needs and preferences of residents. Residents’ care plans contain information regarding past medical and surgical histories and interventions to achieve goals for each aspect of care. Medical practitioners visit the home regularly and are on call. Staff transfer residents to acute care services and refer residents to medical specialists and allied health practitioners as appropriate. Residents and representatives expressed satisfaction with clinical care.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

The home identifies and meets care recipients’ specialised nursing care needs. Registered nurses assess prospective residents for their specialised nursing care needs prior to entry to ensure the home can provide appropriate care. Registered nurses coordinate the assessment and care planning of residents’ specialised nursing care. Medical practitioners develop and review residents’ care directives. Specialised nursing care provided by the home includes diabetes management and wound care. Staff stated they have sufficient equipment and resources to provide specialised nursing care. Residents expressed satisfaction with their specialised nursing care.

## **2.6 Other health and related services**

*This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.*

### ***Team’s findings***

The home meets this expected outcome

Clinical staff refer care recipients to appropriate health specialists in accordance with their needs and preferences. Allied health professionals including physiotherapists, podiatrists, dietitians and speech pathologists visit the home as requested. Allied health professionals document plans of care for staff to implement. Nursing and medical staff review resident care plans in response to the consultation provided by allied health professionals. Staff said residents have access to health specialists through regional health services. Residents expressed satisfaction with their access to allied health services.

## **2.7 Medication management**

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

### ***Team’s findings***

The home meets this expected outcome

The home has systems to ensure care recipients’ medication is managed safely and correctly. Registered nurses assess residents for their medication care needs and preferences and document medication care plans. Medical practitioners complete and regularly review medication charts. Consultant pharmacists review residents’ medication regimes regularly. Staff administer medication according to their qualifications and competency. Management monitor the system through incident reports and audits. The home participates in a regional medication advisory committee. Residents expressed satisfaction with their medication management.

## **2.8 Pain management**

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

### ***Team’s findings***

The home meets this expected outcome

Management and staff ensure all care recipients are as free as possible from pain. Registered nurses coordinate the assessment, care planning, and review of residents’ pain management. Registered nurses assess residents for pain on entry to the home and document plans of care. Staff monitor residents for pain and report to medical practitioners. Residents’ medical practitioners assess residents for pain and order pain relieving medication. The home offers massage to residents as a pain relieving strategy. Residents expressed satisfaction with their pain management.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to maintain the comfort and dignity of terminally ill care recipients. Registered nurses discuss terminal care wishes with residents and document their needs and preferences. The home ensures advanced care plans are documented as appropriate. Qualified staff with the consent of residents and representatives provide comfort for residents using music, aromatherapy and therapeutic touch. Registered nurses liaise with residents, representatives and medical practitioners to ensure care needs are met and transfer residents to palliative care services as necessary. Residents and representatives expressed satisfaction with residents’ care and consultation.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Clinical care staff assess residents on entry to the home for their nutrition and hydration needs and preferences and a plan of care is documented. Residents are weighed regularly, significant changes are reported to registered nurses and nutritional supplements are provided as appropriate.

Residents are referred to a dietitian or medical practitioner for further assessment and care planning as indicated. Registered nurses review residents’ care plans regularly. Staff monitor residents’ nutritional intake and ensure access to fluids. Residents expressed satisfaction with their meals and drinks.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. Clinical staff assess residents’ needs and preferences for skin care on entry to the home and document plans of care. Staff monitor residents’ skin and record and report changes to registered nurses and medical practitioner for further assessment and management. Medical practitioners prescribe treatments for conditions of the skin.

Management monitor through skin tear incident collation and analysis and wound data collection. Residents expressed satisfaction with the assistance staff provide them for hygiene and skin care.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to effectively manage care recipients’ continence. Clinical staff assess residents for their continence needs and preferences on entry to the home and develop care plans. Staff monitor residents and identify strategies to reduce episodes of incontinence and maintain social continence. Registered nurses regularly review residents’ care plans. Clinical staff refer residents experiencing difficulty to medical practitioners for further assessment and care planning. Residents expressed satisfaction with their continence management.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

Management and staff effectively manage the needs of care recipients with challenging behaviours. Clinical staff interview residents and representatives on entry to the home and document interim care plans. Staff assist residents to settle in the home and use assessment tools to identify challenging behaviours and their contributing factors. Staff assess residents for their cognitive abilities and mood. Resident care plans contain strategies to manage challenging behaviours as appropriate. Psychiatrists visit the home and review residents on referral. Staff support residents to be occupied with meaningful activities. Management monitor the behaviour management program through regular reviews and incident reports.

Residents said staff manage behaviours effectively and they feel safe and secure in the home.

## 2.14 Mobility, dexterity and rehabilitation

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.*

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients achieve optimum levels of mobility and dexterity. Clinical staff assess residents on entry to the home for their abilities to mobilise and document plans of care that are regularly reviewed. Registered nurses refer residents to physiotherapists for further assessment and physiotherapy plans of care as appropriate.

Management monitor the collation and analysis of falls incidents. Staff implement strategies to reduce the risk of falls such as motion sensor mats for residents where indicated. The home provides modified cutlery, crockery and aids for recreation for residents with limited dexterity. Residents expressed satisfaction with the assistance staff provide them to maintain mobility and said staff assist and encourage them to go for daily walks.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have systems to maintain care recipients’ oral and dental health. Clinical staff assess residents’ oral and dental health on entry to the home and develop a plan of care. Resident care plans include oral and dental needs and preferences and the level of care required. Registered nurses regularly review residents’ oral and dental care plans. Residents living in the home have access to regional dentists. Residents expressed satisfaction with the oral and dental care they receive from staff.

## 2.16 Sensory loss

*This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and manage care recipients’ sensory losses effectively. Staff assess residents on entry to the home for their abilities regarding all five senses.

Individualised plans of care include strategies to maximise senses and assist with sensory loss. Staff review sensory loss care plans regularly using a team approach to ensure all changes are captured and strategies remain effective. Clinical staff refer residents to specialists as necessary. Audiology and optometry services visit the home. Medical practitioners review residents and prescribe treatment for conditions affecting sensory loss. Residents expressed satisfaction with the care they receive for their sensory loss.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Care recipients achieve natural sleep patterns. Clinical staff interview residents and representatives on entry to the home to establish needs and preferences for residents’ sleep. Staff document residents’ patterns of rest and wakefulness to ensure they are achieving adequate sleep. Staff refer residents to medical practitioners for strategies to assist sleep as appropriate. Resident care plans detail individual preferences such as preferred rising and settling times and are regularly reviewed. Staff assist residents overnight by providing physical and emotional comfort measures if residents have difficulty sleeping. Residents said they get a good night’s sleep.

## **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 the home’s continuous improvement system and processes.

Improvements identified and completed in this Standard include:

- In response to a staff suggestion the home introduced specific lifestyle methodology training for all staff and expanded the lifestyle program to seven days a week. The initiatives have given a greater understanding to staff of resident care and lifestyle needs and preferences and have proven highly beneficial.
- Following a staff observation and suggestion the home installed privacy locks on all shared resident bathrooms. The improvement is working effectively providing residents with improved privacy and dignity.

### **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 the home’s regulatory compliance system and processes.

The home demonstrates compliance in relation to care recipient lifestyle with privacy and dignity policies and practices, security of tenure, residents’ rights and responsibilities and the maintenance of a register and reporting requirements for elder abuse/mandatory reporting.

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

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

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

The home meets this expected outcome

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

Education conducted relating to Standard 3 Care recipient lifestyle includes dementia, elder abuse, decision making and grief and bereavement.

### **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

Management and staff have systems to support care recipients adjust to life in the home and provide ongoing emotional support. Management provide prospective residents and their representatives with information regarding fees and charges and the care and services provided by the home. Prospective residents are encouraged to visit the home and stay with staff and residents for a time, perhaps participating in an activity if they wish, to become familiar with the people and environment. Staff orientate residents to the home and introduce them to fellow residents. Clinical staff assess residents for mood on entry to the home and can refer residents to a social worker if necessary. Residents expressed satisfaction with the emotional support they receive from staff.

### **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

Management and staff assist care recipients to achieve optimum independence and social connectivity. Clinical staff assess residents for cognitive abilities, mobility and dexterity, sensory loss and communication methods and barriers. Leisure and lifestyle staff identify residents' preferences for maintaining friendships and links with the community. Staff conduct monthly care conferencing using a team approach to enhance clinical and lifestyle staff's knowledge of the changes to residents' needs and preferences. Staff assist residents to maintain independence by facilitating regular shopping trips, and encouraging ongoing involvement in community groups and activities. Staff monitor the environment for risks by conducting observation audits. Residents expressed satisfaction with the support they receive to maintain independence and community connections.

### **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

The home ensures care recipients' rights to privacy, dignity and confidentiality is recognised and respected. Staff consult with residents and representatives to ensure care plans are individualised to the residents' needs and preferences across all care domains. Staff obtain consent from residents to display their photographs and names. Residents predominantly have single bedrooms and staff undertake personal care activities in private. Staff provide residents with "do not disturb" signs and residents can receive their guests in tastefully decorated internal and external communal areas. Residents' information is stored securely and discussed discretely. Residents expressed satisfaction with privacy, dignity and confidentiality.

### **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

Management and staff support care recipients to participate in a wide range of activities of interest to them. Leisure and lifestyle staff assess residents on entry to the home for the interests and activities they enjoy. Resident care plans include details of residents' social profiles and the aspects of human and social life important to them. Lifestyle staff develop a program that incorporates activities for physical, spiritual, intellectual and social needs and preferences. Staff ensure each resident can participate in the daily program to the extent they wish. Staff document residents' engagement with and enjoyment of the program in lifestyle notes. Lifestyle staff formally evaluate each activity with input from the residents and modify or increase particular activities in response. Residents expressed satisfaction with the lifestyle program.

### **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

Management and staff value and foster the individual customs and beliefs of care recipients. Staff assess residents for their culture, language and spiritual beliefs and develop care plans to assist residents maintain them. Clinical staff support and encourage residents to discuss end of life wishes and document them. Services by the four religious denominations to which residents belong are held at the home and residents are welcome to participate in every service if they wish. Staff assist residents to celebrate events of cultural significance such as participation in regional country shows and field days. At resident meetings residents select a national day to celebrate each month. Staff said they have access to interpreter services if required. Residents expressed satisfaction with cultural and spiritual life.

### **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

The home has systems to enable and encourage care recipients and representatives to participate in decisions about the home's services and the residents' lifestyle. Management provide residents with information through information packs, brochures and regular newsletters. Management fosters resident feedback by holding resident and representative meetings and conducting regular surveys. Residents have access to comments and complaints forms and advocacy information. Staff assess residents for their preferences across all care and lifestyle domains. Registered nurses conduct regular care planning conferences with residents and representatives. Residents have the right to refuse treatment and management document consent for the display of photographs and therapies.

Management collect and record information on residents' powers of attorney. Residents and representatives expressed satisfaction with their opportunities for choice and decision- making.

### **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 and staff have systems to ensure care recipients have security of tenure in the home and understand their rights and responsibilities. Management provide each resident with a residential care agreement and the Charter of residents' rights and responsibilities.

Management discuss the limitations of the home for providing complex care with residents and representatives if the need arises and assist residents to transfer to more appropriate health care facilities if required. Residents said they feel safe and secure in the home.

## **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 the home’s continuous improvement system and processes.

Improvements identified and completed in relation to this standard include:

- In response to stakeholder comments and observations, the home instituted significant improvements to a range of outdoor living areas, equipment and furniture. The completed improvements have proven highly effective and beneficial for resident enjoyment, comfort, mobility, safety and overall well-being.
- Following a staff suggestion, the home identified a need to update cleaners’ rooms to improve safe storage practices and occupational health and safety. Feedback and usage of the areas confirms the effectiveness of the improvements.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

The home demonstrates compliance in relation to the physical environment and safe systems through the building and living environment, the annual essential safety measures report, fire and emergency requirements, occupational health and safety, infection control requirements and guidelines and a food safety program with current kitchen 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 about the home's education and staff development systems and processes.

Education provided to staff relating to Standard 4 Physical environment and safe systems includes infection control, fire and emergency management/summer preparedness, safe food handling and chemical training.

### **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 actively work towards providing a safe and comfortable living environment. The home provides mainly single rooms with ensuite and some shared bathrooms. The home has recently redeveloped a range of internal and external living environments providing spacious, comfortable, attractive and user-friendly areas for residents. The home is clean and well-maintained and residents are able to safely access appropriate areas of the home.

Residents' rooms reflect individual preferences and residents are able to control the temperature of their rooms. Staff report maintenance requests and hazards and maintenance is appropriately completed in a timely manner. Residents have access to call bells. Residents expressed high levels of appreciation of the homely environment.

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

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

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

The home meets this expected outcome

Management actively pursues occupational health and safety to ensure a safe working environment which meets regulatory requirements. The system consists of policies and procedures, incident and hazard reports, an occupational health and safety committee with representation from all work areas and mandatory staff training. The home provides equipment to minimise the risk of injury to residents and staff. Monitoring of occupational health and safety occurs through reports and meetings, environmental audits, monitoring of incidents/hazards/maintenance, observation of practices and feedback from staff. Secure storage and material safety data sheets support the safe use of chemicals. Staff demonstrated knowledge regarding incident/hazard reporting and confirmed their attendance at annual manual handling 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

The home has systems to manage fire, security and emergencies. Evacuation manuals, fire and evacuation equipment, floor plans and fire procedure instructions are located throughout the home together with evacuation packs for residents and current resident evacuation lists. The home has clearly marked emergency exits providing clear access and egress to marked assembly areas. Specialist contractors regularly test and maintain fire detection and firefighting equipment. The home has electronic security systems and a process for tagging and testing electrical appliances. The home provides staff with education on fire and emergencies during orientation and the mandatory fire, emergency and summer preparedness training program. Staff demonstrated knowledge and provided examples of what to do in fire or other emergencies.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Clinical management liaise with a regional infection control nurse to coordinate the program. Staff collect and analyse monthly infection statistics. Management promote immunisation programs for staff and residents.

There are effective cleaning programs throughout the home and a food safety plan. Staff identify residents' infections which are treated appropriately by medical practitioners. Staff receive hand washing and aseptic technique education and use standard precautions and safe food handling practises. The home follows appropriate procedures for managing outbreaks of infections and maintains a kit in each resident's room. Personal protective equipment, hand washing facilities, spills kits and waste disposal systems are available for staff. Residents expressed satisfaction with infection control.

#### **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 home demonstrates hospitality services are provided in a way which enhances care recipients' quality of life and the staff's working environment. Appropriate staff identify, record and review residents' dietary needs and preferences and provide information to kitchen staff. Staff provide fresh meals in the pleasant communal dining room or residents' rooms as they prefer. Kitchen staff follow food safety and infection control procedures. Cleaning staff maintain a clean environment following cleaning schedules, infection control and outbreak guidelines. Resident clothing and small linen items are laundered onsite with effective

clean/dirty separation. Sufficient supplies and equipment for hospitality services are available at all times. Regular and comprehensive environmental audits monitor the home's hospitality services. Residents and representatives expressed high levels of satisfaction with catering, cleaning and laundry services.