



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Resthaven Mount Gambier**

RACS ID 6301  
24 Elizabeth Street  
Mount Gambier SA 5290

### **Approved provider: Resthaven 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 five years until 06 June 2020.

We made our decision on 15 April 2015.

The audit was conducted on 02 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**

**Resthaven Mount Gambier 6301**

**Approved provider: Resthaven Inc**

### **Introduction**

This is the report of a re-accreditation audit from 02 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 02 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 three 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>	Diane Mogie
<b>Team member:</b>	Alice Redden Cassandra Ristic

## Approved provider details

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

<b>Name of home:</b>	Resthaven Mount Gambier
<b>RACS ID:</b>	6301

<b>Total number of allocated places:</b>	92
<b>Number of care recipients during audit:</b>	76
<b>Number of care recipients receiving high care during audit:</b>	73
<b>Special needs catered for:</b>	People with dementia or related disorders.

<b>Street:</b>	24 Elizabeth Street
<b>City:</b>	Mount Gambier
<b>State:</b>	SA
<b>Postcode:</b>	5290
<b>Phone number:</b>	08 8723 0911
<b>Facsimile:</b>	08 8723 0549
<b>E-mail address:</b>	<a href="mailto:headoffice@resthaven.asn.au">headoffice@resthaven.asn.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	4
Clinical/care staff/lifestyle staff	11
Administration staff	1
Care recipients/representatives	11
Hospitality and environmental staff	6

### Sampled documents

Category	Number
Clinical assessments/care plans/progress notes	10
Lifestyle assessments/care plans/progress notes	5
Medication charts	6

### Other documents reviewed

The team also reviewed:

- Action requests
- Cleaning and maintenance schedules
- Clinical monitoring tools
- Comments and complaints data
- Communication books, email alerts and memos
- Compulsory reporting log
- Corporate and local clinical audits
- Corrective and preventative maintenance schedules and records
- Dietary preferences documentation
- Dietitian review
- Doctors round documentation
- Drugs of dependency records

- Duty statements
- Emergency procedures
- Evacuation list
- External contracts/contractor register, agreements and records
- Fire and safety records
- Food safety plan and audit results
- Handover communication tools
- Incident and hazard reports and analysis
- Induction and orientation records
- Infection surveillance reports and data
- Leisure and lifestyle documentation
- Pest control documentation
- Police certificates
- Policies and procedures
- Quality improvement report log
- Resident information pack
- Resident newsletters/handbook
- Restraint assessments
- Risk assessments
- Safe work procedures
- Safety data sheets
- Scheduled 4 & 8 licence
- Self-administration assessments
- Self-assessment
- Smoking assessment
- Staff qualifications/appraisals
- Staff rosters
- Surveys



- Temperature monitoring records
- Training calendar and training evaluation records
- Triennial fire certificate
- Various meeting minutes
- Wound management

## **Observations**

The team observed the following:

- Accreditation notice on display
- Activities in progress and calendars
- Care recipients assisted with meals
- Charter of residents' right and responsibilities display
- Cleaning in progress
- Contractor/visitor sign in/out register
- Equipment and supply storage areas
- Fire detection systems/equipment/exits
- Infection control resources
- Interactions between staff and care recipients
- Internal and external advocacy information
- Living environment
- Meal service
- Notice boards and information displayed
- Security systems
- Short group observation in the memory support area
- Staff work areas and practices
- Statement/purpose and values displayed
- Storage of information and chemicals
- Storage of medication/medication administration
- Suggestion boxes

## 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 actively pursues continuous improvement which is guided by the corporate strategic plan and improvements are identified corporately and at the local site. The home has a planned approach in identifying improvement opportunities and monitors their performance against the Accreditation Standards. The home identifies improvements through gathering information from stakeholders, audits, surveys, and resident annual focus groups, feedback forms from staff, care recipients and representatives, comments and complaint processes and hazard and incident reporting. This information is collated, reviewed and analysed to identify improvements. The results of the identified improvements are discussed at the Quality Work Health and Safety committees meetings. Continuous improvement is a standing agenda item at staff and care recipient meetings and updates are provided to both parties via newsletters. Monitoring of improvements occurs through action requests, feedback forms, continuous improvement reports, corporate and management meetings, audits, accident and hazard reporting and analysis of incidents. Results show staff, care recipients and representatives suggest improvements and there are effective feedback processes to all parties in relation to identified improvements. Care recipients and staff are satisfied the home actively pursues continuous improvement.

- A review of the organisations recruitment systems was conducted and a new system implemented in August 2014 to reduce the amount of administration time recruiting new employees, to improve tracking of applications and ensuring candidates are employed in a timely manner. The organisation implemented an electronic based recruitment system where prospective candidates are able to apply on line and an automatic reply is sent to candidates following their application. Managers are able to view how many applications are received, review previous non successful applicants and monitor the status of current applications. Corporate management complete all police checks, statutory declarations and pre-employment screening. Management said the system has improved time management in relation to recruiting of staff and has streamlined the process.
- A review of the induction processes and education delivered to new staff was conducted to increase the frequency of induction sessions for new staff. This was to incorporate new education topics appropriate to the needs of the organisation in a timely manner. A new induction program was trialled in January 2014; this included a revised education program, including human resource management, information technology, workforce

development and clinical information systems. The induction program was increased to one and half days and the site induction checklist amended to be more specific to the site needs. Management said the revised program has provided new employees with a better understanding of the organisation's requirements and induction of new staff is undertaken in a timely manner.

- The coordinator of housekeeping services received feedback regarding cleaning trolleys were stocked inconsistently resulting in less time efficiency for staff in their work flow. To improve the process, a standard refill sheet was developed in consultation with the house keeping assistants, together with guidelines for best practice. Each cleaner's trolley now has a refill sheet attached and at the end of the shift each trolley is restocked according to this schedule. Staff said this has improved stock control and reduced time lost during shifts.

## 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 in place to ensure the organisation is compliant with all relevant legislation and regulatory requirements and all staff have access to professional standards and guidelines. Corporate services provide the home with regular updates in relation to their legislative requirements; these are received from advisory groups, government agencies, and industry peak bodies including government agencies. Staff are provided with these updates through meetings, newsletters and emails and requirements are implemented through new or revised work schedules, protocols and guidelines. All staff have legislative requirements identified in their job descriptions and legislative requirements are identified as a standing agenda item in all board, executive, corporate, staff and care recipient meetings. Corporate services ensure managers also provide staff and care recipients with updated legislation information through newsletters, memos and emails. Requirements are also implemented through new or revised work schedules, protocols and guidelines. Monitoring of staff awareness and compliance with relevant legislation occurs through performance appraisals, competency assessments, training modules and education provided. Results show staff receive regular updates regarding legislation requirements across the four standards and staff are aware of their responsibilities in relation to regulatory compliance.

The home was able to demonstrate the system for ensuring regulatory compliance is effective with the following examples relating to Accreditation Standard 1.

- Police certificate checks are completed for all staff and volunteers.
- Care recipients and representatives are informed of the re-accreditation audit via letters, meetings and notices displayed.

### **1.3 Education and staff development:**

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

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

The home meets this expected outcome

The home's education and staff development program is based on the teaching and research in aged care model to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. A range of staff development dates are held throughout the year specifically tailored to employees. A program manager, middle manager and program coordinator development program is offered to all relevant employees. A leadership development initiative with selected supervisors is aligned to an evidence based leadership capability framework. Mandatory and required education for all employee groups is monitored by both corporate and site management with reports generated to ensure compliance. An annual development needs analysis is undertaken by corporate office to formulate an education program in response to legislative and mandatory requirements, as well as themed education in response to comments and complaints, care requirements, staff feedback and audit results. External and internal educators deliver education sessions with attendance records maintained and evaluated to monitor the effectiveness of topics covered. Results show staff attend mandatory training annually and additional education is offered relevant to current care recipients' needs. Staff said there is sufficient education opportunities offered. Care recipients and representatives said staff have sufficient training and knowledge.

Examples of education and training provided over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Information technology
- AutumnCare
- Leadership for middle management

### **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 has systems to inform care recipients and representatives of internal and external complaints mechanisms. Care recipients, representatives and staff have access to feedback forms and are able to lodge these feedback forms in a confidential manner through the suggestion boxes provided. Internal and external complaint mechanisms are provided through the resident handbook, residential agreements and are discussed at resident meetings. Focus groups are established to assist communication processes and resolving concerns. Concerns are logged on the electronic management system, reviewed and monitored by management and analysed for trends. These results are discussed at the Quality Work Health and Safety Committee meetings. Formal reporting on compliments and complaints is undertaken at a corporate level and reported to the board on a quarterly basis. This report is tabled at the Corporate Quality, Work Health and Safety review committee and the executive manager

tables the report at the residential managers meeting. Results show concerns are identified, consultation occurs with all parties and there are effective feedback processes in place. Staff said there is an open door policy and management are approachable and manage concerns effectively. Care recipients and representatives are satisfied any concerns they raise are managed effectively.

## **1.5 Planning and leadership**

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

### **Team's findings**

The home meets this expected outcome

Resthaven's purpose and values statement incorporates reference to the home's vision, values, philosophy, objectives and commitment to quality. A copy of the purpose and values statement is displayed in the foyer and care recipients have access to this information which is documented in the resident handbook and on the home's website. The home's purpose and values are presented to staff at induction, at site meetings and documented in staff handbooks and newsletters.

## **1.6 Human resource management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems in place to recruit and manage development of staff to ensure they are appropriately skilled and qualified to ensure delivery of residential care services.

Corporate policies and procedures direct recruitment, performance management and staff development. A centrally managed electronic 'recruit online' program is used to manage and track all employment applications. The corporate human resource team organise a fitness for work assessment and police clearance for all new staff with renewal of police certificate and monitoring of visa restrictions managed centrally and on-site. Registration of qualified staff is monitored centrally and on-site with processes in place to identify when renewals are due.

Job descriptions are maintained via a centrally controlled register and accessible to all staff via the intranet. Orientation and induction for new site staff is supported by the strategic plan funded hours under the 'buddy shift orientation program and nurse shortage strategy'. A corporate annual learning and development needs analysis identifies training needs and staff competencies completed by relevant staff. Corporate audits for each site are undertaken by human resource staff to monitor compliance with corporate requirements. Monitoring processes include staff and care recipient feedback, comments and complaints and observation of staff practice as well as regular appraisals monitored on-site and centrally.

Results show there are effective systems in place to identify appropriately skilled and qualified staff are available to meet care recipients' needs. Staff said they generally have enough time to perform their duties and are supported in their role. Care recipients and representatives are satisfied staff are appropriately skilled and qualified to assist in care delivery.

## 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 access to corporate policies and procedures to direct staff in managing equipment, supplies, contractors and maintenance to provide stocks of appropriate goods and equipment for quality service delivery. Formal tender and contract management processes are in place and managed corporately. The corporate procurement committee is responsible for reviewing contract management, purchasing processes and standardisation of procurement. New equipment is trialled, risk assessed and evaluated by users, across Resthaven, prior to use to check fit for purpose. Supply of clinical equipment is managed corporately as well as locally. Preferred supplier lists and purchasing contracts are used for major suppliers. Imprest systems for medical and clinical supplies are monitored locally and an asset register is maintained corporately. A preventative maintenance system ensures repairs and maintenance are conducted to plant and equipment and that it is fit and appropriate for use. Quarterly meetings are held at sites with individual managers and coordinator housekeeping services, site maintenance person, manager of corporate services and manager of maintenance to ensure systems are in place for the overall maintenance of the site, identification of any issues and monitoring compliance with the preventative maintenance schedule. Regular site inspections, audits, preventative and scheduled maintenance records and feedback from staff and care recipients monitor compliance. Results show local staff monitor and complete ordering processes for the site. Staff said they have access to sufficient stock and equipment to complete their roles. Care recipients and representatives said there is access to sufficient inventory and equipment for care recipients.

## 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's information technology needs are managed corporately and guided by a corporate strategic information technology plan. Information is available to care recipients and representatives via Resthaven's website, brochures, newsletters, meetings, notice boards, resident agreements and handbooks. Staff are guided by policies and procedures which are available on both a computerised and hard copy system. An electronic clinical and lifestyle management system is in place. Computerised systems are password protected with privilege restriction and permission access restricted to users with systems in place to monitor compliance of users. Changes to policies and procedures are managed corporately and notification of changes advised via the email system, via Restnet (intranet) and also reported at site Quality Work Health and Safety meetings. Scheduled audit programs and meetings are managed corporately and on-site. A user group reviews the efficiency of the computerised systems to ensure accurate information is collected and recorded to support care delivery. A corporate obligatory report register is maintained as well as a site specific register. An archiving management system supports legislative requirement for the retention, archiving and destruction of documents. Effective information system monitoring occurs through focus group feedback, comments and complaints, audits, staff and care recipients/representative feedback. Results show there are various effective methods for communicating with staff residents,

representatives and stakeholders. Staff said there is sufficient access to information required to complete their role. Care recipients and representatives said they receive communication relating to information pertinent to them.

## **1.9 External services**

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

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

The home meets this expected outcome

The home has systems to ensure external contractors are managed and organised corporately to meet the residential care service's needs and service quality goals. Contracts are signed with external contractors detailing the expectations relating to service provision and performance and reviewed periodically. All contractors registered undertake an induction program via 'Rapid Induct' which includes the requirements for provision of job safety analysis for the services or work being provided. Performance is monitored through feedback from staff, care recipients/representatives, annual focus group meetings, surveys, and comments and complaints and audits. A contractors log is used to monitor when contractors are on-site. Results show external contractors are monitored for performance and compliance to the organisation's requirements and external volunteers are managed effectively. Staff said they are able to give feedback relating to external services provided.

Care recipients and representatives are satisfied with external services provided.

## 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 systems and processes.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, medication incidents, behavioural incidents and infections and this information is collated and analysed for trends. Care recipients, representatives and staff said they are satisfied the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- Senior Manager Clinical Services identified critical processes at the residential sites require frequent monitoring to demonstrate compliance to procedures. While corporate audits are generally completed annually these consider relevant features of the system under review. It was identified residential sites would benefit from monitoring critical processes at a site level. The home developed their local audit schedule which included a range of clinical areas such as management of medical oxygen concentrator, restraint and medication management. Results from initial audits showed 100 per cent compliance for medication management and 98 per cent compliance for oxygen management. Staff are required to complete an action plan to address gaps and gaps identified are discussed at the Quality Work Health and Safety committee and corporate meetings.
- To improve the end of life experience for care recipients and families and to ensure clinical equipment is easily accessible, staff implemented a palliative care trolley. Staff purchased baskets for storage of goods. This assists staff to access clinical equipment, soaps and creams and a CD player was purchased to enable music to be played if requested by the care recipient or families. Information sheets are also included on the trolley to provide information regarding end of life for families. The trolley is stored in a central place for staff to access and an inventory list attached to aid restocking of the trolley. Staff said using the palliative care trolley has assisted in less interruptions to the care recipient and families when providing care.
- Management identified the need to decrease the use of 'as required' aperients to improve continence management and decrease the incidence of constipation. A flow chart was provided to nursing staff regarding the use and implementation of 'as required' aperients and these are displayed in the nursing stations. Staff received education regarding the process of managing medications required to aid continence management. Duty statements were reviewed to alert staff when to assess care recipients continence



management to reduce the likelihood of constipation. Registered staff now provide care recipients 'as required' aperients at night instead of the morning. Clinical staff said it is noted there is a decrease in the use of 'as required' aperients and staff have a greater understanding of best practice in the use of 'as required' aperients to support care recipients continence management.

## **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 related to the home's systems and processes for regulatory compliance.

In relation to Standard 2 Health and personal care and regulatory compliance examples the home was able to demonstrate are:

- Schedule 4 and schedule 8 medication licences are maintained.
- Management of unexplained absences for care recipients and mandatory reporting procedures.
- A record is kept of the current registration of qualified staff.

## **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 related to the home's processes for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 2 Health and personal care include:

- Dysphagia
- Continence management
- Registered nurse and enrolled nurse development day
- Palliative 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

The homes systems ensure care recipients receive clinical care that is appropriate to each individual. Care recipients are assessed on entry, ongoing and when required by registered nursing staff and a care plan is developed based on assessments. Processes used to assist in delivering appropriate clinical care include clinical assessments, management plans, evaluations and monitoring of care recipients’ individual clinical needs and are conducted in consultation with the care recipient, their representatives and medical officers. Clinical care information is accessible to staff through the computerised system. The care coordinator and clinical nurse monitor clinical care through progress notes, handover tools, weekly clinical meetings, corporate and local clinical audits, case conferences with care recipients and representatives, 6 monthly care evaluations and surveys. Results show care recipients’ clinical care is identified, planned, delivered and monitored effectively. Staff said they have access to up-to-date care plans, attend handover sessions and use clinical care handover tools to guide them in relation to care recipients’ care needs. Care recipients and representatives are satisfied with the level of consultation and care recipients’ needs are met.

## **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 has systems to ensure care recipients receive specialised nursing care from appropriately qualified nursing staff according to their identified needs and preferences. Care recipients’ specialised nursing care is assessed, planned and evaluated by registered nursing staff in consultation with medical officers and the care recipient and then documented in care plans, medications charts and observation charts. Staff have access to a wide range of clinical resources including education, information, guidelines and health specialists from corporate services and the local community. Specialised equipment is supplied to care recipients to support their care needs. Monitoring is conducted by clinical staff, medical officers and specialists through regular care evaluations and reviews, the 24 hour clinical reporting system, clinical meetings, audits and analysis. Results show care recipient specialised care is effectively managed as per the home’s processes. Staff said they have access to specialised staff, information and education to support them in delivering specialised care to care recipients. Care recipients and representatives are satisfied with the level of consultation and with the specialised nursing care provided to care recipients.

## 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

The home has systems to ensure care recipients’ are referred to appropriate health specialists when required. Assessment processes conducted by registered nursing staff identify care recipients’ who require referral to other health related services. These include an extensive range of services on site including allied health specialists, palliative care specialist and speech pathologist. The home facilitates care recipients to access specialists off site when required. Recommendations from health specialists are documented in care plans and communicated to care staff giving them access to this information to assist in delivering care needs. Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, clinical meetings, audits, analysing of clinical surveillance data and consultation with specialists and medical staff. Results show care recipients have access to a wide range of health specialists and that referrals occur in a timely manner. Staff said they have access to effective communication tools that are used when referring and accessing other health services for care recipients. Care recipients and representatives are satisfied care recipients are appropriately referred to other health and related services as required.

## 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’ medications are delivered by qualified staff and managed safely and correctly. Registered nursing staff assess care recipients’ medication needs and requirements in consultation with medical staff on entry, including assessments for care recipients who wish to self-medicate. There are comprehensive systems in place for nurse initiated medications and drug of dependency medications are stored as per legislative requirements. Medication imprest systems are regularly monitored and senior management meet with the pharmacist to ensure regular supplies of medications. Monitoring of medication management occurs through medication audits, pharmacy and medical reviews, monitoring of the imprest system, feedback processes through medication advisory committee, clinical meetings, incident data, education processes and observation. Results show care recipients’ medication needs are effectively managed and the monitoring system consistently ensures safe and correct administration of medications. Staff said they have access to information, education and guidelines, which they use to effectively manage care recipients’ medication. Care recipients and representatives said they are satisfied that care recipients’ medication is managed safely and correctly.

## 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

The home has systems that are effective in ensuring all care recipients are as free as possible from pain. Assessment processes are conducted, to identify and manage care recipients’ care needs in relation to pain management, by registered nursing staff in consultation with the medical and allied health staff. Care plans detail strategies and treatments to assist in pain management and these management plans are reviewed regularly. Registered nursing staff and care staff provide weekly and daily massage treatments to assist care recipients’ pain management, this plan is developed in consultation with the clinical team and physiotherapist. Further treatments include heat packs, physiotherapy, repositioning, exercise programs and pressure relieving aids to support care needs. Senior clinical staff review and evaluate ‘as required’ pain relief medications monthly. Staff have access to support specialists, including the palliative care nurse practitioner, to support care recipients’ pain management. Monitoring occurs through regular care reviews, use of pain assessment tools, 24 hour clinical reporting system, clinical meetings, audits, allied health and medical reviews, observation and feedback mechanisms. Results show care recipients’ pain needs are effectively managed and staff have the knowledge and skills of alternate strategies to assist care recipients’ pain management. Care recipients and representatives said care recipients’ pain is managed effectively.

## 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 ensure care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. Advanced care directives are discussed and good palliative care orders are in place to identify and support care recipients’ wishes and assist staff in delivering palliative care. Comfort care is delivered according to care recipients’ individual needs and preferences and representatives are consulted and have access to information and services to support them through this process. Palliative care is supported by using specialised pain relieving equipment and the organisation employs a palliative care nurse practitioner who provides additional advice to staff, care recipients and representatives. Care recipients’ comfort and spiritual needs are supported by the chaplain and with the continued involvement of the community’s church groups. The home supports representatives, staff and other care recipients by facilitating an annual memorial service.

Monitoring occurs through care recipient and representative feedback, 24 hour clinical reporting system, feedback from nursing staff and medical officers. Staff said they have access to recently improved palliative care resources such as the palliative care trolley and palliative care education is provided. Representatives are satisfied with the way the home maintains care recipients’ comfort and dignity at the end stage of their life.

## 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

The home has systems to ensure care recipients receive adequate nourishment and hydration. A nutrition and hydration assessment is completed by registered nursing staff; care recipients who may be at risk of malnutrition are identified. Assessment processes identify current and ongoing nutritional and hydration needs including food allergies, personal dietary preferences, cultural/religious needs and preferences. Care recipients’ dietary needs, food textures and requirements are communicated to the kitchen to guide staff. Staff assist care recipients with supplementary requirements and those care recipients with swallowing difficulties. Monitoring occurs through audits, regular care reviews, weight monitoring tracking log and feedback from the allied health specialists and staff. Results show there are effective monitoring systems in place to ensure the needs of care recipients are met in relation to nourishment and hydration. Staff are aware of care recipients who require supplements and extra assistance to support their nutritional needs. Care recipients and representatives are satisfied with the home’s approach in meeting the care recipients’ nutrition and hydration needs.

## 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. Assessment processes, screening tools, hydration and malnutrition risk assessments and monitoring charts are used to identify at-risk care recipients, skin care strategies and treatments. Care plans are formulated and wound assessment charts completed with detailed information to provide staff with the relevant information to assist in maintaining care recipients’ skin integrity. Other strategies include using pressure relieving equipment, positional changes and moisturising creams are applied as directed. Reporting of the incidence of skin tears and complex wounds are analysed monthly and reported through the Quality Work Health and Safety committee. Monitoring also occurs through medical reviews, regular planned care reviews, clinical care meetings, weekly reviews by registered staff and observations. Results shows staff manage and monitor wound management, as directed by medical and registered nursing staff. Staff said they have access to regular wound supplies and receive support from clinical staff in relation to management of complex wounds. Care recipients and representatives are satisfied with the care provided to maintain care recipients’ skin integrity.

## 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 identify care recipients’ continence is managed effectively. Care recipients’ individual continence needs are assessed and a continence risk screening tool is completed by nursing staff. Care plans identify individual levels of independence, assistance required and dietary needs as required. The clinical nurse assesses care recipients’ continence aids requirements and monitors adequate continence supplies, with the help of the continence link nurses to ensure there are regular supplies. The care coordinator monitors the incidence of urinary tract infections, data is analysed and reported thorough the monthly Quality Work Health and Safety committee. Staff have access to the continence nurse advisor who attends the site on a regular basis to support care recipients continence management. Monitoring occurs through regular planned care reviews, clinical meetings, consultation with continence nurse advisor, medical officers, audits, and evaluation of ‘as required’ aperients. Results show there are sufficient supplies of care recipients’ continence products. Staff said they have access to the continence nurse advisor to support care recipients’ continence requirements. Care recipients and representatives are satisfied that care recipients’ continence needs are met.

## 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

The home has systems to ensure the needs of care recipients with challenging behaviours are managed effectively. Individual assessments and behaviour monitoring is conducted as required to identify triggers and strategies to assist in managing care recipients’ behaviour management needs. Care plans detail strategies and interventions to assist staff in behaviour management. Planned strategies and equipment are used to assist in maintaining care recipients’ safety; these include sensor beams, sensor mats and low beds. The home has a secure area to assist in providing a safe environment for care recipients who have an identified cognitive impairment. The home supports a minimal restraint policy. Care recipient incidents are reviewed monthly and reported through the Quality Work Health and Safety committee. Further monitoring occurs through clinical meetings, regular planned care reviews, behaviour monitoring processes and consultation with behaviour management specialists. Results show there are effective systems in place to monitor care recipients’ behaviour management. Staff are aware of individual strategies to support care recipients’ care needs in relation to challenging behaviours. Care recipients and representatives are satisfied with the home’s approach to managing causes which prompt challenging behaviours.

## **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 optimum levels of mobility and dexterity are achieved for all care recipients. Care recipients’ mobility and dexterity needs are assessed by registered nursing staff and the physiotherapist on entry, including a falls risk assessment. A mobility/dexterity/rehabilitation management plan is developed and reviewed six monthly or more frequently as required. Care plans identify individual mobility requirements, transfer plans and falls prevention strategies to assist care recipients’ mobility needs.

Physiotherapists regularly review care recipients who are identified as at high risk of falls and interventions are implemented. Monitoring occurs through clinical incident trending and reporting, clinical meetings, observation, audits, feedback and evaluation from allied health specialists. Results show care recipients are regularly assessed by allied health and nursing staff to support their mobility needs. Staff said they are supported with an ongoing manual handling training program and have access to equipment to support care recipients’ in their mobility and dexterity needs. Care recipients and representatives are satisfied with the home’s approach to optimise care recipients’ mobility and dexterity.

## **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

The home has systems to ensure care recipients’ oral and dental health is maintained. Oral health assessments are conducted by registered nursing staff on entry and on an ongoing basis to identify individual oral and dental care needs. Care recipients who are identified at risk of poor oral health are referred to the appropriate health specialist. Care plans provide individual oral and dental hygiene strategies. Care recipients are actively supported to access dental services as required. Oral and dental care is monitored through planned care reviews, nutrition and pain monitoring processes, medical reviews, consultation with the dietitian and feedback process with care recipients and representatives. Results show care recipients are supported in their oral and dental care and have access to appropriate dental services. Staff have access to appropriate equipment to assist care recipients’ oral and dental care needs. Care recipients and representatives are satisfied that care recipients’ oral and dental health care is maintained.

## 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 ensure care recipients’ sensory losses are identified and managed effectively. Care recipients are assessed by registered nursing staff to identify any sensory deficits in relation to their hearing, vision, touch, taste and smell and an individual care plan is developed. Care recipients’ communication management plans are reviewed six monthly and identify strategies and aids to support and improve any sensory loss identified.

Consultation occurs with hearing and vision specialists as required and assistive devices are provided. There are a range of lifestyle activities promoted to enhance sensory enjoyment.

Sensory loss is monitored through planned care reviews, medical and allied health reviews, care recipient and staff feedback and observation. Results show care recipients’ sensory losses are identified and appropriate equipment is supplied to reduce the impact of their sensory loss. Staff are aware of strategies to support care recipients’ individual needs. Care recipients and representatives are satisfied care recipients’ sensory losses are identified and managed appropriately.

## 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

There are systems in place to assist care recipients to achieve normal sleep patterns. Care recipients are assessed by registered nursing staff and information is collated regarding their natural sleep patterns, including identification of care recipients who are at risk of poor sleep is noted. Individual care plans include environmental interventions, preferred settling and rising times and comfort interventions. Individual care plans include interventions and strategies to promote a comfortable environment. The internal living environment is individually temperature controlled to enhance care recipients’ comfort. Monitoring of care recipients’ sleep disturbance occurs through planned care reviews, medication reviews, audits, observations and feedback from care recipients. Results show care recipients are supported in achieving a restful sleep according to their individual needs. Staff are aware of care recipients’ individual needs and care recipients are satisfied they are assisted to achieve a natural sleep pattern.



## 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 systems and processes.

In relation to Standard 3 Care recipients’ lifestyle, the home receives improvements and suggestions through feedback mechanisms, resident meetings, surveys and focus groups. Staff contribute to improvements through meetings, feedback processes and suggestions for improvements. Care recipients said they are encouraged and supported to provide feedback and suggestions.

Examples of improvements related to Standard 3 Care recipient lifestyle implemented by the home over the last 12 months include:

- Care recipients requested to have more involvement with the local church. The home implemented a weekly live video feed of the Sunday church service to the main activity hall and through individual care recipients’ televisions as requested. Monthly communion is also conducted simultaneously on site with local church and a shared morning tea with the broader church community is conducted at the home. Staff said this has strengthened the relationship with care recipients and the church community. Care recipients said this has provided them with greater emotional and spiritual support and they are very happy to be part of life in the community
- Management identified an opportunity to improve care recipients’ sensory needs in the memory support unit. To assist in this process staff consulted with the Alzheimer’s Association, with regard to advice and input, to which sensory resources would be of benefit for care recipients. Staff purchased plush stuffed animals, hanging mobiles, wall stickers and improved lighting, a television and media discs were also purchased. Staff said they have observed care recipients holding and patting the animals and watching the hanging mobiles. Staff said care recipients appear more relaxed and calmer when in the sensory area and the atmosphere of the unit is more relaxed and calm.

## 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 related to the home’s systems and processes for regulatory compliance.

In relation to Standard 3 Care recipients’ lifestyle regulatory compliance examples include:

- A compulsory reportable log is maintained.
- Care recipients are informed of their rights regarding security of tenure as per legislation.
- Care recipients have received their agreements in line with legislated financial changes from 1 July 2014.

## 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 related to the home’s processes for education and staff development.

Examples of education and training provided over the last 12 months in relation to Standard 3 Care recipients’ lifestyle include :

- Depression and anxiety in older people
- Mental health
- Music and memory
- Wellness model in movement and exercise

## 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

There are systems to ensure each care recipient is supported to adjust to life in the home and is provided with ongoing support. Care recipients’ emotional needs are assessed on entry to

the home and a welcome pack provides information about life in the home. Lifestyle staff support new care recipients to settle in by having individual discussions and encouraging attendance at social activities, such as exercises and bingo. Ongoing needs are assessed during the six monthly lifestyle and care review process and any changes of needs or preference are communicated to staff through the care plans. Additional emotional support needs are met by visiting chaplains and volunteers. Monitoring processes include lifestyle care plan reviews, activity and volunteer visit evaluations, audits and feedback. Results show care recipients are welcomed to the home and supported emotionally by staff. Staff described ways they support care recipients' emotional needs. Care recipients and representatives said they are made to feel welcome and staff are available to have a discussion with care recipients

### **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

There are systems in place to ensure care recipients are assisted to maintain independence, friendships and participate in the life of the home and community. Entry processes and care assessments identify care recipient's friends, family and community involvement, in addition to physical and mental capabilities and preferences. These assessments are used to develop comprehensive care plans, which encourage care recipients to maintain independence. Care recipients are encouraged to maintain community involvement and the home provides facilities to assist in this, including organising access cabs, voting provisions, visiting community and religious groups and a community morning tea. Aids, such as mobility and meal assistive aids are provided to care recipients and facilities are provided for care recipients to complete their own washing on-site. Monitoring processes include care plan and lifestyle reviews, care recipient meetings, audits, surveys and feedback mechanisms. Results show care recipients are supported to maintain independence. Staff are aware of strategies documented in care plans; to assist care recipients to maintain independence. Care recipients and representatives said care recipient independence is encouraged by staff.

### **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

There are systems to ensure care recipients' rights to privacy, dignity and confidentiality are recognised and respected. Care and lifestyle plans record care recipient's preferences and requests relating to privacy and dignity. Six monthly care plan reviews identify changes to preferences and information is communicated to staff through updated care plans. There are a number of indoor and outdoor areas around the home where care recipients can sit with friends and family. Staff support privacy, dignity and confidentiality by knocking on doors before entering, agreeing to a code of conduct and ensuring care recipients' information is stored correctly. Monitoring processes include lifestyle and care plan reviews, surveys, audits and feedback. Results show care recipient information is used in a confidential manner and staff respect care recipients' privacy. Staff are aware of ways to promote and uphold care

recipients' privacy and dignity. Care recipients and representatives said staff treat care recipients with respect, privacy and dignity.

### **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

There are systems to ensure care recipients are encouraged and supported to participate in a range of interests and activities of interest to them. Entry processes assess care recipients' family and work history, activity preferences and capabilities. This information is used to develop individual lifestyle care plans and a weekly activity calendar for each care recipient.

Activities provided include individual sessions, group activities and bus trips to accommodate a wide range of interests. Monthly group activity calendars are distributed to care recipients and displayed in public areas. Monitoring processes include activity session assessments, lifestyle care plan reviews, care recipient meetings, audits, surveys and feedback mechanisms. Results show individual care recipient's interests are considered and activities are changed to suit their needs. Staff are aware of the care recipients' needs and how they can assist to meet them. Care recipients and representatives said care recipients are able to attend activities which suit them and are supported as individuals.

### **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

There are systems to ensure care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Entry processes and ongoing six monthly lifestyle care reviews identify care recipients' cultural and spiritual preferences. Care recipients are supported to maintain their beliefs through visiting religious services, a direct video link with the local church and chaplain services. Celebrations for significant cultural days are held, including birthdays, memorial services, Christmas and Easter. Staff are supported with additional cultural resources available on the organisation's intranet to meet care recipients' needs. Monitoring processes include lifestyle care reviews, care recipient meetings, surveys, audits and feedback mechanisms. Results show the home is active in supporting care recipients' cultural needs. Staff are aware of care recipients' cultural beliefs and respect individual's choices. Care recipients and representatives said the home promotes and supports them to attend cultural celebrations and events.

### **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

There are systems to ensure each care recipient and/or their representative participate in decisions about the services the care recipient receives and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Entry processes and ongoing six monthly care reviews identify care recipients' preferences and capabilities to make decisions. This information is used to develop comprehensive care plans which include authorised representatives, contact persons, lifestyle and daily living activity preferences, medical and clinical care and advanced directives. Feedback brochures are available to care recipients and representatives and there is access to advocacy services in different languages. Monitoring processes include six monthly lifestyle and care reviews, care recipient meetings, surveys, audits and feedback mechanisms. Results show care recipients and representatives are consulted regarding care recipients' needs and preferences. Staff are able to describe individual care recipients' preferences, as documented in care plans. Care recipients and representatives said they have input into care recipients' care and choices.

### **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

The home has access to central systems in place to ensure care recipients understand their rights and responsibilities in relation to security of tenure. The manager of residential care services meets with care recipients and ensures they receive an 'offer of accommodation' pack with information about their rights and responsibilities when entering a home. A room accommodation pricing agreement is signed prior to entering the facility. Care recipients have a residential service agreement which contains information regarding security of tenure. Security of tenure is discussed with care recipients and representatives at the time the residential service agreement is completed by the home. Alternate arrangements are made for care recipients who have a cognitive impairment to ensure a representative or an enduring power of attorney is informed. Results show the home's local processes ensure care recipients and representatives are aware of care recipient rights and responsibilities prior to entering the home. Staff are aware of care recipients' rights and responsibilities. Care recipients and representatives said they are satisfied with care recipients' security of tenure.

## 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 related to the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home monitors incidents, hazards, infections and internal and external living environments through work place safety inspections, cleaning inspections to assist identifying opportunities for improvement.

Improvements implemented in the last 12 months in relation to Standard 1 Physical environment and safe systems include:

- Following feedback from care recipients in the focus group survey, it was identified care recipients would like to have greater capacity to relay their opinion on the meals at the site and have a greater input in the menu creation. Following consultation with care recipients, a committee of care recipients across the site and a staff representative was formed and now meet monthly to discuss meal and menu issues. A photo display of all committee members is displayed in dining areas so other care recipients are aware of their committee members; who they can approach with any concerns regarding the meal service. Staff said the committee members are working well. Care recipients said there has been an improvement in the variety of vegetables in the menu.

## 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 related to the home’s systems and processes for regulatory compliance.

In relation to Standard 4 Physical environment and safe systems examples of regulatory compliance include:

- Food safety program
- Fire safety systems are monitored as per the regulations
- Work Health and Safety is conducted as per the regulations.
- Triennial certificate in place.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes. Results show that the home has 100 percent of their staff attending mandatory training.

Examples of education and training provided over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- Manual handling
- Injury management
- Fire response

#### **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

There are systems to ensure the home provides a safe, clean and comfortable environment consistent with care recipients' care needs. Accommodation for care recipients include air conditioned, single and double ensuite rooms; according to needs and preferences. Care recipients are encouraged to bring personal items to decorate their rooms and promote comfort. The home has a minimal restraint approach and physical restraint processes involve an assessment and consultation with appropriate professionals, care recipient and/or representatives. The home is kept clean, uncluttered and is maintained and has communal and outdoor areas, including courtyards, secure gardens and hairdresser. Risk assessments are used to ensure a safe environment. Monitoring processes include incident and hazard reporting, surveys, audits care recipient and staff meetings, workplace inspections and other feedback mechanisms Results show the internal and external living environments are well maintained. Staff are aware of processes for reporting maintenance issues to maintain and improve the living environment. Care recipients and representatives said the living environment is pleasant and well maintained.

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

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

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

The home meets this expected outcome

The home has access to centralised systems and a Work Health Safety and Injury Management strategic plan that guide management to actively work to provide a safe working environment that meets regulatory requirements. Staff are orientated and trained in Workplace Health and Safety at induction and are provided with training on an ongoing basis. Staff have access to early intervention programs to prevent ongoing injuries. Incidents and hazards are reported to management via paper forms and are transcribed to electronic management systems. The site management team monitor care recipient and staff incidents and injuries, identifying preventive strategies, issues of concern and opportunities of improvement. Data is analysed and monitored monthly and reported through the Quality Work Health and Safety Committee and quarterly to the Quality Work Health Safety Review Committee. Selected indicators are reported to the board and governance committee. Staff work practice is directed by corporate policies and procedures. Risk assessment processes and standard operation procedures guide staff in appropriate actions. Monitoring of Work Health and Safety at local sites is monitored through regular workplace safety inspections, monthly trending of incident and hazard data, and through the Quality Work Health and Safety meetings. Results show hazards and incidents are addressed promptly and investigated. Staff confirmed they have access to personal protective equipment and safety policies and procedures.



#### **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 and processes to provide a safe environment and minimise the risks associated with fire, security and other emergencies. Evacuation maps and fire safety equipment are clearly labelled and accessible throughout the home. Fire equipment and detection systems, such as the mimic system, are regularly tested and maintained. The home has a current Triennial Fire Safety certificate. Staff complete annual fire training and regular fire drills are held on-site. Policies and procedures exist for other threats, including extreme weather days. The home has a closed circuit television, remote door opening facilities and the home has night-time lock down procedures in place. Electrical testing and tagging of equipment is performed to ensure safety of equipment is up-to-date. Monitoring processes include fire drill evaluations and inspection records, triennial inspections, worksite inspections and feedback. Results show inspections identify areas for improvement and these are followed up. Staff are aware of actions to take in an emergency situation. Care recipients and representatives said they receive direction on actions to take in an emergency.

#### **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 systems to ensure there is an effective infection control program managed according to national guidelines. Site infection control is monitored by the senior clinical staff; who monitor infections and ensure information relating to infections is communicated to staff. Infection data is collated and a trend analysis is completed. This information is discussed in the Quality Work Health and Safety meetings. Staff have access to hand washing facilities, sanitising gel and personal protective clothing to help reduce the risk of spreading infections. The food safety plan guides catering and care staff in food handling and hygiene. Staff receive regular training in relation to infection control measures. Monitoring processes include data and trend analysis, Quality Work Health and Safety meetings, audits, feedback and observations of staff. Results show care recipients with possible infections are monitored and appropriate care given. Staff are aware of hand washing, personal protective equipment and suspected infection reporting processes. Care recipients and representatives said staff manage infection control in a satisfactory manner.

#### **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 has systems to ensure catering, cleaning and laundry services are provided in a manner which enhances care recipients' quality of life and the staff's working environment.

Meals are prepared daily on-site, following a rotating, four weekly, seasonal menu. Menus allow care recipients to select their choice of lunch and evening meals from options provided. Menus are developed in consultation with a dietitian and care recipients are able to have input to the menu through the menu committee and food focus groups. Dietary requirements, allergies and preferences are communicated to kitchen staff through the dietary preference updates and communication books. There is a cleaning schedule which encompasses general cleaning, windows, flooring and soft furnishings. Care recipient personal laundry is completed on-site and linen is provided by an external provider. Monitoring processes include workplace inspections, audits, care recipient meetings, surveys and feedback.

Results show the environment is cleaned regularly and the home is responsive to care recipients' choices relating to catering and laundry. Relevant staff are aware of their processes and described care recipient needs and preferences, as documented in care plans. Care recipients were very complimentary of the food, cleanliness of the home and laundry services.