



**Australian Government**

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**Australian Aged Care Quality Agency**

**Resthaven Murray Bridge**

RACS ID 6081  
53 Swanport Road  
MURRAY BRIDGE SA 5253

**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 27 May 2020.

We made our decision on 01 April 2015.

The audit was conducted on 23 February 2015 to 24 February 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 Murray Bridge 6081**

**Approved provider: Resthaven Inc**

### **Introduction**

This is the report of a re-accreditation audit from 23 February 2015 to 24 February 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 23 February 2015 to 24 February 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>	Diane Mogie
<b>Team member:</b>	Cassandra Ristic

## Approved provider details

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

<b>Name of home:</b>	Resthaven Murray Bridge
<b>RACS ID:</b>	6081

<b>Total number of allocated places:</b>	78
<b>Number of care recipients during audit:</b>	76
<b>Number of care recipients receiving high care during audit:</b>	70
<b>Special needs catered for:</b>	People with dementia or related disorders.

<b>Street:</b>	53 Swanport Road
<b>City:</b>	MURRAY BRIDGE
<b>State:</b>	SA
<b>Postcode:</b>	5253
<b>Phone number:</b>	08 8532 1969
<b>Facsimile:</b>	08 8532 6151
<b>E-mail address:</b>	<a href="mailto:murraybridge@resthaven.asn.au">murraybridge@resthaven.asn.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	5
Clinical/care/lifestyle staff	11
Administration staff	1
Care recipients/representatives	8
Volunteer	1
Hospitality and environmental safety staff	5

### Sampled documents

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

### Other documents reviewed

The team also reviewed:

- Action requests
- Asbestos inspection report
- Audits/surveys
- Cleaning and maintenance schedules
- Clinical monitoring tools
- Comments and complaints data
- Communication books, email alerts and memos
- Corrective and preventative maintenance schedules and records
- Dietary preferences documentation
- Dietitian review
- Drugs of dependency records

- Duty statements
- Emergency procedures
- Employee handbook
- Equipment trial documentation
- Evacuation list
- External contracts/contractor register, agreements and records
- Fire and safety records
- Food safety plan and audit results
- Incident and hazard reports and analysis
- Induction and orientation records
- Infection surveillance reports and analysis
- Leisure and lifestyle documentation
- Pest control documentation
- Police certificates
- Policies and procedures
- Quality improvement report log
- Resident information pack
- Resident newsletters/handbook
- Risk assessments
- Safe work procedures
- Safety data sheets
- Scheduled 4 & 8 licence
- Self-assessment
- Staff qualifications/appraisals
- Staff rosters
- Temperature monitoring records
- Training calendar and training evaluation records
- Triennial fire certificate



- Various meeting minutes
- Welcome pack

## **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
- Chemical storage
- 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 Harrip dining area
- Staff work areas and practices
- Statement/purpose and values displayed
- Storage of information
- 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, continuous improvement reports, corporate and management meetings, audits, accident and hazard reporting and analysis of incidents. Results show there are identified improvements across the four standards and care recipients and staff have input into the continuous improvement system. 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 is easy to use and allows you to track the status of applications and has enabled the home to recruit staff in a timely manner.
- Management identified the existing signage around the home could provide more detailed information to assist care recipients and visitors to get around the site. Management said the existing signage was small, aesthetically dated and poorly placed around the site. Consultation took place regarding the improved signage in resident meetings, including renaming of the areas and the details of improved signage. New signs were bought which are now larger, names the area and direction arrows are on the

signage identifies the range of room numbers. Feedback from care recipients and visitors is they find it easier to navigate themselves around the site.

## **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 all education sessions including mandatory training provided by the home and organisation. Staff said they receive ongoing regular education sessions and senior management are very supportive to their individual needs in relation to education.

Care recipients and representatives are satisfied staff have the skills and knowledge to perform their role.

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

- Finance and budgeting systems
- Leadership for middle management
- Autumn care connect

#### **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 for managing formal and informal complaints guided by policies and procedures. Information is accessible to care recipients/representatives and other interested parties on internal and external complaints processes through the resident agreement, and information booklet, newsletter and discussed at various meetings on-site. The home has suggestion boxes available for care recipients and staff to lodge concerns or suggestions in a confidential manner. Care recipients have access to external complaints brochures accessible in different languages. Other avenues are through annual resident focus groups, corporate and local surveys and site lifestyle programs. Staff are informed about care recipients' rights and responsibilities on induction and through staff meetings and are directed to respond to comments and complaints as guided by policies and procedures.

Compliments and complaints are recorded in a centrally managed database where reports identify trends. Formal reporting on compliments and complaints is undertaken at a corporate level. This report is tabled at the Corporate Quality, Work Health and Safety review committee and the Executive Manager Residential services tables the report at the Residential Managers meeting. Monitoring occurs at individual sites and centrally and Residential Managers submit a monthly management report to senior management. Results show management are aware of concerns raised and have improved their process to identify and monitor verbal complaints. Staff said management have an 'open door' policy and are responsive to issues identified. 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

The home has a documented purpose and values statement to reflect Resthaven's vision, values, philosophy, objectives and commitment to quality. The organisation's strategic plan sets out parameters for a five year period up to 2015 and is currently undergoing a review. Care recipients have access to this information which is documented in the resident handbook, displayed at the home and on Resthaven's website. Resthaven's purpose and values are presented to staff at induction and documented in staff handbooks, newsletter and in the volunteer's handbook. Resthaven's purpose and values are regularly discussed at senior and middle manager's meeting and within the leadership development program.

## 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 there are appropriately skilled and qualified staff 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 and volunteers 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'. Staffing hours are responsive to care recipients' needs and adjusted to meet service delivery and there are established links with various labour hire agencies. A corporate annual learning and development needs analysis identifies training need requirements. Additional organisational development funds can be applied for external education opportunities. Staff competencies are completed by relevant staff. Corporate audits for each site are undertaken by human resource staff to monitor compliance with corporate requirements. Other monitoring process includes staff and care recipient feedback, comments and complaints and observation of staff practice as well as annual or biennial appraisals monitored on-site and centrally. Results show clinical and hospitality staff have sufficient time to perform their roles effectively. Maintenance staff said they do not always have time to complete all of their duties. Staff said they have access to duty statements and care recipients and representatives are satisfied staff are appropriately skilled and qualified to ensure care and services are delivered.

## 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 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 generally ensures repairs and maintenance are conducted to plant and equipment and it is fit and appropriate for use.

Quarterly meetings are held at sites with individual managers and coordinator housekeeping services, site maintenance person, manager corporate services and manager of maintenance to ensure systems are in place for the overall maintenance of the site, identification of any issues, and including 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 stock levels are adjusted when requirements change. Staff interviewed said sufficient equipment and stocks are available to complete their work. Care recipients and representatives interviewed said there is sufficient stock available to 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. Maintenance information is generally logged on the corporate online register. 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, care recipients and representative feedback. Results show communication across staff, care recipients and stakeholders is effective. Staff said they have access to information required to the complete their roles.

Care recipients and representatives said the home communicates pertinent information 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. Staff interviewed described processes for providing feedback relating to external services. Care recipients and representatives interviewed are satisfied with the 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 that 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:

- Clinical and lifestyle staff identified there was an increased number of behavioural incidents in the memory support unit and care recipients did not engage in group activities. The care coordinator attended a person centred care workshop and following a meeting with a dementia advisory service, the home implemented a one-to-one activity program for care recipients. An increase in staffing hours was implemented and new staff requesting to be rostered in the area was facilitated by management to assist in the trial of the new program. Clinical staff provided education to relevant staff and said this program has resulted in a major reduction in behavioural incidents. Staff said care recipients appear to be more settled and enjoying their interaction with staff.
- Following a corporate initiative to reduce skin tears and pressure injuries the site implemented the skin champion project. Staff received education on improving skin integrity for care recipients in relation to moisturising the skin and review of pressure relieving equipment on site was conducted. Management purchased gel cushions and numerous limb protectors and resources folders were implemented to provide further education for staff. Staff ensured care recipients' skin is moisturised twice daily and identified care recipients received the new equipment to assist in the reduction of pressure injuries. Management said this has resulted in a reduction of pressure injuries and staff said they have identified an improvement in care recipients' skin 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:

- Pain management and assessment
- Wound management
- Nutrition in older people

## 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 clinical care that is appropriate to their individual needs and preferences. Care recipients’ care needs are assessed on entry by registered nursing staff and a care plan is generated within eight weeks. Processes include clinical and risk assessments, care planning and monitoring of care recipients’ individual

health, personal care needs and preferences on an ongoing basis. This information assists in planning, delivering and monitoring of care recipients' individual health needs. Care requirements are recorded in the electronic care plans and progress notes and relevant care information is accessible to all staff. The care coordinator monitors clinical care over a 24 hour period via progress note entries and directs follow up of care through identified nursing staff. Other monitoring processes include handover sessions, clinical meetings, and audits, case conferences with care recipients and representatives and surveys. Results show care recipients' care is identified, planned and monitored effectively. Staff said they have access to up-to-date care plans and attend handover sessions and meetings 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 and specialised care needs are documented in care plans, medications charts and observations charts. Staff have access to a wide range of health specialists, including specialists from corporate services and specialised equipment is supplied to care recipients to support their care needs. Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, clinical meetings and audits, analysing of clinical surveillance data, and consultation with specialists and medical staff. Results show care recipient specialised care is effectively managed as per the home's processes. Staff said they have access to specialised staff 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 of which some are supplied on site; these include allied health specialists, a dementia services advisor from corporate services, visiting dentist, hygienist, speech pathologist and dietitian. Recommendations from health specialists are documented in care recipients’ care plans and staff have 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 at the home and are assisted to attend appointments in the community.

Staff said registered nursing staff are prompt in referring care recipients as the need arises. 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 dispensing incidents have decreased. Staff said they are supported to complete their medication competencies and deliver care recipients’ medication as prescribed. 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 to assess 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 identify strategies and treatments to assist in pain management and these management plans are reviewed regularly. Registered nursing staff, who have undergone specific training, provide massage and wax treatments to assist care recipients’ pain management and this is overseen by the physiotherapist. Further treatments include heat packs, physiotherapy, repositioning, comfort aids, pain exercise program and pressure relieving aids to support care needs. Senior clinical staff review and evaluate ‘as required’ pain relief medications to support effective pain management. Staff have access to internal and external support specialists including the palliative care nurse practitioner to support care recipients’ pain management. Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, clinical meetings and audits, allied health and medical reviews, observation and feedback mechanisms. Results show care recipients’ pain needs are effectively managed and staff are aware 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 hospitality services are offered to representatives. 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 Resthaven chaplain and chaplain assistants. The home supports representatives, staff and other care recipients by facilitating an annual memorial service.

Monitoring occurs through care recipient and representative feedback mechanisms, the 24 hour clinical reporting system, feedback from nursing staff, local palliative care consultant and the organisations nurse practitioner. Results show care recipients’ comfort and pain needs are met and staff said they have access to appropriate resources to assist with care recipients’ care needs at the end stage of their life. 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. Assessment processes including a malnutrition risk assessment are conducted for care recipients who are identified at risk of malnutrition. Care plans and dietary needs forms identify and consider care recipients’ food allergies, dietary preferences, cultural/religious needs and preferences. Regular monitoring of care recipients’ weight, monitoring of food and fluid intake prompts staff to refer to identified allied health staff for assessment and care recipients’ dietary needs and supplement requirements is documented as required. Assistive devices are provided to care recipients to support their independence and nutritional and hydration needs. Monitoring occurs through regular care reviews, the 24 hour clinical reporting system, clinical meetings and audits, weight monitoring, and feedback from the allied health specialists and staff. Results show care recipients’ nutrition and hydration needs are effectively managed. Staff are aware of individual care recipient’s nutritional and hydration 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. This information is detailed in care plans, wound management reports and a skin management care plan is completed. Equipment is provided to support care recipients’ skin care which includes, pressure relieving mattress, bed cradles and gel cushions. Moisturising creams and positional changes assist in maintaining care recipients’ skin integrity and wound management processes are in place to review progress in wound healing. Incidence of skin tears and complex wounds are analysed monthly and are reported through the Quality, Work Health and Safety committee. Monitoring also occurs through planned care reviews, the 24 hour clinical reporting system, clinical meetings, and regular reviews by registered staff, including analysing of incident data in relation to skin care and consultation with specialists and medical staff. Results show there has been a reduction in pressure injury wounds. Staff said they have access to wound care management specialists and 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’ continence needs are assessed on entry and further assessments are completed as required. Care plans detail assistance required, level of independence and dietary requirements. Education is provided to staff to support care recipients’ continence needs and staff and care recipients have access to the continence nurse advisor. Care recipients are reassessed by the continence nurse advisor as required and there are processes in place to ensure regular supplies of continence products are available. The care coordinator monitors the incidence of urinary tract infections and data is analysed and reported through the Quality, Work Health and Safety committee. Other monitoring processes include regular care reviews, clinical meetings, consultation with the continence nurse advisor, medical officers, audits, and evaluation of ‘as required’ aperients. Results show care recipients’ continence needs are effectively managed. Staff said they have enough supplies of continence aids to support care recipients’ continence needs as required. 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 behaviours of concern are managed effectively. Assessment and screening processes identify triggers and strategies to support an effective behaviour management program for care recipients with challenging behaviours. Strategies and interventions are identified and detailed in care plans to assist staff in managing identified behaviours and are reviewed regularly. There is a memory support unit which is secure and provides a safe environment for care recipients who have an identified cognitive impairment. Equipment is available and provided to maintain care recipients’ safety. Monitoring occurs through regular planned care reviews, the 24 hour clinical reporting system, incident trending and analysis, clinical meetings, behaviour monitoring processes and consultation with behaviour management specialists and medical staff. Results show there are effective systems in place to support care recipients’ behaviour management and results show a 95 percent decrease in behavioural incidents. Staff are aware of care recipients’ individual needs and care requirements to support a safe environment for care recipients with identified cognitive impairment. Care recipients and representatives are satisfied with the home’s approach to managing causes which prompt behaviours of concern.

## **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 requirements are assessed on entry, including a falls risk assessment completed by allied health staff. A mobility, dexterity and rehabilitation management plan is developed. Care plans detail care recipients’ individual mobility requirements; transfer plans and falls prevention strategies to promote a safe environment and to meet care recipients’ mobility needs. Staff have access to this information in care plans and care recipients, who are identified as a high risk of falls are regularly assessed by the allied health team and interventions are implemented. A variety of equipment is available to support care recipients’ mobility and dexterity. Monitoring occurs through regular care reviews, monitoring of clinical incidents, feedback from allied health specialists, clinical meetings, observations and clinical audits. Results show care recipients are actively supported by staff and exercise programs at the home help maintain and increase their mobility. Staff said they have access to equipment to support care recipients’ 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. Care recipients’ oral and dental needs are assessed on entry and an oral and dental management care plan implemented. Staff have access to care recipients’ oral and dental management plan and care recipients’ oral and dental care is reviewed regularly. Dental services are facilitated on site, including visiting dental hygienist with a dedicated treatment room available. Staff monitor attendance and follow up with the treating dental service. There are processes in place to ensure oral equipment such as toothbrushes are regularly supplied.

Monitoring occurs through regular care reviews, clinical monitoring processes, such as nutrition and pain reviews, medical and dental reviews, consultation with the dietitian and feedback processes with care recipients and representatives. Results show care recipients have access to dental specialists and staff are aware of care recipients’ individual care needs in relation to their oral health. 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’ vision, hearing, smell, taste and touch are assessed on entry by registered nursing staff to capture any sensory deficits identified. Care plans detail strategies and aids to support and improve any sensory deficits. Care recipients have access to hearing and vision specialists and they are regularly assessed. Assistive devices are provided as required to support sensory loss. There are a range of lifestyle activities promoted to enhance care recipients’ sensory enjoyment. Monitoring occurs through regular care reviews, medical and allied health reviews, care recipient and staff feedback and observation. Results show care recipients’ sensory needs are met. Staff said they have access to equipment to support care recipients’ sensory loss. 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’ sleep patterns are assessed on entry by registered nursing staff. An individual sleep/rest management plan is developed and reflects needs and preferences to support care recipients’ ability to achieve a natural sleep pattern. Individual care plans include preferred settling and rising times and comfort interventions. The internal environment is temperature controlled to enhance comfort and wellbeing. Monitoring occurs through regular care reviews, medication reviews, audits, observations, consultation with medical staff and feedback from care recipients. Results show there are effective systems in place to support care recipients ability to achieve a natural sleep pattern. Staff are aware of support mechanisms to assist care recipients to achieve a restful night’s sleep according to their needs. Care recipients and representatives 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.

- Lifestyle staff identified care recipients were no longer interested in the men’s shed program. Following consultation with care recipients and volunteers it was identified care recipients would like to participate in gardening workshops. Volunteers donated plants and seedlings and care recipients met regularly to plant and propagate seedlings. Other care recipients became involved and baked afternoon tea for the garden workshops. Management said this has resulted in care recipients displaying and selling their pot plants in a dedicated display trolley at the entrance of the home and funds raised go into the resident fund. Care recipients are enjoying the garden activity and this new initiative will be ongoing.
- Care recipients requested could they have a special ladies event and suggested a high tea. Staff purchased special tableware, serviettes and table placement cards were made.

Care recipients received a personalised invitation to the high tea. Selections of teas were made available and a menu for the high tea developed to assist care recipients in choosing what they would like. This special event was conducted over the winter period and care recipients were extremely complimentary of this event.

### **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:

- An obligatory 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 :

- Music and memory
- Culture and creativity
- Person centred care

### **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. Staff support new care recipients to settle in by having individual discussions and encouraging attendance at

social activities, such as the allsorts group, 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 social workers, chaplains and volunteers.

Monitoring processes include lifestyle care plan reviews, activity and volunteer visit assessments, audits and feedback. Results show care recipients' initial emotional needs are assessed and documented and ongoing needs are addressed. Staff interviewed described how they provide emotional support to care recipients. Care recipients and representatives interviewed said the emotional needs of care recipients were met.

### **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, mobile clothing stores and visiting community and religious groups. Aids, such as mobility and meal assistive aids are provided to care recipients. Monitoring processes include care plan and lifestyle reviews, care recipient meetings, audits, surveys and feedback mechanisms. Results show care recipients are encouraged to join community events and are supported to maintain their independence in the home. Staff interviewed described strategies used to maintain care recipient independence, as documented in care plans. Care recipients and representatives said care recipients are supported to maintain independence.

### **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 handled correctly. Monitoring processes include lifestyle and care plan reviews, surveys, audits and feedback. Results show confidentiality, privacy and dignity are considered for care recipients. Staff interviewed described strategies used to uphold care recipient privacy and

dignity. Care recipients and representatives said staff and management respect care recipients' 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

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. Weekly group activity calendars are distributed to care recipients and displayed in public areas. Monitoring processes include activity session assessments, biannual lifestyle planning meetings, lifestyle care plan reviews, care recipient meetings, audits, surveys and feedback mechanisms. Results show the needs and interests of the care recipients are considered when planning activities. Staff interviewed described support given to attend and during activities. Care recipients and representatives said they are satisfied care recipients' leisure and lifestyle needs are met.

### **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 and chaplain services and volunteers also assist care recipients to attend these 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. Monitoring processes include lifestyle care reviews, care recipient meetings, surveys, audits and feedback mechanisms. Results show cultural needs are identified and strategies implemented to assist meeting these needs. Staff interviewed are aware of specific cultural and spiritual needs and preferences of care recipients. Care recipients and representatives are satisfied with the way the home addresses care recipients' cultural and spiritual needs.

### **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 planned lifestyle and care reviews, care recipient meetings, surveys, audits and feedback mechanisms. Results show care recipients' choices relating to care and lifestyle are documented and followed. Staff interviewed described individual's choices relating to care as documented in care plans. Care recipients and representatives said they have the opportunity to have input in the care and lifestyle of care recipients.

### **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. Resthaven's corporate residential accommodation enquires department ensure care recipients 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 a 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 care recipients and their representatives are consulted, supported and informed of their rights and responsibilities in relation to security of tenure. Staff interviewed are aware of care recipients' rights and responsibilities. Care recipients and representatives interviewed said they are satisfied care recipients have security of tenure and are aware of the rights and responsibilities of care recipients.

## 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 4 Physical environment and safe systems include:

- Management identified an opportunity to reduce the incidence of infection as it was identified there was a build-up of products from staff after washing their hands on the top ledge of the splash back at the hand washing stations. Staff also identified the waterproof seal around the splash back was shabby and difficult to clean. New raised splash back areas were erected on all the hand washing stations with no ledge near the hand washing area. Staff said there is no build-up of products or grime and the areas are less cluttered and very easy to clean now.
- Management identified there was an issue with the presentation of sandwiches for care recipients. Staff identified when sandwiches are covered with the plastic sandwich wrapper they became soggy and squashed. Through consultation with staff, sandwich plates were bought with raised plastic covers to enable sandwiches to be kept fresher and not become squashed. Staff and care recipients said they have noted a difference in the appearance and freshness on the sandwiches and this also has improved storage in the kitchen area.

## 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:

- Emergency response training
- Food safety
- Chemical handling

#### **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. 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 barbecue facilities, 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 there are effective monitoring systems to ensure internal and external living environment is maintained. Staff interviewed described processes for reporting and maintaining the living environment. Care recipients and representatives interviewed said they are satisfied the home is safe and comfortable.

#### **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 and 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 incidents and hazards are reported promptly and addressed. Staff are aware of the process for reporting incidents and hazards and confirmed 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 open facilities and at night the home has lock down procedures in place. Electrical testing and tagging of equipment is performed to ensure safety of equipment and is generally up-to-date. Monitoring processes include fire drill evaluations and inspection records, triennial inspections, worksite inspections and feedback mechanisms. Results show fire systems are maintained and extreme weather days are notified. Staff interviewed confirmed attendance at training for fire and other emergencies. Care recipients and representatives said they are aware of actions to take in emergency situations.

#### **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. There is a site infection control coordinator who monitors infections and ensures information relating to infections is disseminated 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' infections are identified and monitored as per the documented processes and food safety audit actions are completed promptly. Staff interviewed described actions they take when a possible infection occurs.

Care recipients and representatives are satisfied with the way the staff manage 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 has systems to ensure catering, cleaning and laundry services 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 feedback and food surveys. Dietary requirements, allergies and preferences are communicated to kitchen staff through the menu management system. Care recipient rooms and common areas of the home are cleaned regularly. There is a cleaning schedule which encompasses general cleaning, windows, flooring and soft furnishings. Care recipient personal laundry is completed on-site daily. Linen is provided by an external provider.

Monitoring processes include workplace inspections, audits, care recipient meetings, surveys and feedback. Results show the home is kept clean, laundry is completed regularly and care recipient preferences are considered. Relevant staff interviewed described infection control and monitoring processes in relation to catering cleaning and laundry. Care recipients interviewed said the food is good, their rooms are kept clean and laundry is done satisfactorily.