



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Resthaven Westbourne Park**

RACS ID 6895  
30 Sussex Terrace  
WESTBOURNE PARK SA 5041

**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 April 2020.

We made our decision on 13 February 2015.

The audit was conducted on 12 January 2015 to 14 January 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



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Audit Report**

**Resthaven Westbourne Park 6895**

**Approved provider: Resthaven Inc**

### **Introduction**

This is the report of a re-accreditation audit from 12 January 2015 to 14 January 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 12 January 2015 to 14 January 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>	Melanie Hulme

## Approved provider details

<b>Approved provider:</b>	Resthaven Inc
---------------------------	---------------

## Details of home

<b>Name of home:</b>	Resthaven Westbourne Park
<b>RACS ID:</b>	6895

<b>Total number of allocated places:</b>	129
<b>Number of care recipients during audit:</b>	117
<b>Number of care recipients receiving high care during audit:</b>	86
<b>Special needs catered for:</b>	People living with dementia or related disorders.

<b>Street</b>	30 Sussex Terrace
<b>City</b>	WESTBOURNE PARK
<b>State:</b>	SA
<b>Postcode:</b>	5041
<b>Phone number:</b>	08 8271 3300
<b>Facsimile:</b>	08 8271 0347
<b>E-mail address:</b>	<a href="mailto:westbournepk@resthaven.asn.au">westbournepk@resthaven.asn.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	6
Clinical/care/lifestyle staff	12
Administration staff	1
Care recipients/representatives	13
Hospitality and environmental and safety staff	4

### Sampled documents

Category	Number
Clinical assessments/care plans/progress notes	6
Lifestyle assessments/care plans/progress notes	7
Medication charts	11

### Other documents reviewed

The team also reviewed:

- Action plans
- Agency induction checklist
- Archiving register
- Asbestos inspection report/register
- Audits/surveys
- Business continuity plans
- Chemical safety instructions
- Clinical monitoring tools
- Colour coding systems and cleaning schedules
- Comments and complaints data
- Communication diaries
- Contingency plans

- Contractor register
- Triennial fire certificate
- Dietitian review
- Drugs of dependency records
- Education calendar and records
- Emergency procedures/fire drills/evacuation plans
- Feedback forms
- Fire and emergency colour coding instructions
- Food safety audit report/plan
- Handover records
- Hazard and incident data
- Infection control data
- Job descriptions/duty statements
- Lifestyle activity evaluations
- Memorandum
- Menu/modified dietary guide
- Obligatory register
- Pest control
- Police certificates/ staff qualifications/appraisals
- Policy and procedures
- Preventive and scheduled maintenance records
- Quality activity reports
- Quality improvement plan
- Resident information pack
- Resident newsletters/handbook
- Risk assessments
- Safety data sheets
- Schedule 4 & 8 licence



- Smoking assessments
- Self- administration of medications assessments
- Staff induction and orientation processes
- Staff rosters/staff handbook
- Temperature monitoring records
- The home's self- assessment
- Trending of care recipients weights
- Various meeting minutes
- Workplace, health and safety reports
- Wound management and data

## **Observations**

The team observed the following:

- Accreditation notice on display
- Activities in progress
- Care recipients assisted with meals
- Chemical storage
- Cleaning in progress
- Colour coded equipment
- Emergency exits/evacuation plans/ assembly areas
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Internal and external advocacy information
- Keypad security
- Kitchen and pantry areas
- Living environment
- Medication imprest system
- Notice boards and information displayed
- Outbreak kits/personal protective equipment/hand gels

- Palliative care equipment
- Resident postal boxes
- Short observation during meal service
- Statement/purpose and values displayed.
- Storage of medications/administration
- Wandering alarms

## 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 plans, continuous improvement reports, corporate and management meetings, audits, accident and hazard reporting and analysis of incidents. Results show care recipients and staff have input into the continuous improvement system and are aware of improvements. Care recipients and staff said they are satisfied the home actively pursues continuous improvement.

Examples of recent improvements relating to Standard One Management systems, staffing and organisational development include:

- In April 2014, management identified trolleys used to store and transport care plans were too heavy and cumbersome to use. Investigation of availability and a trial of new care plan trolleys resulted in new trolleys purchased for staff to use in two wings of the home. Staff said the trolleys are lighter and easier to use and the design of the trolley assists staff when accessing care plans. Additionally the new trolley design ensures staff can maintain privacy and security when reading the care plans with a slide out draw available.
- Management identified the need to improve communication processes for registered and enrolled nursing staff via email, as staff did not always respond to their emails sent in a timely manner. Group emails were implemented for senior nursing staff and a read receipt system initiated. Staff received education regarding the communication processes and the importance of regular communication. Clerical staff said they are receiving a faster response from staff in relation to emails sent regarding training and rostering requirements.

## 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 are aware of their responsibilities in relation to the legislative requirements across the accreditation standards. Staff said they receive regular updates regarding relevant legislation through meetings, staff newsletters, emails and memorandum.

The home was able to demonstrate its 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 are offered various training throughout the year, including mandatory training, and are notified via emails, staff meetings and verbally. Staff said they were offered a high level of training and felt supported by management. Care recipients and representatives said they are satisfied staff have the skills and knowledge to perform their role.

Examples of education and training provided for management and staff in relation to Standard 1 Management systems, staffing and organisational development include:

- Autumn Care training
- TRACS Program (Training needs analysis)
- Clerical Development Day
- Understanding Accreditation

#### **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 provides postal boxes for care recipients 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 any concerns raised at the home are identified and managed effectively. Staff said management are approachable and concerns raised are managed 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

The home has a documented purpose and values statement to reflect Resthaven's vision, values, philosophy, objectives and commitment to quality. The organisation 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 processes include staff and care recipient feedback, comments and complaints and observation of staff practice as well as an annual or biennial appraisal monitored on-site and centrally. Results show staff are supported in their roles and there are effective systems in place to ensure adequate numbers of staff and personnel are in place to meet care recipients' care needs. Staff said they feel supported by management to assist them to perform effectively in their role and staff work as a team. 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

Corporate policies and procedures 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 ensures repairs are conducted to plant and equipment that 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 equipment is well maintained and appropriate stocks of goods are kept and adequate supply levels sustained to meet care recipient and staff needs. Staff said they have access to stocks of goods and equipment that meets their needs and the home is responsive to any maintenance concerns. Care recipients and representatives are satisfied care recipients have access to appropriate equipment and goods.

## 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 the home has effective systems in place for the management of information, including storage, archiving, disposal and dissemination.

Staff, care recipients and representatives said they are kept well informed by the home through verbal and written communication and have access to information when needed.

### **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

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 services provided to the home by external contractors meet service quality goals and meet the home's needs. Staff, care recipients and representatives said external services that meet their needs and preferences are provided to, and managed effectively, by the home.



## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement 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:

- The Senior Manager Clinical Services identified the need to improve clinical monitoring of critical processes at the residential sites. Further audit tools were implemented to monitor clinical management. Clinical staff are required to develop an audit schedule specific to the local site to increase monitoring of clinical care. The local site has completed their audit schedule and results from initial audits for medication management identified a 98 per cent compliance and 87.5 per cent compliance rate for management of insulin dependent diabetics. Senior clinical staff said corporate clinical services are reviewing processes in relation to management of high and low blood sugars. 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.
- Management identified an opportunity to increase support for representatives of terminally ill care recipients and provide a less clinical environment. A trolley was purchased with curtains erected to hide clinical equipment stored. Clinical equipment provided for comfort care is available on the trolley, as well as tea, coffee, biscuits, and chocolates are provided. This enables representatives to spend as much time as they would like with their loved one. Music and oil burners are provided for the care recipient, an information booklet is provided for representatives regarding 'nearing the end of life' and a booklet provided for representatives to record special memories of their loved ones. Management said this improvement has been well received from representatives.

## 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 about the home’s education and staff development systems and processes.

Examples of education and training provided for management and staff in relation to Standard 2 Health and personal care include:

- Nutrition in older people
- Dementia Problem solving
- Dysphagia

## 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. Assessment processes assist care planning and monitoring of care recipients’ individual health, personal care needs and preferences on an ongoing basis. This is conducted by registered nursing staff and care requirements are

recorded in electronic progress notes and care plans. Risk assessments and regular re-assessments provide detailed information to assist staff in delivering appropriate care in relation to care recipients' individual health care needs. Monitoring occurs through the 24 hour clinical monitoring system, handover processes, planned care reviews involving consultation with care recipients and representatives, clinical meetings and regular clinical audits. Results show care is regularly monitored there is regular consultation with medical staff to support care recipients' care needs. Staff said they have access to up-to-date information to support care recipients' clinical care. 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

Care recipients receive specialised nursing care from appropriately qualified nursing staff according to their identified needs and preferences. Care recipients' specialised care is assessed, planned and evaluated by registered nursing staff in consultation with health specialists. Registered nursing staff deliver specialised care as documented in care plans, medication charts, and have access to a range of specialised clinical specialists such as stoma nurses and wound specialists. Staff have access to specialised equipment to support care recipients' care needs. Monitoring occurs through regular planned care reviews, the 24 hour clinical reporting system, clinical meetings and audits, review of clinical surveillance data, handover processes and consultation with specialists and medical staff. Results show care recipients receive specialised care as directed by medical staff and care plans identify individual specialised care requirements. Staff said they receive regular education to support care recipients' specialised care. 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. Care recipients are assessed by registered nursing staff to identify care recipients who require referral to health specialists as required. Care plans detail care requirements as per allied health and specialist recommendations. Care is coordinated and provided by a wide range of health specialists, these include allied health specialists, speech pathologist, dietitian, social worker, palliative care nurse practitioner and behaviour management specialists. Monitoring occurs through regular planned care reviews, clinical meetings and monitoring processes, handover meetings, consultation with health specialists and clinical audits. Results show care recipients have regular access to health specialists according to their health needs. Staff are aware of information provided by health specialists to support care recipients' health care needs. 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. There are identified processes for assessing, managing and monitoring care recipients’ individual medication needs and these are documented and evaluated regularly. Medications are securely stored as per legislative requirements and an imprest system is monitored weekly ensures regular supplies of medications. Medical staff direct nurse initiated medications and ‘as required’ medications are regularly evaluated. There are processes to assess care recipients who wish to self-medicate and care recipients are reassessed annually. Monitoring occurs through monthly medication audits, pharmacy and medical reviews, consultation, monitoring of the imprest system, feedback processes through medication advisory committee, clinical meetings, incident data, education and observation. Results show care recipients who self-medicate store their medications securely and the imprest system is regularly reviewed. Staff said they have access to regular supplies of medications. 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 completed by registered nursing staff to support and identify care recipients’ care needs in relation to pain relief in consultation with the medical officer and allied health staff. A plan is developed, implemented and evaluated as needs change.

Registered 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 strategies include heat packs, physiotherapy, repositioning, comfort aids and pressure relieving aids. Re-assessments are conducted regularly including evaluation of ‘as required’ pain relief to support care recipients’ pain management. Staff have access to internal and external support specialists including the palliative care nurse practitioner, physiotherapists, clinical pharmacist and medical staff to support care recipients’ care needs. Monitoring occurs through regular planned care reviews, allied health and medical reviews, clinical monitoring and re-assessment processes, clinical meetings, observation and feedback mechanisms. Results show care recipients have access to regular pain relief treatments as ordered by medical staff. Staff are aware of strategies and individual care needs to support 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

Care recipients receive appropriate palliative care that maintains their comfort and dignity during the terminal stages. The home has processes to capture advanced care directives to identify care recipients’ individual palliative care needs and wishes and palliative care plans guide staff in delivering care recipients’ care needs. The home employs a palliative care nurse practitioner who provides additional advice to staff and care recipients and representatives in relation to palliative care. Specialised equipment is available to aid pain relief and pressure relieving equipment is provided to support comfort and care needs.

Comfort care is delivered according to care recipients’ individual needs and preferences and hospitality services are offered to representatives. The comfort, privacy and dignity of care recipients at the end stage of their life is supported through pastoral support and the on-site chaplain and representatives are assisted to stay overnight and hospitality services are provided. Monitoring occurs through care recipient and representative feedback mechanisms, clinical monitoring, feedback from the palliative care nurse practitioner and staff feedback. Results show care recipients’ comfort and pain needs are met. Staff said they have access to pain relieving equipment to support care recipients’ pain relief and comfort needs. Representatives are satisfied with the way the home maintains care recipients’ comfort and dignity.

## 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. Nutrition, hydration and malnutrition risk assessments are completed by registered nursing staff and 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 these are documented and relayed to relevant staff. Senior clinical staff monitor care recipients’ weights monthly, or earlier as indicated, and this information is used to prompt referral to identified specialists if required. Staff assist care recipients with supplementary requirements and care recipients with swallowing difficulties. Monitoring occurs through regular planned care reviews, weight monitoring, audits and feedback from the allied health specialists and staff. Results show care recipients are re-assessed and are referred to the speech pathologist or dietitian as required. Staff are aware of care recipients who require a modified diet. 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 detail strategies such as positional changes, moisturising creams and pressure relieving equipment required to assist in maintaining care recipients’ skin integrity. Wound management processes are in place and registered staff review wounds weekly, or earlier if indicated, to review progress in wound healing.

Reporting of the 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 regular planned care reviews, clinical care meetings, and weekly reviews by registered staff, and clinical reviews with specialists and medical staff. Results show improvements in care recipients’ wound management and the reduction of chronic wounds. Staff said they have regular supplies of wound products to support care recipients’ needs. 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. Assessment and continence risk screening tools identify care recipients’ care needs and requirements related to their continence needs. This information collected is detailed in care plans, including level of independence, assistance required and dietary needs as necessary. The continence nurse advisor assesses care recipients’ continence aids requirements and continence link nurses support the communication processes to ensure regular continence products supplies are available for care recipients. Monitoring occurs through reporting of incidences of urinary tract infections through the Quality Work Health and Safety committee, regular planned care reviews, clinical meetings, consultation with continence nurse advisor, medical officers, audits, and evaluation of ‘as required’ aperients. Results show staff have access to the continence nurse advisor and continence link nurses to support care recipients’ continence needs. Staff are aware of strategies to support and ensure care recipients’ continence needs are met. 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. Registered nursing staff assess care recipients to identify triggers and strategies to support an effective behaviour management program for care recipients with behaviours of concern. Strategies and interventions identified are detailed in care plans to assist staff in managing behaviours. Equipment is provided to assist in maintaining care recipients’ safety, which 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 and demonstrated a 50 per cent reduction in care recipients requiring restraint. Monitoring occurs through regular planned care reviews, incident trending and analysis, clinical meetings, behaviour monitoring processes and consultation with behaviour management specialists and medical staff. Results show staff are aware of care recipients’ individual needs to ensure there are reduced incidents of behaviours of concern. Staff said they have access to behavioural specialists to support care recipients’ care needs in relation to behaviour management. 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. Assessment processes by registered nursing staff and the physiotherapist identify care recipients’ mobility and dexterity needs on entry and a falls risk assessment is completed. A mobility/dexterity/rehabilitation management plan is developed. Staff are guided by information collated and detailed in care plans, this includes individual mobility requirements, transfer plans and falls prevention strategies to assist care recipients’ mobility needs. Care recipients who are identified as a high risk of falls are regularly assessed by the allied health team and interventions are implemented. Monitoring occurs through regular planned care reviews, monitoring of clinical incidents, feedback and evaluation from allied health specialists, clinical meetings, observations and clinical audits. Results show care recipients are regularly re-assessed by allied health staff to assist them in maintaining their mobility. Staff said they have access to a consistent supply of equipment to support care recipients’ mobility 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 assessments are conducted by registered staff on entry and on an ongoing basis to identify individual oral and dental care needs. This information is used to develop a plan of care to meet care recipients’ needs and preferences relating to their oral care needs. Care staff report any concerns relating to care recipients’ oral health to registered staff and care recipients are referred to the visiting dentist and hygienist who attend the site regularly.

Monitoring occurs through regular planned 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 a regular dental services and oral equipment is supplied to support their oral and dental needs. Staff said they support care recipients to attend their dental appointments and ensure care recipients attend follow ups as required. 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. Assessment processes by registered nursing staff capture any sensory deficits identified in relation to hearing, vision, touch, taste and smell and individual care plans are developed. Strategies and aids are identified to support and improve any sensory deficits.

Consultation occurs with hearing and vision specialists as required and assistive devices are provided. There are a range of lifestyle activities promoted to enhance care recipients’ sensory enjoyment. Monitoring occurs through regular planned care reviews, medical and allied health reviews, care recipient and staff feedback and observation. Results show care recipients are provided with appropriate equipment to aid and support their sensory loss.

Staff are aware of individual care recipients’ needs in relation to their 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. Assessment processes conducted by registered nursing staff assist in gathering information regarding care recipients natural sleep patterns, these include preferred settling times and routines identified to assist in achieving a normal sleep pattern. Individual care plans include environmental interventions, preferred settling and rising times and comfort interventions.

Staff provide care recipients with emotional support, warm drinks and supper, if required, for care recipients who have difficulty in obtaining a restful sleep. Monitoring occurs through regular planned care reviews, re-assessment of care needs, medication reviews, audits, observations, consultation with medical staff and feedback from care recipients. Results show care plans identify care recipients’ individual care needs in relation to maintaining a restful sleep. Staff are aware of strategies to maintain a comfortable environment to ensure care recipients’ needs are met. 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.

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

- Following discussion with care recipients, art classes were implemented as part of the lifestyle program. A local artist was approached and art groups are now conducted in two areas of the home. Care recipients are able to have one-on-one lessons. Care recipients have painted pictures in water colours, oils and are supported in using different techniques in their art work. Care recipients’ art work is displayed in the home and care recipients said they are able to achieve wonderful art works.
- Feedback from care recipients who like to sing said they would like to be part of a choir at the home. Management consulted with staff and care recipients interest was sought and a choir was implemented. An electronic piano was obtained and a volunteer facilitates the group of eight to ten care recipients who meet regularly. This activity is regular part of the lifestyle program. Care recipients have performed at concerts at the home and said they are very happy they are able to continue with their singing.

### **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 about the home’s education and staff development systems and processes.

In relation to Standard 3, Care recipient lifestyle, management ensure staff have the knowledge and skills required for effective performance in their roles. Stakeholder feedback and observations monitor staff skills and knowledge in relation to care recipient lifestyle needs.

Examples of education and training provided for management and staff in relation to Standard 3 Care recipient lifestyle includes:

- Obligatory reporting obligations
- Caring for Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) people with dementia development session
- Lifestyle development day

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. The home has systems for the identification and management of care recipients' emotional needs and preferences. Processes include an extensive lifestyle program that encompasses assessment and ongoing review, chaplaincy, volunteer and on and off-site church services. A welcome pack is provided on admission and a buddy program, involving existing care recipients, is offered. Assessment information is collected and used to inform care recipients' lifestyle in the home, including individualised weekly activity calendars and referral to extra services such as social workers. Monitoring of care recipients' individual emotional support needs is done via observation, staff feedback, surveys and regular one on one contact including regular lifestyle reviews. Results show individual care recipients' emotional support needs are documented, reviewed, and support provided applicable to the care recipient individual needs. Staff practices are monitored through observation and staff feedback indicated awareness of strategies to support care recipient emotional needs. Care recipients and representatives stated they are satisfied with the level of consultation and emotional support provided to 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

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. The home has systems in place to identify support and maintain care recipients' independence and links with the community. Processes include nursing, allied health and lifestyle care planning processes, access to voting, trust accounts, facilitation of transport such as taxis, self-administration of medications where appropriate and visits by schools and other members of the community. The home uses observation, staff feedback, care recipient and representative comment, ongoing lifestyle care planning reviews and audit processes to monitor care recipients' independence and access to the community. Results show care recipients are provided with appropriate support to maintain their independence and ties with the community. Staff could define strategies used by the home to preserve and enhance care recipients' independence and enable the continuation of community ties. Care recipients' and representatives are satisfied the home supports care recipients to maintain their 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

Care recipients' rights to privacy, dignity and confidentiality are recognised and respected. The home has systems to identify individual and support needs and preferences in relation to privacy, dignity and confidentiality. These include one on one contact with care recipients, locks on care recipients' doors and encouraging care recipients to bring in personal items and furniture as well as ensuring care recipient and staff information is stored securely. The organisation has a comprehensive training program which includes information regarding privacy, confidentiality and care recipient interaction strategies. The home evaluates care recipients' satisfaction through observation, reviews, surveys and feedback and staff practices are monitored for compliance with the organisation's processes and procedures.

Results show that staff practices are compliant with the organisation's processes and procedures and that care recipients and representatives are satisfied. Observations were made of staff interacting in a respectful manner with care recipients and supporting their privacy and dignity. Care staff could describe strategies to support and ensure care recipients' privacy, dignity and confidentiality was maintained. Care recipients' and representatives are satisfied staff maintain care recipient's 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

Care recipients are encouraged and supported to participate in a range of activities of interest to them. The home has systems to assess and review care recipients' leisure and activity needs and preferences, including any barriers that may impact on participation.

Information gathered through assessment, review and feedback is used to develop and refine individual care recipient lifestyle plans to ensure an appropriate range of activities, outings and entertainment. The program is monitored by lifestyle staff through feedback from care recipients, representative and staff, attendance records, regular lifestyle reviews and at care recipient and staff meetings. Results demonstrate a high level of satisfaction with the range of activities on offer. Staff could provide examples of how they support care recipients to attend their preferred leisure interests and activities. Care recipients and representatives are satisfied they are encouraged and supported to participate in a range of activities and interests of relevance to them.

### **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

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. The home has systems to ensure the identification and support of care recipients' individual customs, beliefs and cultural backgrounds. These include initial and ongoing assessments, feedback, regular religious, spiritual and traditional celebrations, access to church services both on and off-site and observance of special occasions. The home utilises their multicultural staff base for communication and the home has access to interpreters. Care recipients' cultural, spiritual needs and preferences are monitored through feedback, regular lifestyle reviews and surveys. Results demonstrate care recipients individual interests, customs, beliefs, cultural and ethnic backgrounds are identified, valued and supported. Staff provided examples of how they support care recipients to maintain their individual cultural and spiritual needs and preferences. Care recipients and representatives are satisfied the home recognises supports and values their individual interests, customs, beliefs and cultural and ethnic backgrounds.

### **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

Each care recipient, or their representative, participates in decisions and exercise choice about the services the care recipient receives. Initial assessments, regular reviews, and thorough consultation are utilised by the home to ensure each care recipient, or their representative, can exercise choice and have control over care planning and services delivered to meet their needs and preferences. Individual choices and preferences are documented and range from authorised representatives, contact persons, lifestyle, medical and palliative care systems, to having input into the living environment, such as the naming of individual wings within the home. Brochures and pamphlets, available in both English and other languages, are on display in various areas of the home and include information regarding services within the home and in the community and advocacy and aged care services. Feedback, regular lifestyle reviews, audit and survey processes are utilised by the home to monitor and evaluate care recipient and representative satisfaction with choice and control in decision making. Results demonstrate the home supports care recipients and representatives in exercising choice and control over decisions regarding care planning and services received. Staff could describe strategies used to encourage and promote care recipients to exercise choice and control in their daily lives. Care recipients' and representatives stated they are satisfied they are able to exercise choice and control over their lifestyle and are supported to participate in decisions about services received.

### **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 enquiries 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 recipient and representatives at the time the residential service agreement is completed. 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 are informed of their rights and responsibilities before and during their time in the home and are supported by staff and management. Staff interviewed demonstrated they are aware of how to support care recipients and their rights and responsibilities with regards to security of tenure. Care recipients and representatives are satisfied they have secure tenure within the home and are consulted and supported regarding any changes.

## **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:

- Staff identified the large teapots were too heavy to lift while serving refreshments to care recipients. Insulated urns were purchased and staff received education at handover meetings and care recipients were consulted at the food committee meeting regarding their use. Staff said this has resulted in reduced manual handling issues and refreshments are served in a timely manner. Care recipients said it is lovely to get a hot cup of tea.
- Staff identified cutlery trays were too heavy to lift while setting up meal placements. To improve manual handling and provide a safe work environment, management consulted with staff at handover meetings and purchased trolleys to transport the cutlery containers. Staff said this has reduced manual handling issues relating to this task.



## 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 education and staff development systems and processes.

In relation to Standard 4, Physical environment and safe systems, management ensure staff have the knowledge and skills required for effective performance in their roles. Management monitor attendance to education sessions to ensure annual staff attendance, understanding, and competency.

Examples of education and training provided for management and staff in relation to Standard 4, Physical environment and safe systems includes:

- Chemical Handling
- Injury Management
- Fire and Emergency response
- Manual 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

The home has systems to ensure it provides a safe, clean and comfortable environment that is consistent with care recipients' care needs. The home is comprised of mainly single rooms with en-suites that care recipients can furnish with their own items; each room has an air conditioner and are lockable with individual keys. The home has a secure memory support unit is safe and well maintained and has several dining, communal and outdoor areas, including a hairdresser and small shop. Policy, procedures and consultation with the care recipient and/or representative, clinical staff and medical officers ensure the safety and comfort of care recipients. Monitoring of the living environment is conducted using six monthly workplace inspections, incident and hazard reporting, audits, preventative and corrective maintenance processes and observation. Results show feedback, observation, reporting mechanisms and inspections, as well as internal and corporate audits, identify potential concerns and action plans are developed. Staff said they are aware of their roles in assisting to maintain a safe and comfortable environment and the processes and procedures to report hazards or incidents. Care recipients and representatives said they are satisfied with the safety and comfort of the home and competency of staff.

#### **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 the 'Resthaven' fit program and early intervention programs to prevent ongoing injuries. Incidents and hazards are reported through the electronic management system. The site management team monitor care recipient and staff incidents and injuries, identifying preventive strategies, issues of concern and opportunities for 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 operating 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 work, health and safety is regularly monitored, reviewed and discussed across the home and care recipients, representatives and staff can provide feedback via the home's reporting mechanisms. Staff said they are aware of hazard reporting processes and safe work practices, are provided training and know how their work contributes to a safer working environment.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

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

The home meets this expected outcome

The home has systems to provide an environment that minimises fire, security and emergency risks. Fire panels, maps, fire detection and suppression equipment and evacuation instructions are located throughout the home and in care recipient rooms. Regular maintenance and independent checks of fire suppression equipment, exit signage and fire alarms are completed and fire certification and compliance with legislative requirements are maintained through the organisation's policies and procedures.

The home has a closed circuit television monitoring system, with additional cameras planned, proximity cards, key pads, secure filing and archive systems and lockable drawers and doors for care recipients ensure safety and security. The home monitors fire, safety and security through organisational policies and procedures for legislative compliance, internal auditing processes, internal and external independent inspections and care recipient, representative and staff feedback. Results show equipment and systems are well maintained and the site has emergency contingency plans in place. Staff complete annual fire safety and emergency training and fire drills and are aware of procedures in the case of an emergency. Staff said emergency procedures, security and work safety are regularly discussed at meetings and they are provided with information and support from management.

#### **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 an effective infection control program is maintained which is consistent with infection control guidelines. Processes include contingency plans, corporate notifications of current community outbreaks and control measures, the food safety plan, pest control plan and care planning to ensure staff are aware of current infections and prevention techniques. Outbreak management procedures are in place with the manager being the designated responsible person and staff are provided with personal protective equipment, outbreak kits are available and influenza vaccinations are offered. Additional measures such as colour coded cleaning and laundry systems, access to sluice rooms and disposable laundry bags assist in reducing the risk of infections. Monitoring processes include internal and external audits, reporting and trending of current infections, monthly Quality Work Health and Safety meetings and feedback. Results show all staff attended their annual training in infection control and staff said they have access to appropriate protection equipment. Care recipients and representatives are satisfied with staff practice at the home to minimise the incidence of infection.

#### **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 hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. A four week rotating menu is in place and current nutrition and hydration care plans are provided to the kitchen regularly to ensure care recipients' needs and preferences are met. Preparation, cooking and serving of meals is done on-site, food is ordered weekly, a date rotation system for stock is in place and the menu is reviewed on an annual basis by a dietitian. Duty statements and cleaning schedules direct the cleaning of care recipient rooms and communal areas. The home has an on-site laundry service for personal clothing, including a labelling service to reduce lost clothing and linen services are provided by an external company according to specifications outlined in corporate contracts. Monitoring of catering, cleaning and laundry services is conducted through care recipient, representative and staff feedback, satisfactions surveys, consultation, maintenance records and internal and external auditing processes. Results show hospitality systems and services are effective, meet staff needs and care recipients and representatives are very satisfied. Staff said they have access to appropriate training and equipment and the services provided by the home are effective. Care recipients and representatives said hospitality services provided by the home meet care recipients' individual needs and preferences and they are able to provide feedback.