



Aged Care  
Standards and Accreditation Agency Ltd

## **Abberfield Aged Care Facility**

RACS ID 4002

376-380 Bluff Road

SANDRINGHAM VIC 3191

Approved provider: Sandra Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 12 October 2015.

We made our decision on 27 August 2012.

The audit was conducted on 23 July 2012 to 24 July 2012. The assessment team's report is attached.

After considering the submission from the home including actions taken by the home, we decided that the home does now meet expected outcomes 4.4 Living environment and 4.8 Catering, cleaning and laundry services.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Accreditation Agency decision
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		Accreditation 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		Accreditation 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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Abberfield Aged Care Facility 4002**

**Approved provider: Sandra Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 23 July 2012 to 24 July 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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:

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The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 4.4 Living environment.
- 4.8 Catering, cleaning and laundry services.

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 23 July 2012 to 24 July 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

## Assessment team

Team leader:	Colette Marshall
Team member:	Patricia Cashmore

## Approved provider details

Approved provider:	Sandra Pty Ltd
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## Details of home

Name of home:	Abberfield Aged Care Facility
RACS ID:	4002

Total number of allocated places:	66
Number of residents during audit:	61
Number of high care residents during audit:	49
Special needs catered for:	Nil

Street:	376-380 Bluff Road	State:	Victoria
City:	Sandringham	Postcode:	3191
Phone number:	03 9555 8472	Facsimile:	03 9555 0075
E-mail address:	manager@abbfld.com.au		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents	11
Director of Nursing	1	Representatives	4
Registered nurses	2	Physiotherapist	1
Enrolled nurses	1	Lifestyle staff	2
Care staff	4	Laundry staff	1
Catering staff	1	Cleaning staff	2

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	7
Summary/quick reference care plans	6	Staff files	6

### Other documents reviewed

The team also reviewed:

- Activities plan/attendance records
- Audits schedule, reports and summaries
- Certification of fire equipment, fire panel and log books
- Cleaning schedules
- Clinical referrals
- Comments, complaints and suggestion register/records/data
- Communications diaries
- Competencies/compulsory education records
- Continuous improvement plan
- Contractors' sign in book
- Dangerous drugs register
- Education plan/matrix/attendance records
- Emergency response guide
- Equipment assets register
- External service agreements and service reviews
- Food safety program/external audit /council certification
- Food temperature monitoring charts
- Handover sheet
- Hazardous substances register

- Incident investigation forms
- Legislative and regulative information folders
- Mandatory reporting register
- Material safety data sheets
- Meeting minutes
- Memoranda
- Menu
- Newsletter
- Observation charts
- Orientation documents
- Performance appraisals
- Pest control records
- Police checks / statutory declaration records
- Policies, procedures and flow charts
- Position descriptions/duty statements
- Professional registration records
- Refrigerator temperature monitoring charts
- Resident evacuation lists, photos and summary sheets
- Residents'/staff information handbook, package and surveys
- Rosters.

### **Observations**

The team observed the following:

- Activities in progress
- Cleaning trolleys and cleaning in progress
- Diet list/ information
- Designated smoking area
- Equipment and supply storage areas
- Evacuation maps
- Fire fighting equipment/master panel
- Gastroenteritis outbreak kit
- Infection control equipment
- Interactions between staff and residents
- Internal and external living environment
- Internal/external complaints information and brochures
- Meal service and menu notice board
- Medication administration/storage
- Mobility aids

- Noticeboards and resource information
- Personal protective equipment
- Security keypads
- Sign in/out registers
- Suggestion box
- Vision, values and corporate objectives
- Waste disposal.



## 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The organisation has systems and processes to actively pursue continuous improvement across all the Standards including management systems, staffing and organisational development. The home uses improvement forms, results from a scheduled and targeted audit program, incident and trend data analysis and comments/complaints to identify improvements. The continuous improvement plan outlines actions, progress and evaluation. Progress and evaluation of outcomes occurs through audits, observation and staff and resident feedback. Staff report they are encouraged to contribute to the quality improvement process, and participate with changes as a result of improvements. Residents said they contribute to improvements and the home keeps them informed through meetings and newsletters.

Recent improvements in relation to Standard 1 Management systems, staffing and organisational development include:

- Management recognised the need to keep family and friends informed and up to date with Abberfield activities and information. The organisation developed a website and includes the home's newsletter and activities. Management report they have received positive feedback regarding this initiative.
- As a result of ongoing review of systems, management introduced a computerised rostering system; this has resulted in access to an accurate staffing database and the ability to send text messages to staff.
- Management introduced the aged care channel education system to further enhance existing staff education. Staff and management report this has improved education opportunities at the home.

#### 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 identifies all relevant legislation, regulations, professional standards and guidelines. Peak bodies, legislative update services, legal firms and government department communiqués keep the home informed. Policies and procedures are developed or modified routinely every three years or as appropriate to ensure alignment. Staff confirm that regulatory compliance is a standing agenda item at meetings and changes in work practices

conveyed to them through memoranda. All relevant individuals have passed a current criminal history check or statutory declaration where required. A system informs residents and representatives of accreditation audits.

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

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

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

The home meets this expected outcome

The home has systems to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The organisation has a commitment and places a high value on staff development, ensuring staff have access to a range of internal and external training and education opportunities. The home identifies individual and group education needs through observations, performance appraisals, staff requests, surveys, clinical and care requirements and changes to process and legislation. Monitoring of attendance at education occurs and staff are required to attend paid annual mandatory education. Information on upcoming education sessions is available to staff through an education calendar, memoranda and flyers. Staff are satisfied with education opportunities and we observed them applying appropriate skills and techniques in relation to their roles.

Recent examples of education and training relating to Standard 1 include:

- electronic clinical documentation
- nursing and the law
- duty of care and negligence
- advanced care planning.

### **1.4 Comments and complaints**

*This expected outcome requires that "each resident (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

There are established mechanisms for residents, representatives and other key stakeholders to access the complaints system. Information about the comments and complaints process and external complaint resolution services is on display and included in the resident information booklet. Management report that comments and complaints are often informal and verbal feedback is common. Representatives said they are able to make a suggestion or comment and make a complaint. Response by management is timely and appropriate.

### **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 organisation has documentation stating the service's vision, mission, values and philosophy of care. Several documents outline this including the information booklet, policies and procedures and the quality improvement system objectives. Information outlining the home's commitment to quality improvement is on display throughout the home.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

Management demonstrated there are sufficient numbers of appropriately skilled and qualified staff to provide resident care and services. The organisation base their recruitment process on skill requirements outlined in position descriptions. Interviews and reference checks are completed and management provide a comprehensive orientation for new staff. Resources include a resource library, duty lists, policies and procedures, staff handbooks and education. Staff performance review includes observation, annual appraisals and competency testing. Planned rosters and adjustment of staffing levels meet resident care needs and replacement for annual leave and absenteeism is via a part time and a casual bank of staff. Residents and representatives are satisfied with the care provided by staff.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has systems to ensure there are adequate stocks of goods and appropriate equipment for service delivery. Designated staff monitor and order supplies from preferred supplier's lists such as medical, chemicals and food items. An assets register is in place and annual electrical tagging maintains the standard and safety of equipment. Purchasing of new equipment is from certified suppliers as necessary and utilised following its trial by staff or residents who evaluate its effectiveness. Staff, residents and representatives confirm the home provides appropriate goods and equipment to meet residents' needs.

## **1.8 Information systems**

*This expected outcome requires that "effective information management systems are in place".*

### **Team's findings**

The home meets this expected outcome

Management and staff have access to information that is accurate and appropriate to their roles. Residents and representatives receive information on entry to the home including a handbook and resident agreement. Individual meetings, informal discussions, resident meetings and noticeboards keep residents and representatives informed of the home's operations. Processes to keep staff informed include policies and procedures, education, meetings, handover and position descriptions. Staff and management report the clinical documentation system provides accurate and relevant information for resident care. Staff have access to results of key data routinely collected and analysed. We observed secure storage of confidential staff and resident information. Archived material is stored securely and staff report a daily back up of computer information. We observed notices, memoranda and meetings minutes and staff and residents confirm they are aware of the home's operations.

## **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 demonstrates externally sourced services meet the residential care needs and quality goals. There are formal service agreements with external providers and a current list is held at the nurse's station with contractors' after hours contact details available if required. Monitoring of service occurs and deficiencies are addressed with contractors. An induction process for external contractors occurs who attend on site. Management annually evaluates the performance of external providers against their agreed contractual requirements. Staff, residents and representatives expressed satisfaction with the general quality of the external services currently available at the home.

## **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.

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

There are systems and processes to actively pursue continuous improvement .Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system. There is a system that demonstrates ongoing improvements in resident health and personal care.

Examples of recent improvements in relation to Standard 2 include:

- Management and staff undertook a review of resident behaviours; this resulted in additional staff education in behaviour management and dementia care. Staff report this has improved care plan interventions and minimised the occurrence of behaviours of concern.
- Following a review of an increase in residents' high care needs management introduced additional clinical care coordinator hours to full time. This has resulted in increased supervision of resident care and support for care staff. Management and staff report this has allowed more effective care supervision and review of care plans.

### **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

The home has systems in place to identify legislative requirements and changes that occur. Registered nurses oversee residents' care planning and specialised care needs. Medication management is in line with legislative requirements and qualified nurses manage high care resident medications. Medication competencies are completed annually. Systems ensure residents receive the appropriate specified care and services. There are systems and procedures to manage residents at risk of absconding. Nursing and care staff interviewed are able to demonstrate a clear understanding of regulatory requirements and guidelines relative to their roles.

### **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 program.

The home promotes continuing education to ensure staff have the skills and competencies in relation to the health and personal care of residents. Management offers education and training through a structured education plan and covers topics relevant to this Standard. Staff report satisfaction with the health and personal care education offered by the home.

Examples of recent education and training relating to Standard 2 include:

- diabetics and the elderly
- continence management
- sensory loss
- accurate weighing of residents
- pain identification
- behaviour management.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure residents receive appropriate clinical care. Staff complete assessments, and individualised care plans. There is a resident of the day process to evaluate resident care and adjust care plans in consultation with residents and representatives. Appropriately qualified staff provide care to residents, evaluate clinical care and review care plans. Care staff are aware of individual care needs and are informed of changes to care by written handover sheets, verbal handovers, care plan review, and progress notes. Regular medical reviews and increased monitoring occurs as required and according to resident needs. Residents are complimentary of the care provided and said staff respond in a timely manner to calls for assistance. There is evidence that clinical incidents are monitored and evaluated and clinical problems reviewed by appropriate health professionals.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Appropriately qualified nursing staff identify and provide specialised nursing care. Referral and consultation with health professionals occurs. Residents with specialised care needs include those with diabetes, catheter care, wound management, oxygen therapy and pain management. Referral and support from external specialists occurs including wound care, palliative care, and aged mental health and psychiatric services. Staff said they have sufficient time and resources available to provide specialised care and residents and representatives said they are satisfied with the specialised care residents receive.

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

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

### **Team’s findings**

The home meets this expected outcome

The home refers residents to health specialists and services according to their assessed needs and preferences. Medical practitioners visit residents regularly and on an as needs basis. Other health professionals provide services on site including physiotherapy, dietetics, and speech pathology. Resident interviews and documentation confirm the home arranges referral to medical specialists outside the home as needed. Residents and representatives said staff assist residents to attend appointments outside the home and they are provided with sufficient information to allow informed choice.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure safe management of residents’ medication according to legislative and regulatory standards. Staff demonstrated and documentation confirms adherence to defined medication policy and procedures. A medical practitioner undertakes assessment and review of resident medication requirements regularly and an independent pharmacist completes an annual review of resident’s medications. Medication prescribing, ordering, storage, administration, documentation and disposal systems are clear and well defined. Staff complete a medication competency on an annual basis. Monitoring of medication incidents occurs and review is undertaken accordingly. The home conducts regular medication chart audits and discussion of results occurs at staff and multidisciplinary medication meetings. Residents report they are satisfied with medication administration.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Staff report that assessment of pain occurs on entry to the home and includes pain history and effectiveness of current therapies. A review of documentation confirms assessment tools include verbal and non verbal signs of pain. A range of pain management strategies includes analgesia, exercise, heat packs and massage. A physiotherapy managed program provides additional sessions for residents using massage, ultrasound therapy and transcutaneous electrical nerve stimulation. Ongoing assessment and evaluation of therapies occurs and medical practitioners monitor pain and effectiveness of analgesia on a regular basis. Residents and representatives said they are satisfied with pain management therapies used in the home.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has care systems in place to support residents requiring palliative care. Completion of palliative care plans occurs in consultation with families, medical practitioners and other professionals as needed and staff have undertaken palliative care education. External palliative care specialists provide assistance with care planning and support staff as required. Staff described care measures they undertake when caring for terminally ill residents which include comfort and dignity measures.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

On entry to the home, residents’ nutrition and hydration needs and preferences are determined. There are formal and effective communication processes in place to inform the kitchen of residents’ dietary requirements. Review of residents’ nutritional status occurs regularly and referrals made to doctors, speech pathologists and dieticians as needed. Monitoring of weight and nutritional status occurs and supplements are introduced if required. Resident files and kitchen records showed consistency in record keeping and effective implementation of changes to residents’ diet and preferences. We observed assistance given to residents at meal times in their rooms and in dining rooms. Residents and representatives said they were satisfied with nutrition and hydration care needs provided by the home.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Staff complete skin integrity assessments for all residents on entry to the home and ongoing monitoring occurs as a matter of routine. Skin care plans outline residents’ individual skin care needs and risks including assessment of nutrition, continence and mobility status. Staff report they monitor skin integrity and implement individualised care to maintain and improve skin integrity. Registered nurses undertake wound care and wound care specialists visit the home as required to provide advice and support to staff. Documentation confirms individualised wound care monitoring and review occurs. Residents and representatives said they are satisfied with skin care provided at the home.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Documentation and interviews confirm assessment of residents’ continence occurs on entry to the home and monitoring and review occurs on a routine basis thereafter. Detailed assessment of continence occurs over designated periods to formulate an individualised care plan. Care plans inform staff of residents’ needs and the type of continence aids required. Staff report that sufficient levels of continence aids are available to meet resident needs. Residents said staff manage their continence effectively and maintain their privacy and dignity when providing assistance.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

There are care systems to assess and effectively manage residents’ behaviours. Behaviour assessments identify concerns and effective interventions according to resident response. Care plans for residents with behaviour and psychiatric conditions outline specific individual triggers and management strategies. An external aged psychiatric care team visit the home on a referral basis and assist with strategies and interventions for individual behaviour management. Staff report and documents confirm they receive training on dementia care and we observed staff effectively interacting with residents’ challenging behaviours. Residents and representatives said they are satisfied with the home’s approach to managing challenging behaviours.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ mobility and dexterity assessment occurs on entry to the home and reviewed regularly. Assessment includes falls risk assessment and development of individualised mobility care plans and exercise regimes. Care plans include strategies to minimise falls and promote residents’ safe mobility and dexterity. Falls data is analysed and trended and results incorporated with care review processes to ensure maintenance of residents’ safety. Assessment and regular review by the physiotherapist assists residents in maintaining mobility and dexterity abilities. Assistive devices such as mobility aids and manual handling equipment assist residents in maintaining mobility. Residents and representatives confirm that mobility and dexterity is actively encouraged and staff provide suitable assistance.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Staff assist residents with oral and dental care according to their needs, preferences and level of assistance required. Assessment of oral and dental needs and preferences occurs on entry to the home and is reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. A dental service visits the home regularly or residents can attend their dentist of choice. Residents confirm they are satisfied with oral and dental care regimes at the home.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Assessment of sensory losses completed on entry to the home provides individual information to guide care processes. Care plans are developed and provide staff with individual resident care requirements. Referral to other health professionals such as speech pathologist, audiologist and optometrist occurs as required. Care staff check aids such as glasses and hearing aids during the care plan review. Residents report satisfaction with the care of their sensory needs

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Assessment of residents’ sleeping and rest patterns takes place on entry to the home and on a regular basis thereafter. Residents are involved in care planning to meet individual needs and preferences including settling and rising time. Strategies to assist with sleep include medication and non pharmacological interventions such as warm drinks. Residents said care staff monitor sleep and assistance is provided as needed and according to residents’ preferences. Residents state the home is quiet and restful at night.

### **Standard 3 – Resident lifestyle**

**Principle:** Residents 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

There are systems and processes to actively pursue continuous improvement .Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. There is a system that demonstrates ongoing improvements in resident lifestyle.

Examples of recent improvements in relation to Standard 3 include:

- As a result of ongoing review of the garden area, the home installed a large decorative water fountain to give added ambience where residents’ can sit and enjoy the outdoors. Staff and representatives report this is an added feature for residents’ enjoyment while using the garden area.
- Following a suggestion by a representative, the lifestyle program now has additional sessions by visiting entertainers. Residents said the additional entertainment is enjoyable and popular and they would like to see this continue.
- Following an initiative by lifestyle staff a walking challenge is underway at the home. Currently thirteen residents are participating; staff and residents report this is an added activity of interest and provides a challenge.

#### **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 resident lifestyle”.*

##### **Team’s findings**

The home meets this expected outcome

The home has systems to identify legislative requirements and changes that occur. Policy and procedures are available that reflect relevant acts and regulations with privacy and confidentiality statements signed by all new staff. A system manages mandatory reporting and staff confirm their knowledge of compulsory reporting to the relevant authorities. Management utilises the resident handbook and resident meetings to highlight specific regulatory compliance matters. Residents and representatives confirm management informs them with regards to professional standards and guidelines about resident lifestyle.

### **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 program.

The home promotes continuing education to ensure staff have the skills and competencies in relation to resident lifestyle. A structured education plan offers education and training of topics relevant to this Standard. Staff report satisfaction with the lifestyle education offered by the home.

Examples of recent education and training relating to Standard 3 include:

- dementia – understanding the condition
- dignity in care
- grief and loss
- promoting health and wellness
- sexuality in the older person.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Prior to or on entry to the home residents and their family receive an admission package and resident handbook explaining the services offered. Assessment of resident's emotional profile, current situation and needs occurs on entry to the home. Lifestyle coordinators complete an assessment of the resident's social and life history including cultural and spiritual aspects. Care plans are developed from assessments to guide staff in supporting residents to adjust to living in the new environment. Ongoing monitoring and evaluation of emotional responses and needs occurs on an individual basis. Lifestyle activities are individualised for resident enjoyment and to support emotional needs. Residents and representatives interviewed said that their transition into the home was encouraged and the staff are caring in their approach.

### **3.5 Independence**

*This expected outcome requires that "residents 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

The home demonstrated residents' achievement of maximum independence, maintenance of friendships and participation in the life of the community. Residents' lifestyle preferences, interests and abilities are identified during initial assessments and reviewed on an ongoing basis. Residents have access to allied health services and are encouraged to exercise

financial independence and take part in electoral processes where appropriate. Staff and volunteers assist residents to participate in group and individual leisure activities and to maintain links with family, friends and community groups. Residents and representatives confirm they are satisfied the home encourages and supports their independence according to individual needs and preferences.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents and representatives confirm their rights to privacy, dignity and confidentiality are recognised and respected by management and staff. Staff and volunteers are provided with information relating to confidentiality and respect for residents' privacy and dignity through orientation, meetings, education and handbooks. Staff described ways to promote residents' privacy and dignity such as knocking before entering rooms, addressing residents by their preferred names and ensuring staff close doors when delivering personal care. Files containing residents' personal information are stored in locked areas with access limited to authorised staff and visiting health professionals.

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

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

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

The home meets this expected outcome

The home's lifestyle program supports residents to participate in a range of interests and activities according to their choice and abilities. Following entry to the home a lifestyle profile is completed including social, life history, important events and leisure interests. Individualised care plans are developed and updated regularly in response to residents changing preferences and needs. A monthly activity program calendar is on display on notice boards in each wing. There is a wide range of activities including outings, special events, and art therapy. Residents are encouraged to maintain links with the community and attend activities independently outside the home. Volunteers assist and support the lifestyle program. Evaluation occurs through observation, attendance records, resident meetings and feedback. Residents and representatives said they are assisted to participate in activities of interest 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

Management demonstrates its processes, systems and external relations are effective in valuing and fostering individual residents' customs, beliefs, cultural and ethnic backgrounds. Monitoring processes include care plan reviews and one-to-one discussions with residents and representatives. Nutritional assessments include consideration of cultural and spiritual needs and preferences. Pastoral carers provide support for residents and religious services

occur monthly at the home. Cultural and spiritual events such as ANZAC day, Easter and residents' birthdays are celebrated. Staff confirm they encourage residents to engage in events and activities of significance to them. Residents and representatives confirm they are satisfied with cultural and spiritual preferences offered by the home.

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

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

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

The home meets this expected outcome

The home demonstrated recognition of and respect for the right of each resident and representative to control, make decisions and exercise choice over their lifestyle. Consultative processes obtain information from residents and representatives. These include surveys, resident meetings, feedback forms and one-to-one discussions. Monitoring processes regarding residents' needs, preferences and options involve care plan reviews, complaints and advocacy mechanisms. Staff encouragement promotes residents to participate in decisions about the services provided to them and to make choices based on their individual preferences. Residents and representatives are satisfied with their participation in making decisions and choices about their care needs and other issues that affect resident daily life.

### **3.10 Resident security of tenure and responsibilities**

*This expected outcome requires that "residents 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 demonstrated residents and representatives understand their rights and responsibilities regarding security of tenure through discussion with each resident or their advocate. Entry processes include appropriate documents such as resident agreements and information booklets together with information in different languages. Provision of services, such as moving from a low to high level of care or a change in fees is provided to residents verbally and via correspondence. Staff displayed awareness of resident rights and receive information during orientation and ongoing training. Monitoring of resident satisfaction is through surveys, meetings, comments and complaint processes. Residents confirm they have access to information about their rights and feel secure in their tenure.

## **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.

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

There are systems and processes to actively pursue continuous improvement .Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. The home has a system that demonstrates ongoing improvements in physical environment and safe systems.

Examples of recent improvements in relation to Standard 4 include:

- Following a recommendation by the physiotherapist, the home purchased sensor mats and call bell pendants to assist with falls prevention. Management report this has led to a reduction in falls particularly during the night. Ongoing monitoring and review of this improvement is occurring.
- Following a review by management of lost clothing, the home purchased a labelling machine. Staff check residents clothing and attach labels accordingly, this has resulted in a reduction of misplaced residents clothing. There is ongoing review of the effectiveness of the system by laundry staff.
- As a result of a management review of residents’ dietary preferences, a quick reference wall chart of food preferences for individual residents’ is on display in the kitchen. Staff report this provides an easy reference to ensure residents’ food preferences are followed.

### **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

Systems enable the home to meet all regulatory and legislative requirements relating to the physical environment and safe systems. Current fire and building certificates are held, and policies, procedures and work practices reviewed and updated as required. Internal and external quality activities, occupational health and safety and organisational reports serve to monitor performance in the area of regulatory compliance. The home can provide evidence of compliance with food safety, infection control, occupational health and safety, fire and security regulations, legislation and guidelines. Communication of information to staff is in a timely manner and follow-up measures are monitored to ensure understanding.

### **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 program.

The home promotes continuing education to ensure staff have the skills and competencies in relation to the physical environment and safe systems. Education and training is offered through a structured education plan and covers topics relevant to this Standard. Staff reported satisfaction with the education offered by the home.

Examples of recent education and training relating to Standard 4 include:

- emergency evacuation
- infection control
- manual handling
- safe food 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 residents' care needs".*

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

The home does not meet this expected outcome

Management could not demonstrate that the service is actively working to provide a safe and comfortable environment that is consistent with residents' safety and comfort needs. The home does not effectively monitor the residential care environment for safety and comfort. Staff practises do not ensure the provision of a safe and comfortable environment for all residents. Residents and representatives are not satisfied with the safety and comfort of the living environment.

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

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

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

The home meets this expected outcome

Management demonstrated the home has systems to ensure the safety of residents, staff and visitors. The home has an occupational health and safety committee which meets every two months. An occupational health and safety representative has completed a five day seminar and has attended a yearly refresher course. Staff confirmed they receive occupational health and safety and manual handling training annually. Maintenance requirements, hazard and incident reporting systems identify safety issues. The home has safe chemical storage, appropriate safety signs and personal protective equipment in use. Staff display awareness of the occupational health and safety system and said consultation



takes place when management purchases new equipment. Staff confirm they are satisfied management is active in providing them with a safe 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

Management demonstrated the home has procedures acting on fire, security or other emergency risks and incidents. Exit signs, clear egress routes, evacuation maps and emergency plans are located throughout the home. An emergency call bell system ensures resident safety. The home has safe chemical storage and approved professionals test fire alarm systems and fire equipment on a monthly and weekly basis; deficits are actioned and compliance monitored. The evacuation pack includes a current resident list with mobility status. Chemicals are stored according to manufacturer's instructions and the security systems ensure resident safety in the evening. Staff confirm they attend annual fire training and demonstrated knowledge of their ability to effectively use the fire, security and emergency equipment for its intended purpose. Staff, volunteers and representatives expressed awareness in what they should do in an emergency.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management demonstrated they have an effective infection control program in operation. Policies and procedures, mandatory education and observation of practice such as hand washing ensure staff follow correct infection control procedures. Staff demonstrated their knowledge of infection control guidelines and practice including the process to follow in event of an outbreak. We observed staff using personal protective equipment and appropriate waste disposal systems were in place throughout the facility. A designated nurse undertakes infection surveillance and discussion of results occurs at relevant meetings. There is a planned pest control program in operation. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety program, a current council certificate and external audit. Resident files show vaccination records and staff said the home offers vaccination. Residents and representatives are satisfied with infection control practices.

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

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

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

The home does not meet this expected outcome

Management are unable to demonstrate that cleaning services and aspects of catering practices enhances residents' quality of life and the staff's working environment. Management does not effectively monitor the provision of cleaning services. Cleaning practices are not effective and we observed areas of the home that were not clean during the visit. Aspects of catering practices are not appropriate and compromise resident safety.

Management could not demonstrate adherence to the homes documented cleaning standards. Whilst residents and representatives are satisfied with catering and laundry services, not all residents and representatives are satisfied with the home's cleaning services.