



**Australian Government**  

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**Australian Aged Care Quality Agency**

**Arcare Knox**  
RACS ID 4052  
478 Burwood Highway  
WANTIRNA SOUTH VIC 3152  
Approved provider: Arcare 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 10 March 2017.

We made our decision on 13 January 2014.

The audit was conducted on 10 December 2013 to 11 December 2013. 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.

Expected outcome	Quality 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	Quality 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		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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Arcare Knox 4052**

**Approved provider: Arcare Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 10 December 2013 to 11 December 2013 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:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 10 December 2013 to 11 December 2013.

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

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

## Assessment team

Team leader:	Adrian Clementz
Team members:	Colette Marshall
	Dawn de Lorenzo

## Approved provider details

Approved provider:	Arcare Pty Ltd
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## Details of home

Name of home:	Arcare Knox
RACS ID:	4052

Total number of allocated places:	120
Number of residents during audit:	117
Number of high care residents during audit:	106
Special needs catered for:	Dementia specific wing

Street:	478 Burwood Highway	State:	Victoria
City:	Wantirna South	Postcode:	3152
Phone number:	03 8805 2000	Facsimile:	03 8805 2150
E-mail address:	manager.knox@arcare.com.au		

## Audit trail

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

	Number		Number
Management	5	Residents	14
Registered and enrolled nurses	5	Representatives	9
Care and lifestyle staff	7	Hospitality and maintenance staff	9
Lifestyle staff	2	Allied health	1
Quality and administrative staff	2		

## Sampled documents

	Number		Number
Residents' files	17	Lifestyle assessments and care plans	12
Medication charts	12	Resident agreements	10
Personnel files	8		

## Other documents reviewed

The team also reviewed:

- Accountable medications register
- Activities calendar
- Annual essential safety measures report
- Archive document register
- Audits, workplace inspections and associated action
- Chemical register
- Cleaning, catering and laundry schedules, communication folders and documentation
- Clinical flow charts
- Comments and complaints register
- Compulsory reporting register
- Continuous improvement plan
- Disaster management plan
- Education schedules and attendance and monitoring records
- Emergency procedures manual
- Employee information guide
- Essential services schedules, records and monitoring processes
- External contractor related documentation
- Food safety plan and third party audits
- Handover information and daily work logs

- Incident reports, register and analysis
- Infection control documentation, register and analysis
- Kitchen refrigeration, freezer and food temperature records
- Medication competencies
- Meeting minutes
- Memoranda
- Occupational health and safety documentation
- Orientation records
- Pest control documentation
- Policies and procedures
- Position descriptions
- Preventative maintenance schedules, records and monitoring processes
- Recruitment and selection documentation
- Referrals
- Regulatory compliance monitoring tools and related documentation
- Resident list
- Resident refrigerator temperature records
- Residents' information package
- Restraint authorisations and comfort check charts
- Risk assessments
- Roster
- Self-assessment documentation
- Staff duties list and allocation sheet
- Stock ordering system and associated records
- Unplanned maintenance records
- Wound care guidelines and procedures.

### **Observations**

The team observed the following:

- Activities in progress
- Archive storage area
- Charter of residents' rights and responsibilities displayed
- Chemical storage and material safety data sheets
- Cleaning and laundry in progress
- Comments and complaints forms with boxes
- Emergency evacuation maps, egress routes and assembly areas
- Emergency evacuation pack
- Equipment and supply storage areas

- External complaints pamphlets in English and languages other than English
- Fire detection, firefighting and containment equipment
- Hand hygiene facilities with personal protective equipment
- Internal and external living environment
- Manual handling and mobility equipment
- Meal service and assistance to residents
- Menus displayed
- Noticeboards and information displays
- Notification to stakeholders of re-accreditation audit
- Dietary guidelines and nutritional supplement instructions
- Oxygen storage
- Palliative care trolley and education toolbox
- Physiotherapy in progress
- Safety and security mechanisms
- Staff assisting and interacting with residents
- Statements of strategic intent
- Storage of medications
- Wound care trolley and equipment.



## 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 actively pursues continuous improvement and monitors performance against the Accreditation Standards. There are processes to identify areas for improvement through various mechanisms such as feedback from stakeholders, audits, infection control data and incident reports. Residents, representatives and staff contribute to the continuous improvement system through verbal and written feedback including attending meetings, completing forms, electronic mail and through the home's open door policy. Management introduces changes in a structured manner and monitors their impact. There are processes such as internal and external audits to review the home's performance. Management provides feedback to residents, representatives, staff and other stakeholders as appropriate verbally or through documentation such as newsletters or electronic mail.

Examples of improvement initiatives implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified the need to improve information provided to residents and representatives. The home organised for the review of the information process and updated the booklets to three to include guides for sensitive care, access to the community and the new general handbook. Management said there has been positive feedback from residents and representatives regarding the improved information packs.
- Management recognised the need to improve the time consuming process of replacing staff vacancies. Instead of individually contacting staff, management now send out a text message to all staff when there is a vacancy. Management said there has been positive feedback from staff with vacancies now filled in a timely manner. Management also said this has led to more continuity of resident care with vacancies more regularly filled by the home's own staff rather than employing temporary staff. The home now also uses this process to remind staff regarding upcoming education sessions.
- Through an audit, management identified the need to review all staff files. The home then organised for this review so files reflected current information. Management said there has been positive feedback through improved audits and from administration staff who report information can now be accessed in a timely manner.

## 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 with corporate support has a system to identify and meet relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. Management receives information through legislative update services, peak bodies and government departmental bulletins. Corporate and local management interpret this information and discuss compliance action at relevant forums. As part of this process the home develops new or reviews existing policy and procedures. The home communicates changes to legislation, policy and/or procedure through meetings, memoranda electronic mail and education. Management require all staff to complete annual competencies relating to key legislation. Staff confirmed they receive information about regulatory compliance issues relevant to their roles and demonstrated knowledge of regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include the following:

- The home has an effective system to manage police certificates of staff and there are processes to obtain a statutory declaration in regard to citizenship or permanence of a country other than Australia since turning 16 years of age.
- Professional registrations of staff are monitored and maintained.
- Management notified stakeholders of the re-accreditation audit within regulated time frames.
- The home has processes to ensure ongoing self-assessment.

## 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

Management and staff have the appropriate knowledge and skills to perform their roles effectively across all four Accreditation Standards. Recruitment processes and selection criteria consider the knowledge, skills and qualifications required for each position. Staff have access to a wide range of group and individual education opportunities. Staff are required to attend a range of annual mandatory education topics and successfully complete an accompanying competency. The home identifies education needs through surveys audits, incidents, resident care needs, staff requests and observations. There are processes to advise staff of upcoming education opportunities and to encourage and audit staff attendance at training sessions. Staff are satisfied with the range of education and professional development opportunities. Staff apply appropriate skills and techniques in relation to their roles. Residents and their representatives are satisfied with the skills and knowledge of staff.

Recent examples of education and training relating to Standard 1 Management systems, staffing and organisational development include:

- continuous improvement

- supervising staff
- time management.

#### **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

The organisation ensures the internal and external complaints mechanisms are accessible to all stakeholders. The system includes feedback forms, stakeholder meetings, information handbooks, brochures and newsletters. Locked boxes to lodge forms ensures anonymity if desired. Management also encourages stakeholders to verbalise complaints either directly to them or through electronic mail. Relevant staff log comments and complaints into a register which includes information on the response given to the complainant, if required, and the date of resolution. Management investigate any suggestions promptly and provide feedback to residents, their representatives, staff or others as appropriate through meetings, consultations or electronic mail. Residents, representatives and staff said they are aware of how to make a complaint and are satisfied to do so if required.

#### **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

Through a process of consultation with a range of staff, residents and representatives, the Arcare group reviewed its statements of strategic intent and in 2013 established a set of new organisational values. These values are supported by a commitment to quality practice through 'The six senses' outlining what residents, representatives and staff should experience for 'relationships to flourish' and 'quality care to be achieved'. The Arcare values are documented consistently in staff and resident information guides and displayed within 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 demonstrate the numbers and types of staff rostered are appropriate to meet residents' requirements. Management reviews the allocation of staff in response to changing circumstances and resident needs. There are formal processes to guide recruitment, selection and induction of staff. Staff are supported in their role through policies and procedure flowcharts, position descriptions, information guides, meetings and an established education program. Processes to monitor staff knowledge and practice include observations, incidents, audits, annual competency tests and formal feedback mechanisms. Staff are provided with sufficient time and support to perform their roles. There are processes to fill

unplanned leave that draws from the home's own staffing resources before sourcing agency personnel who are oriented at their first shift. Residents and representatives are satisfied with the care and services 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 a system to ensure stocks of appropriate goods and required equipment is available. Delegated staff purchase consumables from approved suppliers to a regular order cycle and ensure adequate stock holding levels are maintained. The home identifies equipment required through resident acuity, meetings, feedback mechanisms and visiting professional services. The home maintains a comprehensive preventive maintenance program and a structured process to manage unscheduled repairs. Storage areas are spacious, organised, clean and where required secure. Staff, residents and representatives are satisfied with the sufficiency and quality of inventory supplies and equipment at the home.

### **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 management has effective information management systems with confidentiality, privacy and security maintained throughout. Management, staff, residents, representatives and others have access to current information, activities and events of the home as appropriate through such means as meetings, noticeboard displays, handbooks, newsletters and electronic mail. Residents and representatives receive enough information to assist them to make decisions about residents' care and lifestyle. Management and staff receive accurate information to help them perform their roles through the electronic care planning system, handovers, education, policies and procedures. There is a process to regularly back up the computer system externally with logons and passwords for staff. Management stores confidential material securely with the information retrievable in a timely manner. Residents, representatives and staff are satisfied with communication and information systems.

### **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

Management ensures externally sourced services are provided in a way that meets the home's needs and quality goals. The home maintains service agreements with a wide variety of external service providers. External contractors provide evidence of current registrations, certifications and insurances as part of the contractual engagement and review process. There is a process to monitor police certificates and relevant statutory declarations of service providers. The home has processes to ensure external service providers meet their

contractual obligations as scheduled. Management monitors the quality of services through meetings and other stakeholder feedback processes. Staff and residents are satisfied with the services provided by external contractors.

## **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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 2 Health and personal care include:

- Management recognised the importance of improving palliative care and accessed a government initiative regarding the palliative approach which included an information toolkit. Designated staff attended training with palliative care education for other staff ongoing in the home. Management formed a working group with attendees including a medical officer and representatives from a palliative care service. The home also implemented flow charts for staff as well as two palliative care trolleys including items to assist with palliation such as tea, brochures, compact music discs and oral care items. Management said, although not fully evaluated and ongoing, there has been positive feedback from staff who report improved knowledge and understanding of the palliative care process, leading to improved outcomes for residents.
- Management and staff identified the need to improve behaviour management. Following education each staff member reviews one particular resident to identify possible triggers to assist in reduction of behaviours. This staff member then reports this information back to other staff with the care plan updated following discussion and review. This process occurs on a regular basis. Management said there has been positive feedback from staff who report improved understanding of residents' behaviours leading to improved care for residents.
- Management recognised residents and representatives preferred residents to remain in the home during acute care episodes rather than transferring to a hospital. The home organised for an external provider through a local hospital network to provide acute care. Management said they now engage the provider to assess and treat residents in the home as much as possible. Representatives are involved in the process and follow-up care is also provided. Management said there has been positive feedback from representatives who appreciate residents not being moved to a hospital for events that can be managed in the home.

## **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 a system to identify and meet regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include the following:

- Appropriately qualified staff plan, supervise and undertake specialised nursing care.
- A registered nurse oversees management of high care residents.
- The home demonstrates its compliance with policy and legislative requirements in relation to medication storage and management.
- There are effective processes to manage and report the unexplained absence of a resident.

## **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

There is a system and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 Health and personal care include:

- continence management
- falls prevention
- pain: a palliative approach
- using a syringe driver.

## **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 care appropriate to their needs and preferences through regular assessments, care planning and evaluation. On entry to the home residents have an interim care plan established, then a period of scheduled assessments commence which informs the long term care plan. A registered nurse is responsible for the evaluation of clinical care and review of care plans on a regular basis and

as required. Residents and representatives said staff consult with them regarding care needs and preferences and are satisfied with the clinical care provided to residents. Care staff are aware of individual care needs and are informed of changes to care by handover, care plans and daily care updates. Clinical incidents are monitored and evaluated and clinical problems are 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

Registered nurses identify residents’ specialised care needs and develop care plans according to individual needs. Other health professionals including medical practitioners, dieticians and physiotherapists are involved in defining specific care requirements and ongoing review of care outcomes. Registered nurses provide and evaluate specialised care and can demonstrate that support is sought from external health specialists when required. Care plan documentation includes specific treatment and instructions from other health professionals and specialists including timeframes for review. Residents and representatives are satisfied that appropriately qualified staff meet resident specialised nursing care needs.

## **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

Referral of residents to health specialists and services according to their assessed needs and preferences occurs. Medical practitioners visit residents regularly and on an as needs basis. Other health professionals provide services on site including physiotherapy, podiatry and speech pathology. Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care is followed. Residents and representatives said staff assist residents to attend appointments and 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

Management demonstrate resident’s medication is managed safely and correctly according to regulatory requirements and professional standards. There are processes to ensure staff practice demonstrates adherence to defined medication policy and procedures and competency training is completed. A medical practitioner undertakes assessment and review of resident medication requirements regularly and an independent pharmacist completes a review of each resident’s medication chart. There are processes including correct storage, checking of controlled medications, verification and documentation of variable medication orders and dating of opened medications. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review undertaken accordingly with individual staff. Incidents and



medication audit results are discussed and improvement strategies identified. Residents and representatives are satisfied with resident 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

Care processes for pain management includes assessment of pain history, the presence of pain, and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. Staff document ongoing assessment and evaluation of pain levels and effectiveness of therapies occurs in care plans and progress notes. Medical practitioners monitor pain and effectiveness of analgesia and other treatments on a regular basis. Referral to other health specialist occurs in relation to pain and treatment options. A range of pain management strategies includes analgesia, exercise, heat packs and massage. A physiotherapist conducts a pain clinic four days a week and provides individualised resident treatment. Residents and representatives are satisfied with how staff manage resident pain.

## **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

There are care systems to support residents requiring palliative care. Palliative care needs are documented in care plans in consultation with families, medical practitioners and other professionals as needed. Clinical staff have attended specialised palliative care training and there is a palliative care working group with representatives from key professional groups including the external palliative care service. Staff describe 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

Residents’ nutrition and hydration needs and preferences are assessed to ensure they receive adequate nourishment and hydration. Staff identify residents at risk of poor nutrition and hydration through specific assessments including weight monitoring, poor appetite and the presence of any acute or chronic illness. Review of residents’ nutritional status occurs regularly and referrals made to medical practitioners, speech pathologists and dieticians as needed. Nutritional supplements and high energy high protein diets are provided for residents with poor nutrition. There is adherence to dietary preferences, texture modified and other special needs according to dietary care plans. There are formal and effective communication processes to inform the kitchen of allergies, preferences, texture and dietary requirements including changes to diet. There is assistance given to residents at meal times in a friendly and calm dining environment. Residents and representatives are satisfied with nutrition and hydration care needs provided to residents by staff and assistance provided to residents during meal times.

## **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

Assessment of skin integrity occurs for all residents on entry to the home and ongoing monitoring occurs as a matter of routine based on individual needs. Skin care plans outline residents’ skin care needs and includes assessment of nutrition, continence and mobility status. Staff said they monitor the condition of residents’ skin while attending to routine daily care and maintain skin integrity using various methods according to resident needs. Qualified nurses undertake wound care and wound care specialists consult as required to provide advice. There is individualised wound care monitoring and review occurs. Residents and representatives are satisfied how staff attend to residents’ skin care.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Assessment of residents’ continence occurs when they move into the home and monitoring and review occurs on a routine basis. Detailed assessment of continence is collected over designated periods to formulate an individualised care plan, toileting schedule and continence aid requirements. Continence plans inform care staff of residents’ needs and the type of continence aids required. Continence education is undertaken to support and train care staff as required. Staff said sufficient levels of continence aids are available to meet resident needs. Residents and representatives are satisfied staff manage resident 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 processes to assess and effectively manage the needs of residents with challenging behaviours. Behaviour assessments identify concerns and care plans outline individual triggers and management strategies. Review of care plans occurs on a regular basis to evaluate current interventions and resident response. Medical practitioners regularly review resident behaviours and effectiveness of treatment. Referral to an aged psychiatric care team occurs to assist with behaviour management strategies. Care and lifestyle staff provide group and individualised activities in the sensitive care area to assist residents to engage in activities appropriate to their abilities. Residents and representatives are satisfied with the approach to managing residents with 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

Mobility and dexterity assessment occurs when residents move into the home and includes falls risk assessment. Care plans include strategies to minimise falls and promote residents' safe mobility and dexterity. Assessment and regular review by the physiotherapist identifies measures to maintain and promote mobility and dexterity according to resident capabilities. Assistive devices such as mobility aids and manual handling equipment are available to assist residents to maintain mobility. Falls data is analysed and falls prevention strategies and equipment are in use throughout the home. Residents and representatives are satisfied mobility and dexterity is actively encouraged and staff provide suitable assistance to residents.

## **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

Assessment of oral and dental needs and preferences occurs and is reviewed regularly. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the resident. Dental services visit the home and external appointments are arranged as required with residents preferred provider of dental care. Residents and representatives are satisfied with residents' oral and dental care.

## **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

When residents move into the home staff conduct sensory assessments and care plans outline individual resident care requirements. Referral to other health professionals such as speech pathologist, audiologist, and opticians occurs as required. Staff said they assist residents with use of glasses and hearing aids. Residents and representatives are satisfied with the care of residents' 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

Staff assess residents preferred sleep pattern when they move into the home and review care plans on a regular basis thereafter. Residents are involved in choices regarding settling and rising time and sleep promotion interventions to meet individual preferences. Staff offer warm drinks, comfort measures and medication to assist residents to achieve sleep.

Residents said the home is quiet and restful at night, staff monitor sleep and provide assistance as needed and according to resident preferences.

### **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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 3 Resident lifestyle include:

- Through consultations on entry and feedback from residents’ meetings, management and staff identified the need to form an art group. Management appointed a local artist to provide the leadership for the group. The art class runs regularly for a full day each time for interested residents. Management said there has been positive feedback from residents, representatives and staff who report residents enjoy the classes. Management also said the group has been beneficial for residents with cognitive impairment. We observed resident paintings displayed in the home.
- Staff said the sensory room was not used by residents and suggested a conversion to a ‘retro’ kitchen and sitting room may be of benefit. The home organised to obtain such items as a ‘retro’ table and chairs and decorated the room to reflect the decor of the 1950’s and 1960’s. Management said there has been positive feedback from residents and representatives with residents and their visitors using and enjoying the room and finding the area encourages reminiscing.
- Following suggestions from residents, representatives and staff, management organised the formation of a garden group for residents. The home provided gardening utensils and appointed a volunteer to lead the group. Management said there has been positive feedback from residents and representatives who report residents enjoy the gardening.

#### **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 a system to identify and meet regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- The home provides information about rights to privacy and confidentiality to residents, representatives and staff.

- The home has a policy and procedure in relation to the reporting of elder abuse and there are processes to make staff aware of their responsibilities for identifying elder abuse and compulsory reporting.
- There are processes to ensure residents receive specified care and services that meet their care status.
- The home offers a resident agreement to residents at the time of entry.

### **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

There is a system and processes to ensure management and staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 Resident lifestyle include:

- Arcare group lifestyle program sharing day
- certification four in leisure and health.
- compulsory reporting
- strategies for managing challenging behaviours
- the Cornell assessment.

### **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

There is a system to ensure each resident receives emotional support adjusting to life in the home and on an ongoing basis. Management complete pre-entry documentation and a regional admission coordinator tours residents and their representatives through the home and provides information regarding services provided. Lifestyle staff assist care staff in offering support to residents adjusting to the new environment. Staff complete an assessment and care plan which includes emotional needs and strategies to aid staff to meet these needs. Staff review the plans regularly. A social worker visits the home regularly to assist residents and their representatives as required. The lifestyle program provides individual time with residents with an aim to maintain personal interests where possible. Management and staff assist residents to maintain community links. Residents and their representatives are satisfied with emotional support for residents.

### **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

Management and staff encourage residents to achieve maximum independence and maintain community ties. Lifestyle care plans identify residents' need to participate in specific interests, maintain their independence and retain ongoing community and social associations. Management and staff encourage and support residents to maintain contact with friends and family as well as participate in activities in the community. Care plans identify resident abilities and staff encourage and enable residents to maintain maximum independence through such means as the use of mobility and dexterity aides. Residents personalise their rooms as they wish. Residents and their representatives said staff assist residents to be as independent as possible.

### **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

Management and staff recognise and respect each resident's privacy, dignity and confidentiality. There is a privacy policy and resident information is securely and appropriately stored. Residents have lockable areas to store private items as they wish. Quiet areas are available for residents to meet privately with visitors. Staff assist residents in a respectful manner when attending to activities of daily living. Management and staff speak to residents respectfully and knock prior to entering residents' rooms. Residents and their representatives said staff treat residents with dignity and respect.

### **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

Management and staff encourage and support residents to participate in a range of activities both in groups and on an individual basis. Lifestyle staff complete an assessment in consultation with each resident and their representative to identify such information as each resident's social, employment, leisure and recreational background and preferences. This assessment forms the basis of the care plan which undergoes regular review. Lifestyle staff plan daily activity programs in both groups and individual settings and offer a range of activities including regular outings and the celebration of special occasions. Care staff assist with lifestyle programs particularly after hours and on weekends. Lifestyle staff redesign programs as necessary based on resident feedback and participation records are current. Residents and their representatives are satisfied with leisure interests and activities offered for residents.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

Management and staff ensure residents' individual customs, beliefs and cultural backgrounds are fostered and valued. Lifestyle assessments and care plans document cultural and spiritual needs. There are regular church and communion services in the home. Clergy visit residents as required to meet residents' spiritual needs. Management and staff ensure the celebration of cultural and significant days. Residents and their representatives are satisfied with the cultural and spiritual life of residents in 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

Management and staff promote and support residents to exercise choice and decision making over his or her lifestyle while not infringing on the rights of others. Residents have input into the services they receive such as preferred sleeping and waking times, dining preferences, level of participation in activities, activities of daily living times and preferred title and name. There is a formal process to obtain consents for various services on entry to the home. Management encourages residents and their representatives to provide feedback about care and services either as a group through regular meetings or on an individual basis. Staff encourage residents to make their own decisions. Residents and their representatives are satisfied with the opportunities provided to residents to make their own choices. Residents said other residents in the home do not infringe on their rights.

### **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

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. The home communicates information about residents' rights and responsibilities, advocacy and complaint services, specified care and services, fees and termination processes at entry through the resident agreement and information pack. Staff are made aware of their responsibilities regarding residents' rights and security of place through work procedures and information guides. The home has access to interpreter services. There are processes to ensure staff provide residents with the goods and services required by legislation. A process of consultation and agreement precedes a change in a resident's room. Residents and representatives are satisfied with the security of resident 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

Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- Staff suggested internal communal areas of the home were too clinical. Management responded by placing soft furnishings, lamps and ornaments to improve the environment. Management said there has been positive feedback from residents, representatives and staff who report the new environment to be more inviting.
- Through discussions with residents on their entry to the home, staff identified many residents enjoyed gardening. Management responded by organising for the external gardens to be modified to contain extra areas such as a herb garden. Management said there has been positive feedback from residents, representatives and staff who enjoy the improved garden areas.
- Management recognised the need to review and improve emergency procedures. The home purchased an evacuation sheet for each resident’s bed to assist with evacuation procedures and educated staff as to their use. Management said there has been positive feedback from staff who report improved awareness and confidence in emergency evacuation procedures.

### **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

The home has system to identify and meet regulatory compliance obligations in relation to physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include the following:

- The home stores chemicals safely and current material safety data sheets are available.
- The home follows relevant protocols in relation to compliance with food safety regulations and guidelines.
- The organisation complies with annual essential services safety measures reporting requirements.

### **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

There is a system and processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 Physical environment and safe systems include:

- disaster management
- fire and emergency procedure training
- food safety
- infection control
- urinary tract infections.

### **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 meets this expected outcome

Management is actively working to provide residents with a safe and comfortable environment consistent with residents' care needs. The home accommodates residents across four levels in single en-suite rooms. Resident rooms and multiple communal areas are light, appropriately furnished, well maintained and kept at a comfortable temperature and noise level. Residents have easy access to suitable garden areas. The home maintains the building, grounds and equipment through regular servicing and maintenance programs by maintenance staff and external contractors. Regular inspections and audits, incident reporting, feedback mechanisms and meetings are used to monitor a safe and comfortable living environment. Staff are educated in and employ appropriate practices to ensure the safety and comfort of residents. Residents and representatives are satisfied the home provides residents with a comfortable, safe and secure 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

The home has a system to support a safe working environment aligned to regulatory requirements. There are policies and procedures in relation to safe work practice and staff are informed of their responsibilities through induction programs, information guides, meetings, electronic notices and displayed information. The home's education program includes training for staff in manual handling and chemical safety. Occupational health and

safety representatives attend accredited external training. Staff and management identify hazards through audits, maintenance requests, hazard alerts, staff incidents and observations. Occupational health and safety is a standing agenda item at all meetings in the home. Management actively addresses identified hazards and other issues that impact on work safety. Staff confirmed management work actively to create a safe work 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 and staff work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and plans for continuity to respond to a range of internal and external emergencies, severe weather events and loss of essential services. Qualified external contractors maintain fire equipment and there are effective processes to monitor the maintenance of essential services equipment. The home displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. Staff complete education and competency in fire response and disaster action. Security arrangements include keypad access, sign in processes, surveillance cameras and a wanderer alert system. Residents are satisfied the home provides a safe and secure environment and are aware of what to do on hearing the fire alarm.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program with management as the central point of responsibility. Management collects data on infections and uses this to identify any infection control issues. There are contingency plans for an outbreak with kits available for use during these times. There are facilities to implement hand hygiene and standard precautions. There are regular audits of the food safety program. There is a pest control program and an appropriate waste disposal system. Staff regularly receive infection control training regarding such topics as outbreak procedures and hand hygiene.

#### **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 meets this expected outcome

The home provides hospitality services in a manner which is generous towards residents and others. Meals are prepared on site with resident allergies, likes and dislikes taken into account. Contracted catering staff clean the kitchen according to a schedule. Cleaning staff provide the service according to a schedule with provisions for ad hoc cleaning. Laundry staff process residents' personal laundry and sundry items on site with provisions for labelling of residents' clothes to assist in the prevention of lost items. An external commercial service launders all other linen. Management monitors hospitality services through internal and

external audits with regular education provided for staff such as infection control and chemical training. Residents, representatives and staff are satisfied with the home's catering, cleaning and laundry services.