



Aged Care  
Standards and Accreditation Agency Ltd

## **Dunmunkle Lodge Hostel**

RACS ID 3047

1 McLeod Street

MINYIP VIC 3392

Approved provider: Dunmunkle Lodge Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 26 May 2015.

We made our decision on 5 April 2012.

The audit was conducted on 6 March 2012 to 7 March 2012. 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	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



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# Audit Report

**Dunmunkle Lodge Hostel 3047**

**Approved provider: Dunmunkle Lodge Inc**

## Introduction

This is the report of a re-accreditation audit from 6 March 2012 to 7 March 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:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 6 March 2012 to 7 March 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:	Gerard Barry
Team member:	Margaret Edgar

## Approved provider details

Approved provider:	Dunmunkle Lodge Inc
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## Details of home

Name of home:	Dunmunkle Lodge Hostel
RACS ID:	3047

Total number of allocated places:	36
Number of residents during audit:	24
Number of high care residents during audit:	12
Special needs catered for:	No

Street:	1 McLeod Street	State:	Victoria
City:	Minyip	Postcode:	3392
Phone number:	03 5385 7463	Facsimile:	03 5385 7005
E-mail address:	dunlodge@netconnect.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management/administration	5	Residents	10
Nurses/care/lifestyle staff	6	Representatives	2
Hospitality/environmental staff	7	Volunteers	2

### Sampled documents

	Number		Number
Residents' files	9	Medication charts	18
Wound care plans	6	Personnel files	5
Resident agreements	5		

### Other documents reviewed

The team also reviewed:

- Activities calendar
- Advance care directives
- After hours emergency treatment instructions
- Annual report
- Audit schedule and results
- Catering/cleaning records
- Comments and complaints register
- Continuous improvement plan and registers
- Customer complaints/compliments
- Diabetic records
- Education calendar and staff education documentation
- Emergency procedures and records of inspection
- External providers service contracts
- Gastroenteritis and influenza folder
- Handover information
- Handover sheet
- Hazard register action plan
- Incident report data
- Infection trend data
- Lifestyle records
- Mandatory reports
- Material safety data sheets
- Memoranda
- Menu
- Minutes of meetings
- Newsletters
- Organisation structure
- Police certificate information
- Position descriptions
- Preferred suppliers list
- Refrigerator temperature record

- Registered nurse database
- Resident satisfaction survey
- Residents' information package and handbook
- Risk register
- Security assessment audit/summary
- Selected policies and procedures
- Self assessment
- Staff handbook
- Staff rosters
- Weight records

### **Observations**

The team observed the following:

- Activities in progress
- Chemical/oxygen storage
- Doctor consulting with residents
- Equipment and supply storage areas
- Hand washing facilities
- Interactions between staff and residents
- Internal and external Living environment
- Maintenance tasks being undertaken
- Meal service and delivery
- Medication administration
- Mobility equipment
- Multilingual information brochures
- Personal protective equipment
- Security access to lifts
- Storage of medications

## 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 home is supported by Dunmunkle Health Services which provides policies/procedures and support staff. The home actively pursues continuous improvement in all aspects of care and service. The home monitors its quality system through an internal auditing process with corrective actions recorded in the continuous improvement register. The home uses a variety of sources to identify possible improvement activities including data analysis, complaints and suggestions. The home also uses meetings, survey results and strategic planning as sources for improvement opportunities. All improvement activities are registered, progress monitored and then actions evaluated to confirm successful completion. Management discusses continuous improvement at all meetings to keep stakeholders aware of the operational issues within the home.

Recent improvements include:

- Management recognised a general lack of storage opportunities within the home, especially with respect to documentation. Management planned and converted part of the garage at the rear of the property into a secure archive room. Staff confirmed the room has eased the constraints around document security, storage and maintenance.
- Management reviewed their accredited pharmacist resulting in a change for improved performance. The new incumbent attends the home's medication advisory committee meeting and provides on site training for staff. Management told us that both these activities were new and well received.
- A new resident to the home had particular dietary requirements. The home's dietitian educated staff with respect to the requirement and assisted catering staff to source appropriate foods for the resident. We saw supplies of this food stored in the kitchen's pantry and refrigerator with references to the resident's requirements in the dietary needs documentation also held within the kitchen.

#### 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 relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. The home's management receives information through the corporate identity which uses a commercial update service, peak bodies, publications and government communiqués. Corporate management reviews and amends policies and procedures in response to legislative changes while the home audits

the system for continued compliance. The home informs stakeholders of updates through memoranda and meetings and occasionally through education sessions. Management provided examples of regulatory compliance relevant to Standard One including a process to ensure relevant staff, volunteers and contractors have current police checks. Staff said they are aware of their regulatory compliance responsibilities.

### **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 has systems to provide staff with access to learning and development opportunities to enhance their work practices. The home's recruitment and orientation process includes training in key areas to ensure consistency of staff skills and knowledge upon commencement. Management monitors staff performance and provides identified education needs to support better practice. The home's education programme includes mandatory training, competencies, self directed learning packages, videos and external courses/conferences. Management identifies training needs from the outcome of audits, trends analysis, incidents reports and general feedback from staff/residents. Management and staff confirmed satisfaction with educational opportunities provided by the home. Residents and representatives are satisfied with staff knowledge and skills to meet resident's needs.

Examples of education and training provided in relation to Standard two include:

- bullying and harassment
- clinical leadership
- Commonwealth funding tool
- understanding your job and responsibility.

### **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

Documentation showed the home records, actions and monitors concerns, suggestions and compliments through their continuous improvement system. The home explains its system in the residents' information pack. Information brochures explaining the external complaint system are also available in the home in various languages. We observed examples of stakeholder concerns having been recorded and actioned within the system. Residents told us that if they had any concerns they prefer to raise them directly and verbally with management or staff. Representatives were more likely than residents to use the formal written system for notifying management of their concerns.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has documented its vision, mission and key goals including its commitment to quality. Management displays these statements within the home and includes them in information packages and the annual report, supplied to current and prospective residents, representatives, staff and other stakeholders. The approved provider and other stakeholders develop strategic direction and monitor the home's management systems.

### **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

There are systems and practices to ensure that the home employs appropriately skilled and qualified staff to meet residents' care needs in accordance with the homes' goals. Recruitment processes include interview, criminal checks, qualifications, registrations and reference checks. Position descriptions and policies/procedures inform and guide staff in areas of resident care and professional development. New staff attend an orientation program and are initially partnered with experienced staff as required. Management performs appraisals at the completion of the probationary period and then annually. Staff confirmed satisfaction with the ongoing training and support they receive from management. Residents and representatives stated they were satisfied with the level of care provided by staff and the availability of care staff to meet residents' needs.

### **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 and processes to ensure the provision of appropriate goods and equipment for the delivery of services to residents. Key personnel monitor stock levels of clinical and non-clinical supplies, continence products and chemicals, and refer to an approved suppliers' list for re-ordering of goods. All meals are prepared fresh on site. The home has a laundry for cleaning residents' personal clothing and uses an external laundering service for all linen. Management plans and monitors preventive maintenance and is purchasing software to enhance this activity. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Staff can access personnel after business hours in the event of an emergency. Staff, residents and representatives are satisfied the home has sufficient and 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

The home has systems to facilitate the collection and distribution of information to enable staff and management to perform their roles. There are processes for the secure storage, archiving and disposal of staff and resident information in line with legislated privacy requirements. Documented policies and procedures are readily available and accessible to staff to guide staff practice. Management communicates information to staff through meeting minutes, memoranda and noticeboards. Management informs residents through residents' meetings and the provision of newsletters, flyers and posters. Staff reported they are informed of changes and other required information through staff meetings, at shift handover times and by memoranda. Residents and representatives confirmed management informs them about activities and other relevant information within the home.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has systems in place to ensure the delivery of goods and services to the home to meet the required standards. Agreements are in place with suppliers who must produce proof of criminal record checks for all their staff who may visit the home. There is a sign in and out book at the reception area where contractors register when on site. External contractors maintain essential services according to legislative requirements and provide records of inspection. There is a preventive maintenance system and staff can access an approved supplier list to contact services in the event of an emergency situation. Residents reported they were satisfied with the services the home provides.

## **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

For details on the home's continuous improvement system refer to expected outcome 1.1 Continuous improvement. Management encourages staff to complete quality improvement requests for any of their initiatives. Staff are also encouraged to complete the comments and complaints forms for issues residents may have verbalised to them. Staff confirmed management keeps them informed of improvement activities and provide them with reference materials. We sighted examples of reference material in the staff room.

Recent improvements include:

- Management reviewed the handling of a resident's wound. The wound was long term, chronic with exudation and showed little improvement over an extended period. Management changed the type of product used in treating the wound. This resulted in significant improvement in healing the wound and reducing the pain associated with bandage changes. The home introduced the new product across all residents with wounds resulting in the number of active wounds reducing from seven to two ongoing.
- Following a staff request management purchased a larger sling to assist with a resident's toileting. The new sling has improved the resident's dignity and safety along with a reduction in manual handling implications for staff.
- After considerable searching for the right applicant the home appointed a new clinical care coordinator. A person who had worked at the home previously for a short period filled the position one month ago. Management and staff reported that the appointment has assisted them in caring for the residents.

### **2.2 Regulatory compliance**

*This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.*

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home's system for regulatory compliance. Staff confirmed management updates them on regulatory changes using various methods of communication. The method used depends upon the extent of the change and the effect it has on their roles. Management updates policies and procedures to reflect any changes and makes them available to all staff. There are systems for reporting the unexplained absence from the home of any resident and the recognition of continuing professional registration of nursing staff.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

Management provides staff with education to support their knowledge and skills to perform their roles in relation to residents’ health and personal care. Management performs medication competencies on staff who administer medication. For details regarding the home’s systems and processes, refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard two include:

- cardio pulmonary resuscitation
- coeliac and gluten free diets
- dementia
- diabetes management

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure residents receive appropriate clinical care. An initial assessment and interim care plan is completed on entry to the home and used to provide appropriate care until more extensive assessments are completed. The registered nurse develops a comprehensive care plan from this information in consultation with the resident and/or their representative. There is a process for a monthly care plan review using a resident of the day format. The local medical officer visits weekly enabling residents to have their care reviewed as required, and there are protocols for residents who require emergency services. Staff confirmed information is available to provide appropriate clinical care. Residents reported they are satisfied with the clinical care they receive.

### **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

The registered nurse manages the assessment, management and review of all residents with specialised nursing care requirements. Care plans contain detailed information sufficient for care staff to attend to residents’ care correctly. The home refers residents to other health professionals as required and incorporates referral outcomes into the care plan. Specialised care includes complex wound management, diabetic management, catheter care, pain management and oxygen therapy. One resident continues to manage their insulin with monitoring from staff. Residents and representatives state they are satisfied with the care and information 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

Information in the clinical files confirms staff assist residents to access a wide range of health specialists. This includes consultation with a speech pathologist, counsellor, physiotherapist, hearing and vision services, continence adviser, occupational therapist, geriatrician, and psychiatric services. Staff assist residents to attend external appointments if specialists are unable to attend the home. The health specialists document their visits and recommendations in the residents’ file and care staff transfer any relevant instructions to the care plan. Residents and their representatives said they are satisfied with the services provided and confirmed assistance is given to access a range of services.

## **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

The home has systems to effectively manage ensure residents’ medication. The registered nurse manages residents’ medications which personal care assistants administer. Staff conduct an assessment when a resident enters the home to identify the residents’ medication requirements. This assessment also highlights any allergies or assistance required to continue with their medication regime. Staff dispense medications from a single dose administration aid which displays the resident’s name, photograph, dose and descriptions of the tablets. Medications are securely stored and there are procedures to maintain supply and to return unused medication. Medication incidents and signature omissions are actioned by the registered nurse. The registered nurse assesses residents who choose to self-medicate for competency and staff assist them to do this.

## **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

The home has systems to assist residents to be as free as possible from pain. Staff identify a resident’s pain history on entry to the home. Staff perform additional assessments which they use to develop an individual plan of care. Strategies to assist with pain management include pharmacological treatments, massage, rest or exercise as appropriate. Documentation and staff interviews demonstrated consultation and evaluation of residents’ pain management occurs regularly with residents, representatives and the doctor. Staff confirmed they can recognise non verbal signs of pain with non cognitive residents and so provide appropriate care. Residents and representatives said staff responded positively to residents’ requests for pain relief. We observed that residents who were unable to verbalise their pain experience were relaxed and comfortably positioned.

## **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 systems to identify a resident’s’ terminal care wishes and that staff maintains the resident’s comfort and dignity at the end of their life. Staff discuss residents’ terminal care preferences on their entry to the home and residents have the opportunity to complete an advanced care plan. Qualified staff create individual specific palliative care plans when necessary. The home consults with palliative specialists for expertise and support when indicated. The home arranges residents’ transfer to the local hospital for care as required. Residents and representatives stated they are given sufficient information and support on entering the home and when planning into the future.

## **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

The home has processes for identifying, assessing and reviewing residents’ nutrition and hydration needs. An initial assessment completed on entry to the home identifies residents’ preferences and clinical needs and staff communicate this information to the kitchen. Resident information in the kitchen includes dietary preferences, cultural needs, medical requirements and the need for assistive devices. Staff initiate referrals for residents with weight loss and swallowing difficulties to the doctor, dietitian or speech pathologist. Food supplements are available for residents at risk of weight loss or general decline in health. The home displays the daily menu and an alternative meal is available if a resident does not want the menu choice. Residents said they are happy with the food and dining service

## **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

The home has skin care protocols in place to ensure residents’ skin care is appropriate and consistent with their general health. Care staff assess residents’ skin integrity using a risk management approach, to identify residents who may require additional interventions. The registered nurse monitors and manages skin tears and wounds and details the care on appropriate charts. Management evaluates skin care through staff observations, at handover meetings and care plan reviews. Residents stated they are satisfied with their skin care saying staff provided good assistance with their hygiene needs

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive continence care that is appropriate to their needs and that effectively manages their continence experience. The registered nurse completes an initial continence assessment when the resident enters the home. Care staff develop an individual toileting and continence program where staff have identified a need through this assessment process. This includes referral to a continence adviser from the regional health care group as required and the use of the appropriate continence management aids. Management evaluates the effectiveness of the continence program through the care plan review process, monitoring of aid use, feedback from residents, and staff observations. Residents and representatives confirmed the home was meeting residents’ continence needs.

## **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

The home identifies residents’ presenting with challenging behaviours and develops strategies to manage their needs effectively. Staff use information identified in the initial and long term assessment process to plan care. Staff also uses this information to initiate appropriate referrals to specialists for diagnosis and recommended treatment. Care plans contain interventions to deal with challenging behavioural events and to manage residents’ behaviours. Staff identify, and include in the care plan, medication and practices that could be consider as restraint. The home monitors the effectiveness of the care through audits of incidents associated with behaviours, care plan reviews and feedback from residents, representatives and staff. Residents and representatives said they are generally satisfied with the home’s approach to managing the needs of 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

Residents have access to care and equipment to maintain optimum levels of mobility and dexterity. Staff complete a mobility and dexterity assessment and falls risk assessment when a resident enters the home. Staff use this assessment data to develop individual plans of care to enhance each resident’s mobility and dexterity skills. A physiotherapist assesses and reviews residents regularly, and staff implement the physiotherapy plan to assist in maintaining residents’ mobility levels. Residents have a variety of assistive devices to minimise falls risks and to assist with movement. Staff complete incidents reports for fall events and evaluate for trends and increased risks. Staff reported they receive training in manual handling and have access to equipment and aids to optimise residents’ level of mobility and dexterity. Residents said they appreciated the support and assistance they receive from staff in optimising their mobility

## **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

The home has systems to ensure staff maintains residents’ oral and dental health. Staff perform an initial oral care assessment and formulate a preliminary care plan when the resident enters the home. Staff later complete a more comprehensive assessment and develop a specific care plan. This process assesses the state of the resident’s teeth, mouth and lips, and any assistance required in maintaining good oral hygiene. Staff refer residents to regional dental services when staff identify dental work is required. The staff education program includes oral and dental care. Residents said staff help them to care for their teeth according to their preferences.

## **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

Staff identify residents’ sensory deficits on entry to the home and manage them throughout their stay using assessment and care plan strategies. Assessment includes residents’ vision, hearing, communication, taste, smell and touch and cognitive abilities. Residents can see external allied health practitioners such as audiologists and optometrists, and have access to a sensory garden. Staff document sensory strategies in the care plan and inform staff of residents’ needs and preferences. Staff confirmed they are aware of residents’ sensory needs and assist as required. Residents and representatives said they are satisfied with the management of the 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 assist residents to achieve natural sleep patterns. The home has an assessment system to identify resident sleep history and preferences for day and night rest. Residents’ care plans indicate their choice for retiring and waking, and preferences to assist sleep such as leaving a light on, taking sedation or general comfort measures. Staff described strategies to help resettle any resident who wakes during the night. Management evaluates the effectiveness of strategies and night and day rest patterns at handover and through the care plan review. Residents said they are usually able to sleep and that staff are responsive if they need assistance to sleep.

## **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 more details on the home’s overarching system. The home conducts continuous improvement activities in relation to residents’ lifestyle through internal audits and resident satisfaction surveys. The home’s improvement plan also takes note of comments, complaints and feedback from resident/representative meetings. We observed that improvements were documented, evaluated and the originator was formally notified of the results. Residents and their representatives stated the home’s management informs them of improvement activities through meetings, newsletters and informal discussions.

Recent improvements include:

- Management took advantage of a Federal Government scheme to acquire labour to construct a hen house with a chook run. Management aimed the project at providing residents with the opportunity to observe hens in a natural setting. Being a regional area, many of the home’s residents lived on farms and the project has provided strong reminiscence.
- Working with the regional division of general practitioners, the home has implemented a system of counselling for residents. Management took this opportunity to assist residents emotionally in times of distress. The team observed that management had offered counselling services to one resident following an incident with a fellow resident. The resident declined the offer.
- Management identified that a particular resident was not very active in the lifestyle program. After enquiries management was able to source an entertainer who performs music similar to what the resident use to be involved in. The entertainer has been booked to appear at the home shortly.

### **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

Refer to expected outcome 1.2 Regulatory compliance for specific details on the home’s system for regulatory compliance. The home provides residents with information packs upon entering the home detailing information about the specified care and services, security of tenure, complaints mechanisms and their rights and responsibilities. The home displays its vision and mission along with the Charter of Resident’s Rights and Responsibilities. Multi lingual information brochures on the external complaint system and other aged care related matters are readily available. The home notifies residents and their representatives of changes to legislation through letters and at meetings. The home has a consolidated system for reporting elder abuse and has trained staff in mandatory reporting. The home maintains

residents' security of tenure and confidentiality, and meets accommodation charges/bond fiduciary requirements.

### **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

Management demonstrated that staff have appropriate levels of knowledge and skills relating to resident lifestyle outcomes and that staff have access to training opportunities.

Management provides compulsory training on topics relevant to Standard three. For details regarding the home's systems and processes refer to expected outcome 1.3 Education and staff development.

Examples of education and training provided in relation to Standard three include:

- dignity in care
- elder abuse and mandatory reporting.

### **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

The home's culture and staff approach provides a welcoming and supportive environment for residents and their representatives. Staff ensure residents are welcomed when they enter the home and introduce them to other residents and familiarise them to their new surroundings. Staff assess residents' emotional support needs and this information is included in the social and lifestyle care plan. A psychologist is available to residents and representatives to provide counselling to assist with the transition to permanent care. Residents said they appreciated this support but felt prepared for the change as they had knowledge of the home when they lived in the community.

### **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

Residents are encouraged and supported to achieve maximum independence. Assessments and care planning is completed on entry to the home to identify residents' ability for social interaction and interest in continuing with community participation. The physiotherapy assessment includes strategies to assist residents to maintain their movement skills and includes the provision of aids to manage mobility and dexterity needs. Residents have access to newspapers, telephone and local community facilities and have developed friendships within the home with other residents. Visitors from the local community are encouraged to visit the home and staff organise social occasions to enhance interactions outside the home. Residents said they appreciate their lifestyle at the home.

### **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

The home recognises and respects each resident's right to privacy, dignity and confidentiality. Doctors or allied health use a treatment room for visits/consultations. Management provides staff and volunteers with information relating to confidentiality and residents' privacy and dignity. We observed staff interacting with residents in a respectful and caring manner and knocking before entering rooms. Resident records are stored securely and only accessible to appropriate personnel. Residents said staff were wonderful and provided care that enhanced their privacy and dignity

### **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

Staff assess residents' leisure and lifestyle preferences, following entry to the home, in consultation with residents. This assessment is to identify interests and preferences and to gather information about the residents' past and current interests. Many residents of the home have rural backgrounds and enjoy farming and sporting events which the home considers when planning outings and activities. Lifestyle systems generally ensure assessment, planning and implementation of the activity program is in place which enables care staff to continue with daily activities when lifestyle staff are not available. Staff schedule activities Monday to Friday and include a popular bus trip each month. Management monitors resident satisfaction through surveys, resident meetings and evaluations of residents' participation records.

### **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

Staff assess residents on entry to the home and include detailed information on their individual cultural background and spirituality needs in their care plans. Local clergy visit regularly and offer religious services at the home weekly with most residents attending. Residents join in with staff to say grace before meals. Cultural events and days of significance, including sporting events and resident special days, are celebrated. Terminal care wishes document the resident's wishes regarding end of life religious rites. Residents confirmed the home meets and respects their cultural and spiritual needs and preferences.

### **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 is committed to promoting and respecting resident choices and their decisions. Staff gather information about residents' preferences on entry to the home and review this regularly. Management provides residents with an information package that includes details of the home, services provided and advocacy information. Residents' choice and decision making involvement is monitored through audits, resident meetings and individual consultation. Staff gave examples of enabling resident choice in daily care routines, leisure interests and other services. Residents and representatives said they are satisfied with the opportunities residents have to participate in decisions about the care and lifestyle services, and that they feel residents' choices are respected.

### **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 has a system to ensure residents and representatives understand their rights and responsibilities and have security of tenure. The residents' information pack and the home's agreement contains information about security of tenure, specified care and services and complaint mechanisms. The home displays the Charter of Residents' Rights and Responsibilities and information regarding independent complaint services and advocacy groups. Staff are informed about residents' rights and responsibilities, specified care and services and elder abuse, through policy, handbooks and education. Residents and representatives confirmed they received an agreement and that staff assisted them to understand relevant information about the residents' security of 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 a detailed explanation of the home’s overarching system. The home monitors its physical environment and safety systems through environmental inspections, analysis of incident/infection reports, resident/staff surveys and comments/complaints. Residents can make suggestions or express concerns through the regular residents’ meetings or feedback forms. The home includes identified issues on its continuous improvement plan for further development/action.

Recent improvements include:

- The home has been undertaking a complex rebuilding and refurbishment plan. The home is refurbishing all residents’ bedrooms over time and has completed most rooms. The refurbishment includes:
  - reconfiguring existing ensuites to accommodate lifting/standing machines and improve resident comfort
  - several new ensuites and storage areas at the end of the wings.
  - a new administration office area at the front of the building.
  - the enlargement and modernisation of the rear sun room
  - new secure garden areas
- In an effort to improve its cleaning services management has committed to a current employee conducting an extensive cleaning and environment audit. The employee is a qualified external assessor for this government initiative. The home uses the results internally as it does not have to submit them to a relevant authority. The home maintains a high level of cleanliness and safety even with all the building work.
- To improve the comfort, sanitation and environment for residents, the home has recently replaced the evaporative cooling system with individual split systems in each bedroom as well as connect to the town sewerage system. Residents are pleased with the improved control they have over their own environment.

### **4.2 Regulatory compliance**

*This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.*

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for details on the home’s system for regulatory compliance. The home maintains systems ensuring continued compliance with essential services, occupational health and safety and food safety programmes. The home’s kitchen is registered as a food premise with the local council and contracts an external auditor annually. Staff have had compulsory education around safety systems and hospitality services including infection control and safe food handling. The home has processes to assist residents with respect to heatwave management.

### **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

Management demonstrated the home's education programme provides staff with skills and knowledge to effectively perform in relation to physical environment and safe systems. Staff attend annual mandatory training sessions in areas related to Standard four. The systems used for education and staff development are described in expected outcome 1.3 Education and staff development. Staff confirmed they are satisfied with the educational opportunities available to them in relation to the provision of a safe and comfortable working environment.

Examples of education and training provided in relation to Standard four include:

- manual handling
- emergency response
- infection control

### **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

The home is undergoing modernisation and refurbishment to improve the environment for current and prospective residents. The home accommodates residents in single rooms with private or shared ensuites. Residents are encouraged to personalise their rooms with furnishings/memorabilia from home. Where able, residents have individual control over the heating/cooling systems in their rooms. The home has preventive and corrective maintenance systems along with emergency systems and procedures. The home is well maintained, clean and as confirmed by documentation, authorisations are in situ for the minimal restraint used. The internal environment is uncluttered and the home monitors its safety through audits, regular reviews, incident and hazard reporting processes and feedback. Garden areas are currently restricted due to building works. The home is maintained at a comfortable temperature. Residents said they felt safe and comfortable living in the home and were happy with the changes the home was making.

### **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 actively supports and provides a safe working environment meeting regulatory requirements through its systems and processes. Management demonstrated policies and procedures, staff education, and incident reports supporting a safe workplace. The home's program including hazard identification, incident analysis, workplace audits; and maintenance schedules ensures the environment/equipment is safe. The home has safe chemical storage, appropriate safety signs and personal protective equipment in use. Documentation confirmed that management discusses safety at all meetings and takes

actions through the improvement system to correct hazards. Staff confirmed they can approach management with any issue relating to occupational health and safety.

#### **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

We observed appropriate security measures, equipment and environmental controls in the home. The home maintains clearly marked and unobstructed fire exits. The home ensures that legislative requirements regarding essential services is being met by using an external contractor to maintain and perform system checks on the home's fire safety system. There is a preventive maintenance program that includes the testing and tagging of all electrical equipment the cleaning of mobility aids and the maintenance of plant and equipment. Key pad locks control external doors for resident security, these doors automatically release in the event of an emergency. Staff and documentation confirmed annual training in fire and emergency occurs for staff. Residents and representatives stated they would wait for instructions in the event of an emergency. We observed management had taken appropriate measures to ensure resident and staff safety during the building program.

#### **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 program to identify and manage infection risks. Residents receive annual vaccination and the home provides a range of vaccinations to all staff. Infection control is included in staff orientation and education programs. Data is collected for resident and staff infections with outcomes and trends discussed at clinical handover and appropriate meetings. Supplies of protective clothing and equipment for the disposal of sharps and infectious waste are available. Residents have an individual infection control pack in their room for use in the event of an outbreak. Hand washing facilities and information about hand washing practices is located around the home. There is a food safety program in place and cleaning and laundry services comply with infection control guidelines.

#### **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

External catering staff have relevant resident information identifying specific nutrition and hydration requirements, food allergies, food preferences and choices. There is a registered food safety plan and a rotating menu offering variety and choice to residents. The home's own staff perform the cleaning and personal laundry services. There are cleaning schedules that meet individual resident and service needs; the laundry aims at same day turn around for residents' clothing. An external contractor collects and returns linen. The home monitors its hospitality systems to identify and correct deficits throughout the services. Residents and

representatives confirmed their satisfaction with the catering, cleaning and laundry services provided by the home.