



Aged Care  
Standards and Accreditation Agency Ltd

## **Janoah Gardens**

RACS ID 5759

11 Audell Street

Manly West QLD 4179

Approved provider: Bethany Christian Care

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 20 November 2016.

We made our decision on 30 September 2013.

The audit was conducted on 19 August 2013 to 20 August 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	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

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

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

**Standard 3: Resident lifestyle****Principle:**

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

**Standard 4: Physical environment and safe systems****Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Janoah Gardens 5759**

**Approved provider: Bethany Christian Care**

## Introduction

This is the report of a re-accreditation audit from 19 August 2013 to 20 August 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 19 August 2013 to 20 August 2013.

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:	Kimberley Reed
Team member:	Rosemary Butterfield

## Approved provider details

Approved provider:	Bethany Christian Care
--------------------	------------------------

## Details of home

Name of home:	Janoah Gardens
RACS ID:	5759

Total number of allocated places:	36
Number of residents during audit:	35
Number of high care residents during audit:	22
Special needs catered for:	Not applicable

Street/PO Box:	11 Audell Street	State:	QLD
City/Town:	Manly West	Postcode:	4179
Phone number:	07 3900 4700	Facsimile:	07 3348 7199
E-mail address:	carolynwessels@bethanycc.org.au		

## Audit trail

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

### Interviews

	Number		Number
Management	5	Residents/representatives	12
Registered staff	3	Hospitality staff	4
Lifestyle Assistants	5	Maintenance staff	1
Administration Assistant	1	Diversional Therapist	1
Catering staff	2	Pastoral Carer	1

### Sampled documents

	Number		Number
Residents' clinical files	9	Medication charts	5
Personnel files	4		

### Other documents reviewed

The team also reviewed:

- Activities record
- Audit results
- Blood glucose chart
- Care issue reports
- Case conference record
- Catheter management record
- Competency record
- Complaints folder
- Comprehensive medical assessment
- Controlled drug register
- Doctors visit record
- End of life instruction/palliative care needs
- Evacuation lists
- Family satisfaction survey
- Fire management records
- Interim Disaster Plan
- Maintenance records
- Mandatory reporting folder
- Minutes of meetings
- New resident checklist/profile

- Orientation checklist- agency personnel
- Police certificates
- Post admission survey
- Proposal for improvement folder
- Resident infection notification
- Resident nutritional data
- Resident site plan
- Residents ability to self administer medication
- Restraint authorisation form
- Restraint signing records
- Risk assessments
- Safety data sheets
- Self assessment
- Short term care plan
- Staff training and education records
- Surveys
- Temperature records
- Weight chart
- Wound documentation

### **Observations**

The team observed the following:

- Activities in progress
- Administration of medication
- Catering processes
- Equipment and supply storage areas
- Evacuation signage
- Food storage
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Meal and beverage service
- Outbreak box and spill kits
- Sharps and waste disposal
- 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

Janoah Gardens (the home) has a continuous improvement system for identifying improvement opportunities, implementing solutions and monitoring and evaluating outcomes. Residents/representative and staff have input by making suggestions verbally, via email, submitting report forms, raising issues of concern at meetings/forums and by participating in satisfaction surveys. Other mechanisms used to capture improvement opportunities include incident/accident data collection, data analysis, audits and observation of staff practices. Continuous improvement records are maintained by the Operations Manager (OM) in conjunction with the Senior Care Manager and the home's Care Manager (CM). Residents/representatives and staff are satisfied with their opportunities to make suggestions and feedback provided to them.

Recent improvement activities implemented by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- The organisation identified a need for consistency in the recruitment selection process across all sites and has centralised all recruitment to head office. This ensures all potential staff are aware of and agree to align themselves with the mission, values, philosophy and goals of the organisation. The OM reviews all applicants for suitability prior to applicant details being forwarded to the CM for interview. Management report that the process is working effectively.
- An electronic learning system has been implemented to improve staff skills and knowledge. Staff are advised via email of an education topic and accompanying assessment and can complete these on site or at home. Staff are positive in their feedback to this improvement.
- Management identified a need for registered staff to improve leadership skills and competencies and this led to the introduction of a compulsory leadership module on the annual mandatory training day. Registered staff interviewed were satisfied this session assisted them in their role as team leader.



## **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 organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. Regular updates of legislative and regulatory requirements are provided to the head office from peak bodies. The Chief Executive Officer or OM receives the information and this is disseminated to department heads for actioning. Policies, documentation and processes are modified to remain compliant with any changes. Staff are notified of changes via email, relevant forums/ meetings and through employee education and newsletters. Compliance is monitored by management and senior staff at the home and via audits, observation and feedback. Processes are in place to monitor the currency of staff, contractors and volunteers police certificates and registrations and there is a process to ensure residents and their representatives are informed of accreditation audits. Staff feedback demonstrates knowledge of their legislative 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

The home has recruitment processes to ensure that management and staff have the appropriate knowledge and skills to perform their roles. New staff are provided with orientation to the home, fire safety, manual handling, food safety, customer service and mandatory reporting requirements. These same modules are compulsory for all staff annually as part of the mandatory training program. This program also focuses on leadership training for all registered staff. An education and training needs analysis is undertaken annually and feedback from this as well as analysis of audits feeds into the training plan. An extensive electronic learning program has been implemented recently. The Aged Care Channel is also available and staff access a library of resources that cover all four Accreditation Standards. Staff demonstrate appropriate skills and knowledge relevant to their positions.

## **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

Information relating to internal and external complaints mechanisms is included in documentation on entry to the home, displayed in the foyer of the home and available in the drawer of each house's entry table. Confidentiality is maintained with use of sealed envelopes and/or use of the locked suggestion box in the main foyer area. Management and key personnel provide opportunities for residents/representatives and other interested parties to voice concerns at regular meeting forums, in individual discussions with key personnel or by filling out a report form. Staff are informed of customer service requirements, including complaint management at orientation. Management investigate all complaints and provide

written feedback. Residents/representatives are aware of how to access the complaints mechanisms within the home and are satisfied with the way feedback is managed.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation has documented the home's vision, values, mission statement, philosophy, goals and commitment to quality care. These documents are displayed in the home and distributed in publications to residents, their representatives, staff and other interested stakeholders

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home uses a centralised recruitment system that includes advertising, interviewing, appointment and orientation of staff. Police certificate checks, evidence of qualifications and registration checks form part of the recruitment process and new staff work buddy shifts when they commence at the home. There are mechanisms to identify the number of staff and the required skill mix to meet residents' care and service needs. Staff on planned or unplanned leave are replaced. Position descriptions, probationary periods and mandatory training ensure new and existing staff are aware of the requirements of their positions. Staff performance is managed with appraisals, competencies and supervision of practice. Staff state they are able to meet residents care and service needs. Residents are satisfied with the responsiveness of staff and the care they receive.

### **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 for the purchase of goods and equipment to ensure there are sufficient and appropriate supplies to deliver the care and services required by residents. The quality of services and goods is monitored on delivery and deficits are returned and addressed as appropriate. Stock is ordered according to usual requirements and there are systems to ensure additional or emergency needs are supplied. There is adequate storage to allow stock to be rotated as required. A daily reactive and preventative maintenance program ensures reliability of equipment. Equipment is purchased as needed and following the organisation's approval processes. Staff, residents and their representatives are satisfied that the home provides adequate supplies and equipment to meet resident 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

Systems and processes ensure that management, staff, residents and their representatives have access to and use of appropriate information. Electronic information is password protected with access restricted to appropriate personnel. Additional resident information is stored confidentially in secured areas. Staff are able to access information via minutes of meetings, handover notes, notice boards and newsletters. The home uses email to notify staff of resident care changes, general information and for learning and development activities. Staff personnel files are secured at the organisation's head office. Electronic information is backed up daily via a network of servers at a separate site. Key documents such as policies and procedures are regularly reviewed and revised. Monitoring of the information management system occurs through internal auditing as well as stakeholder feedback. Sufficient information is provided to staff to enable their duties to be carried out effectively. Residents/representatives are satisfied that the communication of information is timely and that management provides them with the information to make informed decisions.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

External services are provided to the home from a preferred provider list or contracted providers. Service agreements are established, maintained and reviewed through the organisation's management in consultation with the home's management. Annual evaluation ensures that equipment and services meet the organisations quality requirements and relevant standards such as workplace health and safety, food safety and infection control guidelines are maintained. Performance of external service providers is monitored by key personnel and feedback is given to suppliers to rectify performance issues. Alternative service providers are sourced by management or by the home's head office if required. Residents/representatives and staff are satisfied with the quality of external services.

## **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 about the home's continuous improvement systems and processes.

Recent improvements implemented by the home in relation to Standard 2 Health and personal care include:

- In response to registered staff feedback at a staff meeting a coloured cup has been introduced specifically for the administration of liquid aperients. This alerts staff to leave the cup with the resident until all medication has been ingested. Registered staff report satisfaction with the new process.
- Following a resident fall with injury, management identified a deficit in information to guide staff practice with new residents' immediate care. A visual, brightly coloured poster was developed and it identifies key resident care alerts and needs. Falls risk, mobility status and support, continence aids and support, personal care support, restraint requirements, medication treatment plan and resident aids can be written/entered on the tool and it is then displayed in a prominent location in the office to guide staff on the resident's care in the settling period. Lifestyle Assistants (LA) and registered staff report the tool is useful and effective.
- Four new competencies (application of creams and ointments, application of support stockings, undertaking urinalysis and hand washing) were introduced for LAs to ensure unregulated staff have the necessary skills to perform their role. Competencies are undertaken for all new staff and kept in staff personal files. Registered staff confirm satisfaction with LA skill levels.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

In relation to Standard 2 Health and personal care, management ensures that registered staff are available to provide care and services in accordance with the *Quality of Care Principles 1997 Specified Care and Services*. Management and staff are aware of their responsibilities in relation to the notification of unexplained absences of residents. The home has a system to ensure relevant staff have current registration.

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

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s system and processes.

The education program reflects identified training needs relating to health and personal care and staff have the opportunity to undertake a variety of training sessions. Examples are but not limited to, wound care, catheter management, skin integrity, pain, falls prevention, obsessive compulsive disorder and delirium.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ clinical needs are assessed on entry to the home through interviews with residents and their representatives, and discharge summaries as provided. Interim care plans and new resident profiles are formulated which guide staff practice until individualised care plans are established. Completion of individualised assessment tools guide staff in the development of care plans. Registered nurses review care plans every three months following input from care staff across all shifts. Care staff are knowledgeable of individualised resident’s requirements, and their knowledge is consistent with care plans. Information relating to residents’ health status is discussed at shift handover and recorded in progress notes and handover records. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required. Residents are satisfied with the clinical care provided by staff.

### **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 home has systems and processes to support the specialised nursing care needs of residents. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, catheter management, oxygen therapy, stoma therapy, pain management and palliative care. Registered staff assess the initial and ongoing specialised nursing care needs, and establishes residents’ preferences. Care plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered nurses are available 24 hours a day, and oversee and assess specific care requirements. Residents are satisfied with the quality of care provided at the home and the support received with specialised 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

The home has processes to support referral to other health and related services where residents’ health needs dictate. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including podiatry, dietetics, optometry, audiology, physiotherapy, pathology, speech pathology, dental services and palliative care services. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists’ reports are received, information is documented in progress notes and changes are made to care plans and clinical profiles as required. Residents are satisfied with the range of and access to allied health specialists.

## **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

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Registered staff administer medications and care staff assist residents with application of creams. Policies and procedures guide staff in ensuring residents’ medication is managed safely and correctly. Medications are stored securely and records of controlled medication are maintained in accordance with State regulatory requirements; those medications required to be stored at specific temperatures are stored within refrigerated confines which are generally monitored for appropriate storage temperatures. Residents who prefer to self administer their medication have been assessed as competent and are provided with secure confines to store their medication. Medication incidents capture information related to medication errors and staff practice is reviewed following incidents. Medication charts contain information to guide staff in the administration or assistance required when administering medication to residents. Residents indicated they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

## **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 pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, heat packs, gentle exercise and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and ‘as required’ pain relief is recorded and monitored for frequency of use. Physiotherapy services provided at the home include the formulation of individual exercise routines, therapeutic massage and heat packs and diversional therapy staff provide exercise programs as part of their monthly schedule. Pain management strategies are reviewed regularly, and as required, to ensure

the interventions for pain are current and changes are communicated to staff as required. Residents are as free from pain as possible and are satisfied with the care they receive to minimise 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

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney and advanced health directives are located in the resident records if required. The home is supported by its own palliative care resources (including a syringe driver) and is supported by local hospital services as required. Specific care instructions are communicated to staff using care planning guidelines, end of life pathways, handover processes and progress notes. Staff have access to palliative care resources such as mouth care products, specialised bedding and pain relief to ensure appropriate care provision. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

## **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’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and dietary profiles to guide staff practice. Residents’ dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in resident diets and fluid requirements. Residents are weighed in accordance to their individual requirements and changes in weight are monitored by the registered staff to support changes in diet, implementation of supplements and/or referral to the Dietician and Speech Pathologist if required. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, specialised cutlery and dietary supplements. Residents and their representatives are satisfied with the quantity of food and fluid received.

## **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

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the residents’ care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, limb protectors, sheepskins and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in wound documentation, daily handover reports, care plans and progress

notes. Wound care is managed by registered staff guided by wound care pathways, which are reviewed regularly for effectiveness. Staff have an understanding of factors associated with risks to residents' skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents are satisfied with the management of their skin integrity.

## **2.12 Contenance management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

Residents' continence needs are assessed on entry to the home and on an ongoing basis. Residents' individual continence programs are assessed and developed by the registered nurses in consultation with care staff trained in continence management. Care plans and continence profiles direct staff practice and ensure individual residents' preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Individualised bowel management programs are developed and include medication and other natural methods. Residents are satisfied with the assistance by staff to maintain their continence.

## **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

Residents are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual resident needs and risks. Staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist residents with challenging behaviours is discussed during handover processes and communicated in progress notes. Residents requesting or requiring protective assistive devices have relevant authorities which are reviewed regularly. Residents are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

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

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

### **Team's findings**

The home meets this expected outcome

Residents' mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs following identified issues relating to mobility. Care plans are developed and reviewed regularly and as required. Staff provide assistance to residents with exercise, balance and range of movement activities. Mobility



aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls, for example the reduction of clutter in residents' rooms and the provision of sensor mats. Staff are provided with mandatory training in manual handling techniques. Residents are satisfied with the assistance provided to maintain mobility and maximise independence.

## **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

Residents' oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required to maintain oral and dental hygiene is determined and this information is included in the residents' care plan to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Dental services are provided onsite and assistance is provided to access resident's preferred dental provider when required. Resources such as mouth care products are utilised to meet residents' oral hygiene needs. Residents are satisfied with the assistance given by staff to maintain oral and dental health.

## **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

Residents' care needs in relation to senses such as hearing, vision, speech and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. Residents identified with impaired sensory function have specific care planning guidelines to assist staff in their daily care, including the reduction of moving resident belongings in their rooms. The lifestyle program includes activities to stimulate residents' senses such as musical activities. Audiology and optical specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of specific storage areas with adequate egress. Staff assist residents to clean and fit sensory aids. Residents are satisfied with the care and support offered to minimise the impact of any sensory loss.

## **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

Residents' preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans to guide staff practice. Staff at the home maintain a quiet environment to assist residents to settle and remain asleep. Residents' medical officers are consulted if interventions are considered to be

ineffective. Residents are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

### **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 about the home’s continuous improvement systems and processes.

Recent improvements implemented by the home in relation to Standard 3 Resident lifestyle include:

- Following resident feedback a second set of floor bowls was purchased to allow more residents opportunity to exercise and socialise. Residents are satisfied with the variety of leisure activities they can participate in.
- Management identified a need to maximise diversional therapy activity potential by sharing of ideas, resources and diversional therapy staff across the three organisational sites. Second monthly meetings were organised to network ideas. This has been successful with several occasions organised for larger group activities with resident input from all three sites.

#### **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 information about the home’s regulatory compliance systems and processes.

In relation to Standard 3 Residents lifestyle, management has systems to ensure that residents have security of tenure, to ensure that reportable and non reportable assaults are managed according to relevant regulations and to ensure privacy provisions are met. Management and staff are aware of their responsibilities in relation to mandatory reporting. Management maintains a consolidated register with records of all incidents involving allegations or suspicions of assaults. The Charter of Resident’s Rights and Responsibilities is displayed in the home and is also included in residents’ handbooks.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's system and processes.

The education program reflects identified training needs relating to resident lifestyle and includes but is not limited to customer service, mandatory reporting and advocacy.

### **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 entry process at the home includes gathering information from the resident and/or their representative to identify residents' lifestyle background, personality traits, likes, dislikes, current abilities and assessment of emotional needs for the development of care plans. This knowledge enables staff to provide support in a manner that minimises the adjustments necessary for residents settling into communal living accommodation. Pastoral care is available to support residents' emotional needs and residents are given the choice of continued visitation. Clinical staff use assessment tools to assist in the early detection of residents with depression and referrals and support systems are implemented as necessary. Feedback from residents and their representatives is gained during individual care conferences, written correspondence, thank you cards, resident meetings and one to one conversations. Residents and their representatives are satisfied with the emotional support provided by the staff.

### **3.5 Independence**

*This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

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

The home meets this expected outcome

The home has systems to ensure that residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Residents are assisted to maximise their independence through health care interventions and are encouraged to be independent by participating in outings within the local community. Residents' independence is also fostered by providing individualised mobility aids, eating utensils, assistance to vote if desired, and the opportunity to have telephones, televisions, computers and radios in their room. Social functions and interaction with friends and family is promoted within the home environment. Staff practices promote and support residents' independence within their capacity in relation to personal care and activities of daily living. Residents are satisfied with the level of independence afforded to them.

### **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

Resident's right to privacy, confidentiality, dignity and respect is recognised and maintained by management and staff. Information about the right to privacy and dignity is contained in the resident handbook, discussed at resident meetings and explained to residents and their representatives on entry to the home. Residents' administrative and care files and treatment information are stored and accessed in a way that provides security and confidentiality of resident information. Information about each resident's personal preferences and needs regarding privacy and dignity are collected and specific needs are incorporated into care plans and communicated to relevant staff. Staff practices in relation to interactions with residents ensures that their privacy and dignity is maintained for example knocking on doors, addressing residents by their preferred name and closing doors when personal care is provided. Residents stated staff respect their right to 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

Information about residents' interests (past and present), capabilities and significant relationships is collected on entry to the home and reviewed as needs change. The Diversional Therapist develops a program of activities in consultation with the residents and information about activities and outings are contained in calendars and displayed on notice boards throughout the home. Themed days are organised and special days of significance are celebrated. The activity program is evaluated and amended based on residents' feedback from one-to-one discussion, resident meetings, surveys, residents' attendance rates and on the changing needs of the resident population. Residents are satisfied with the range of activities available to them and are encouraged and supported to attend those activities of interest to them.

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

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

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

The home meets this expected outcome

Resident's spiritual beliefs, customs and cultural and ethnic backgrounds are assessed through consultation with the resident and their representatives. Residents' specific cultural and spiritual needs and preferences are incorporated into care plans and relevant information is available for care staff members. Church services are provided; residents unable to attend can be visited in their rooms, and residents preferring a visit from a spiritual adviser of another denomination are accommodated. Staff facilitate resident attendance as requested. Significant days, related to an event or culture, are celebrated and residents are encouraged to have cultural and/or spiritual items in their rooms. Residents are satisfied with the support and assistance they receive to maintain their cultural and spiritual 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

Residents and their representatives are able to exercise choice and make decisions regarding the care and services they or their relative receive through ongoing one-to-one consultation with staff and management, surveys, resident meetings and the comments and complaints process. Residents' hygiene and grooming preferences, sleep patterns and other routines are assessed on entry to the home and on an ongoing basis. The home assesses when residents are unable to make decisions for themselves and alternative decision-makers (such as an enduring power of attorney or significant other) are identified to make decisions on their behalf. Information is communicated to residents with the ability to make informed choices in written and verbal forms. Staff interactions with residents support the right of residents to make choices and provide them with the opportunity to make their own decisions, within their capacity, in relation to activities of daily living. Residents have an awareness of their rights and responsibilities and have access to information regarding advocacy services if required.

### **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

Each resident and their representative is provided with an information package which includes a residential care agreement and a resident handbook. The information provided includes residents' rights and responsibilities, security of tenure (including the circumstances in which a resident may need to be transferred or discharged and the consultative process to be followed), fees and charges, internal and external complaint mechanisms, and the care, services and routines provided at the home. Residents and their representatives are notified about changes relating to security of tenure, rights and responsibilities or fees via personal letters, and one-to-one contact when required. If there is a need to relocate a resident to another room or service the home has policies and procedures and consultation with the resident and/or their representative occurs. Residents and their representatives are aware of their rights and responsibilities and are satisfied that residents' tenure at the home is secure.

## **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 about the home’s continuous improvement systems and processes

Recent improvements implemented by the home in relation to Standard 4 Physical environment and safe systems include:

- Management at the home has revised the timing, content and delivery of mandatory training to be more relevant and of a higher standard to ensure staff understand their responsibilities when providing service delivery to residents as well as assessing competencies in manual handling and infection control. This improvement was in response to staff feedback that the manual handling component was ineffective due to size of groups. Smaller, role specific groups have been implemented. Staff report satisfaction with the changes made.
- Following a review by a dietitian a new four week rotational menu has been developed and implemented. The menu includes seasonal variety additions. Residents and their representatives are satisfied with the quality changes made to the menu.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

In relation to Standard 4 Physical environment and safe systems, management maintain and monitor systems to ensure building certification requirements are met, to ensure compliance with fire safety regulations, to ensure the home has a food safety program and to ensure that a safe working environment is provided. Mandatory training is undertaken annually and individualised training has been provided for a Food Safety Advisor, Fire Safety Officer and a Workplace Health and Safety Officer. Compliance with all relevant legislation is monitored by management and senior staff at the home and via audits and feedback and observation of staff practices.

#### **4.3 Education and staff development**

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

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

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's system and processes.

The education program reflects identified training needs and staff have opportunity to undertake a variety of training sessions relating to physical environment and safe systems and includes but is not limited to mandatory education for fire and emergencies, infection control, manual handling, chemical handling, kitchen and laundry processes and food handling and preparation.

#### **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 provides an environment that has safe access to clean internal and external areas with furniture sufficient for residents and their visitors. Resident rooms are a mixture of single rooms with ensuited bathrooms, single rooms with a shared bathroom and double rooms with ensuited bathrooms. The resident and common areas are clean and odour free with adequate lighting. Internal cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Regular audits ('Hazard Hunts') identify areas requiring improvement and staff and resident/representatives are encouraged to fill out a report form if they identify any areas of risk. Preventative and reactive building and equipment maintenance is conducted by the Maintenance Officer or by external contractors and environmental and housekeeping audits are undertaken to monitor the home's physical environment. Residents/representatives are satisfied with the living environment of the home.

#### **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 Maintenance Coordinator is the designated Workplace Health and Safety Officer working closely with the organisational head office and staff at the home to ensure there is a safety system inclusive of hazard/incident reporting, risk assessments, staff training and maintenance activities. Hazards are addressed, actions are implemented and results are communicated to relevant stakeholders. Training and education is provided to staff at orientation and ongoing to ensure safe manual handling practices, use of chemicals and correct infection control practices. Management monitor compliance with auditing, data collection and analysis and observation of staff practice. Safety data sheets are accessible to all staff and spill kits are available when required. Chemicals are stored as per regulatory requirements. Staff demonstrate knowledge of safe manual handling techniques, chemical



and protective equipment use and are satisfied that management address safety issues and provide appropriate training for equipment use.

#### **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

There are processes and equipment for the detection and action in the event of a fire, security breach or any other emergency incident within the home. The home's fire system includes fire detection, alarms, control panels and fire equipment which is inspected (as per legislative requirements) and maintained by external contractors. Fire exits and paths to exits are free from obstacles and exits are clearly marked. Fire evacuation plans are displayed throughout the home and resident evacuation lists are current with occupancy and mobility status. Staff attend fire safety training at orientation and on-going annually at mandatory training days. Emergency procedure guidelines are available and staff have knowledge of their responsibility in the event of a fire or emergency situation.

#### **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 infection control program that monitors the incidence of infections experienced by residents in the home. The program is managed by the clinical management staff and is based on best practice infection control guidelines. The home has processes to identify infection symptoms, to refer residents to medical officers for review and to monitor treatment strategies for effectiveness. Infection data is collected, collated and analysed for trends. Residents are supported and encouraged with influenza immunisation. Procedures are available to guide management and staff in the event of an infection outbreak. Staff are trained in infection control including hand washing, cleaning, safe food handling and effective laundry practices. There are processes to manage pests and to minimise risks of cross infection.

#### **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

Residents are generally satisfied with the standard of catering and cleaning as well as the laundry services provided at the home. Residents' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure their individual needs and preferences are met. All meals are cooked on site in the main kitchen and transported to individual serveries and plated according to individual needs and preferences. A dietitian reviews the four week rotational menu. There is a cleaning schedule which is overseen by contract cleaners. The home maintains a clean, tidy and uncluttered environment. Residents' personal clothing is laundered on site four days a week. Flat linen is contracted out to an external provider. Residents are generally satisfied with laundry

turnabout times and the return of the personal clothing. There is a process to identify and return lost clothing which is generally effective. Management monitor the housekeeping services through report forms, audits, surveys and observation of staff practices. Staff are satisfied with their work environment.