



Aged Care  
Standards and Accreditation Agency Ltd

## **Kalyra Woodcroft Hostel**

RACS ID 6126

54 Woodcroft Drive

MORPHETT VALE SA 5162

Approved provider: James Brown Memorial Trust

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 29 June 2015.

We made our decision on 29 May 2012.

The audit was conducted on 16 April 2012 to 18 April 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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

**Kalyra Woodcroft Hostel 6126**

**Approved provider: James Brown Memorial Trust**

## Introduction

This is the report of a re-accreditation audit from 16 April 2012 to 18 April 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 16 April 2012 to 18 April 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:	Jacqueline Gillespie
Team member:	Margaret Snodgrass

## Approved provider details

Approved provider:	James Brown Memorial Trust
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## Details of home

Name of home:	Kalyra Woodcroft Hostel
RACS ID:	6126

Total number of allocated places:	40
Number of residents during audit:	38
Number of high care residents during audit:	35
Special needs catered for:	People with dementia or related disorders

Street:	54 Woodcroft Drive	State:	SA
City:	MORPHETT VALE	Postcode:	5162
Phone number:	08 8322 4099	Facsimile:	08 8332 3576
E-mail address:	DOCKalyraWoodcroft@jamesbrown.org.au		

## Audit trail

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

### Interviews

	Number		Number
Chairman of the Board	1	Residents/representatives	7
Director of care	2	Property manager	1
Quality manager	1	Physiotherapist	1
Human resources manager	1	Occupational therapist	1
Care manager	1	Dietician	1
Clinical nurse	1	Laundry staff	1
Enrolled nurses	2	Cleaning staff	1
Care staff	6	Maintenance staff	1
Administration assistant	1	Catering staff	3

### Sampled documents

	Number		Number
Residents' files	6	Medication charts	7
Care plans	8	Personnel files	7

### Other documents reviewed

The team also reviewed:

- Audit file
- Accident, incident data and analysis
- Assets register
- Audit and surveys schedule and records files
- Chemical register and MSDS
- Comments and complaints records
- Continuous improvement documentation
- Contractors information and signing record
- Corporate document and registers file
- Document control register
- Fire safety and emergency information and records
- Food safety plan, certification and records
- Gastro enteritis resource file
- Health practitioners register file
- Infection control information and infection data and analysis
- Job descriptions

- Kalyra Woodcroft committee meeting minutes files
- Legislation and industry updates file
- Leisure and lifestyle records, calendar and events notice boards
- Memo folder
- New resident information pack, handbook, agreement and surveys
- Policies and procedures
- Position descriptions and duty statements
- Preventative and corrective maintenance records
- Quality report files
- Regulatory compliance files
- Reportable incident folder
- Resident dietary information, menus
- Resident newsletters
- Staff handbook and newsletters
- Training calendar and records
- Triennial fire certificate
- Volunteer information
- Wound management file

### **Observations**

The team observed the following:

- Activities in progress
- Closed circuit television surveillance and secure gates
- Complaints and suggestion forms and secure boxes
- Equipment and supply storage areas
- Interactions between staff and residents
- Internal and external living environment
- Maintenance sheds
- Meal service to residents
- Notice boards, posted notes and brochures
- Palliative care cupboard
- Staff smoking area
- Storage of medications
- Utility rooms

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The organisation has a framework in place to identify, plan, implement, review, and evaluate continuous improvement activities within the home. The quality improvement plan records the improvement opportunities identified from comments and complaints, feedback from resident and staff meetings, audits, surveys and verbal feedback. Improvements are logged on to a continuous improvement register. Information is discussed at the Quality committee meetings where ongoing actions are discussed, responsibilities allocated and feedback given. Information relating to continuous improvement is tabled at the home's meetings and audit results are distributed to staff so they are aware of actions being undertaken. Residents, representatives and staff are satisfied the home pursues continuous improvement and acts upon their suggestions.

Examples of improvement initiatives implemented by the home over the last 12 months in relation to management systems, staffing and organisational development include:

- The organisation identified an opportunity to improve the service to residents and ensure the correct skill mix of staff to provide this service. An external provider was engaged to review the assessments for all residents. This resulted in increased funding with benefits of increased staffing hours, recruitment of new staff and development of a new roster, with increased training for staff and support during the changes. The home has a registered nurse on duty five days a week with access to a registered nurse at the co-located nursing home at all other times. Enrolled nurses are employed across all shifts seven days a week. The feedback from staff and residents is the correct skill mix to provide the care for residents.
- The director of care identified a need for a system to monitor staff appraisals and training. A data base has been developed. This captures training and appraisal information and assists in monitoring mandatory training and staff appraisals. Evaluation of the system shows the training and appraisals are followed up and up to date.

#### 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's management maintains membership with peak bodies and industry groups. Senior management identify relevant legislation requirements, professional standards and guidelines and communicate regulatory changes affecting the home. Changes

or updates in policies, procedures or practices are communicated to staff in the form of memoranda, meetings, training sessions, information on notice boards and in the communication books. Staff interviewed were able to demonstrate knowledge of regulatory requirements and guidelines affecting their work practices. Compliance is monitored through internal and external audits, inspections and reviews. Processes ensure all staff, volunteers, and contractors have current police clearances, statutory declarations where required and prudential regulations are adhered to. Residents and representatives confirmed they had been informed about the impending re-accreditation audit.

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

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

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

The home meets this expected outcome

The home has systems and processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. Management staff identify and plan education using data from staff appraisals, legislative and mandatory requirements, current resident needs and feedback from residents and staff. A training calendar is developed from this information and management monitor staff attendance at training sessions. The home uses internal and external training resources, including the Aged Care Channel, which gives flexibility to staff. The home evaluates the effectiveness of some sessions using staff evaluation forms and questionnaires to test knowledge gained. New staff undertake a mandatory orientation program and mandatory training is monitored. Management and staff are satisfied they have access to sufficient education and training to perform their roles effectively and are encouraged and supported to maintain their professional development. Management and staff have participated in training in relation to management systems, including assessing for the aged care funding instrument.

### **1.4 Comments and complaints**

*This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

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

The home meets this expected outcome

The home has processes to inform residents and representatives of internal and external complaints mechanisms, including information in the residents' handbook and residential service agreement. The home maintains a complaints register with records of follow up and outcomes. Management monitor and investigate complaints, implement appropriate action and provide feedback to those individuals concerned. External advocacy and complaints information is displayed in the home. Staff are aware of the comments and complaints system and feel supported in raising concerns with management. Residents and representatives are satisfied concerns they raise are managed effectively and resolved.

### **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's vision, mission and values are documented and visible throughout the home. Information describing the home's purpose and values is available in resident and staff handbooks. Documentation containing the home's purpose, vision, mission and values has consistent content. The home is governed by a board of management. Staff are familiar with the home's commitment to quality care and services.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. The organisation's recruitment processes include induction, police clearances and statutory declaration where required; nursing registrations are monitored. The home advertises internally and externally and has access to new staff through work placements and traineeships. The home provides an induction program for commencing staff. All staff and volunteers are required to provide a police clearance certificate. The home's management generally monitors staffing levels and skill mix through staff feedback, meetings, audits, surveys and incident data. Staff performance appraisals are conducted annually. Vacant shifts are filled by casual and permanent staff and agency staff where required. Residents and representatives interviewed are satisfied staff have the appropriate skills to deliver care and services.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for residents and staff. The home uses internal and external maintenance processes, audits, workplace inspections, hazard and incident reports to monitor plant and equipment. There are processes for ordering goods and preventative and routine maintenance schedules to ensure that equipment is well maintained. Specialised maintenance is provided by qualified external suppliers. Staff, residents and representatives are generally satisfied there are adequate and appropriate stocks of goods and equipment to deliver care and services.

## **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

Organisational systems and processes are in place to guide the effective collection, use, storage and destruction of information in accordance with regulatory requirements. Staff are provided with information via policies and procedures, care plans, memorandums, communication books, notice boards, at handover and during meetings. Computer access is password protected. Security of confidential information is maintained and all staff sign confidentiality agreements as part of recruitment. Residents and representatives are provided with information when moving into the home, in meetings, on notice boards, mail-outs and verbal reminders from staff. Residents and representatives stated sufficient information is provided and their personal and private information is managed sensitively and appropriately.

## **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 selected on their ability to meet the home's needs. The home has agreements with external contractors in relation to maintenance, pest control, allied health services, fire safety, agency staff and pharmacy. Written contracts detail the type and quality of service to be delivered and there is a process to monitor police checks and keep other relevant information up to date. The organisation monitors the quality of services provided through staff and resident feedback and service providers are changed if considered unsatisfactory. Staff, residents and representatives are satisfied with the external services provided.

## **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.

In relation to Standard 2 Health and personal care, the home identifies improvements from feedback from observations, complaints, audits, incident reports, care reviews, residents and staff. The plan for continuous improvement is monitored by the Quality Improvement committee and discussed at staff meetings. Staff and residents are encouraged to participate in the home's continuous improvement program.

Examples of improvement activities and achievements relating to health and personal care include:

- The clinical manager identified an opportunity to improve the monitoring of residents' weights. A new program was implemented and a data base developed to log monthly weights with graphs easily identifying weight changes. The program has a procedure to follow when issues occur which may include input from speech pathologist or dietician, fortified diets, more frequent weighs and close monitoring of food and fluid intake. This has improved the monitoring and early intervention in respect to residents' nutrition and hydration.
- Staff identified the problem of having all resident care information available in each house and the difficulty getting it to and from each shift. A carry bag has been introduced to carry the file which is stored in the top of the linen cupboard. A signing record has been introduced which is stored in the file, staff sign off for care provided as detailed in the care plans, treatment records, assessments and topical medication for each resident in the house. This has provided a better flow of information, more accountability of staff and evidence of care given.

### **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 system and processes.

Relevant to Standard 2 the residents' nursing and care needs are assessed, documented, implemented, evaluated, and reviewed as set out in the *Quality of Care Principles 1997*. There are procedures to meet the management and reporting requirements for unexplained resident absences. Regular reviews of residents' medications are undertaken by a qualified pharmacist.

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

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents’ care needs. Staff training relevant to health and personal care includes continence management, tracheostomy care, pain and wound management. Staff are satisfied with the support provided to them to develop their knowledge and skills. Nursing and care staff are credentialled in relevant skills. The home’s ongoing monitoring of staff skills and knowledge to perform their roles is effective.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The multidisciplinary team assesses residents’ clinical needs when they move into the home, using the medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home’s policy and in consultation with residents and representatives via care planning and care conferences. Processes are in place to monitor and communicate residents’ changing needs and preferences, including regular review of residents by their medical officers, four-monthly care plan reviews and shift handovers. Some clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Residents and representatives reported satisfaction with the clinical care provided.

### **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

Residents’ specialised nursing care needs are identified and assessed by trained staff and care requirements are documented in a specific nursing care plan reviewed four-monthly or as needs change. The home has registered nurses rostered on duty over 24 hours who are accessible from the co-located nursing home to provide care and direction for the enrolled nurses and care staff. Medical officers and other health professionals are consulted as required. Examples of specialised nursing care include complex pain and wound care, catheters, insulin dependant diabetics, oxygen therapy and behaviour management. Residents and representatives reported residents’ specialised nursing care needs are discussed with them and they have input into the process.

## **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

Residents are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. A physiotherapist and occupational therapist visit five sessions a week to assess all residents’ mobility and functional requirements and provide instructions to direct staff. Regular reviews take place as required thereafter. A podiatrist visits the home fortnightly and attends to residents’ needs. Referrals are made to other health specialists as the need is identified, including a speech therapist, dietician, dentist, optometrist, dermatologist, hearing services and the mental health team. Residents and representatives reported satisfaction with residents’ ongoing access to a variety of 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

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Residents medications are stored in a locked cupboard in the individual houses and scheduled drugs are stored and administered by the registered nurse from the co-located nursing home. Registered and enrolled nurses administer the medications via a pre-packed system, as per medical officers’ instructions. Care staff have been credentialled to apply topical treatments. Medication audits and recorded medication incidents are used to monitor the system. A registered pharmacist conducts reviews of residents’ medications and communicates findings to the medical officers and the home. Residents and representatives reported being satisfied residents’ medications are managed safely and correctly.

## **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

There are systems to identify, implement and evaluate each resident’s pain management strategies to ensure they remain as free as possible from pain. All residents are assessed for pain using verbal and non-verbal assessment tools. If pain is reported or a fall sustained then additional assessments are implemented and actioned. Care plans detail interventions including alternative therapies and use of pain and pressure-relieving equipment. Ongoing pain is reported, the effectiveness of ‘as required’ pain relief medication is evaluated and, where required, residents are referred to the physiotherapist and/or occupational therapist and their medical officers for review. Staff interviewed described their role in pain management including applying heat packs and massage, as well as identification and reporting of pain. Residents and representatives reported staff are responsive to complaints of pain and residents’ pain is managed appropriately.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill residents are maintained. Residents or their representatives have the opportunity to record their end of life wishes when residents move into the home or at any time throughout their residency. Support during residents’ palliation is provided by their medical officers and the home’s clinical team with referral to external palliative services, if required. Staff reported palliation is an ongoing continuation of the care they give in addition to the emotional support to family members. Residents and representatives expressed confidence and confirmed that, when required, staff would and do manage palliative care competently, including the maintenance of residents’ comfort and dignity.

## **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’ nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Residents’ care plans outline their dietary requirements, including the level of assistance required. Registered nurses monitor residents’ recorded monthly weights and, where weight loss is identified, residents are given supplementary nutritional drinks and referred to the dietician. Swallowing assessments are conducted, and residents identified as being at risk are referred to a speech pathologist for further assessment and specific care plans and modified diet where required. Residents’ nutritional management is directed by trained nurses and supervised by the clinical nurse. Staff and volunteers have completed training in feeding residents with dysphagia. Residents and representatives reported they are satisfied with the menu and associated support provided to residents.

## **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

Registered nurses conduct regular assessments of residents’ skin integrity. Care plans record preventative skin care interventions and residents identified as high risk have specific care plans in place. Trained nurses attend to residents’ wound care and wound evaluations are regularly recorded by the registered nurses. The home employs a number of preventative strategies including pressure-relieving mattresses, re-positioning, moisturising lotions and dietary supplements, where required. Residents’ skin integrity is monitored daily by care staff who report abnormalities to the trained nurses. The home records, analyses and trends skin-related incidents, identifying where preventative action can be implemented. Residents and representatives reported satisfaction with the home’s management of skin care.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate residents’ continence care needs when they move into the home and on an ongoing basis. Residents’ urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of their assessed needs. Staff utilise bowel charts to track bowel patterns and enable the development of appropriate bowel management programs; trained staff administer and monitor the effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage residents’ continence needs. Residents and representatives reported being satisfied with the management of the residents’ continence requirements.

## **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’ behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for a resident’s behaviours are identified and appropriate interventions are developed and documented in the care plan for staff guidance. Effectiveness of behaviour management strategies is monitored via clinical indicators, restraint reviews and observations. Referrals are made to therapy and mental health services. An evening therapy program has been implemented in the memory support unit in addition to the daily program. Residents and representatives reported residents’ challenging behaviours are well managed and the impact of the behaviours on other residents is minimised.

## **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

When residents move into the home, a physiotherapist, an occupational therapist and registered nurses assess their mobility, dexterity, and associated falls risks. Residents are encouraged to maintain their mobility and dexterity by participating in the home’s activity program that includes a range of group exercises and physical activities to improve independent movement. Residents who are unwilling or unable to participate have an individual exercise plan in place which is generally carried out by care staff. A range of seating and mobility aids are available to assist residents to maintain mobility and independence. Incidents relating to mobility and dexterity are analysed for trends. Residents and representatives reported satisfaction with the home’s management of residents’ mobility and dexterity needs.

## **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

When a resident moves into the home an oral and dental assessment is conducted to identify their oral function, hygiene, and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the resident’s care plan. Behavioural changes or any indication of oral pain, loss of appetite or swallowing difficulties are investigated and referred for either further specialised assessment or treatment. Residents are assisted to access their usual dentist where required; currently a dental research project is taking place with eligible residents. Staff interviewed could tell me how they assisted residents to maintain their oral hygiene and how dental supplies were accessed. Residents and representatives reported satisfaction with the support provided to residents to maintain their 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

Registered nurses assess residents’ sensory abilities across the five senses and identify deficits and needs when they move to the home. Interventions for managing sensory losses are documented in residents’ communication and lifestyle care plans and are regularly reviewed by appropriate staff in accordance with the home’s procedure. Audiologists and optometrists will visit the home when required and residents are encouraged to access this service. Residents are also assisted to access external specialist appointments and information following the appointment is communicated to registered staff. The physiotherapist assesses sensitivity prior to the use of heat or cold packs. Residents and representatives reported satisfaction with the home’s management of sensory losses and 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

Processes are in place to assist residents to achieve natural sleep patterns. Sleep observations are conducted for all residents to identify sleep patterns and disturbances. Interventions to assist residents to establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks, repositioning and night sedation. Staff described factors impacting on residents’ sleep including noise, confusion, pain and continence issues. Residents and representatives interviewed reported residents are satisfied with the support provided to achieve restful sleep at night.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home identifies improvements from resident and staff feedback, surveys, activity evaluations, observations and complaints. The plan for continuous improvement is monitored by the Quality Improvement Committee and discussed at staff meetings. Staff and residents are encouraged to participate in the home’s continuous improvement program.

Examples of improvement activities and achievements relating to Resident lifestyle include:

- The leisure and lifestyle co-ordinator identified an opportunity to improve care for residents in the memory support unit. A new shift in the late afternoon and a ‘Sundowner’ program has been developed to provide activities for these residents with special needs. A communication book is used to monitor the daily program which focuses on managing and preventing challenging behaviours. The feedback from staff is positive and will formally be evaluated after three months.
- The home provides a computer based balance program to improve resident’s balance and reduce the incidence of falls. One resident is unable to stand on the mat and a raised seat has been modified by maintenance staff. The resident can now sit and follow the exercise program successfully. The resident is very pleased to be able to exercise and staff observe an improvement to general wellbeing.

#### **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

See Regulatory compliance in Standard 1: Management systems, staffing and organisational development for an overview of the Regulatory compliance system.

Relevant to Standard 3 systems include all residents are offered a resident agreement that addresses User Rights Principles. The organisation has policies and procedures meeting National Privacy Legislation. The organisation has procedures for mandatory reporting in accordance with the Accountability Principles.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Staff training relevant to resident lifestyle includes dementia, privacy and dignity and elder abuse. Staff are satisfied with the support provided to them to develop their knowledge and skills. The home's ongoing monitoring of staff skills and knowledge to perform their roles is effective.

### **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

Processes are in place to support residents when they move into the home and on an ongoing basis. A pack is supplied to all residents and representatives giving comprehensive information about the services provided. Residents' emotional needs including social and family history, personal routines, preferences and specific emotional profile are recorded by the representative on entry to the home; actions are taken to provide support whilst adjusting to life within the home. A care plan is developed from information gathered. Residents and representatives are encouraged to personalise residents' rooms with photographs and personal effects. Representatives stated they can visit the home at any time and are welcomed by 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

Each resident's cognitive, physical and emotional status is assessed when residents move into the home and care plans are developed identifying interventions to encourage and assist residents to maintain their independence. Suitable aids and therapy programs support the residents to maintain their mobility, cognitive status and dignity. Suitable aids, therapy programs and staff support ensure residents' communication and mobility levels are maximised and residents are able to participate in social events within the home. Staff interviewed reported, and the team observed, staff and volunteers assist residents to attend activities within the home. Residents and representatives reported satisfaction with the assistance provided by the home in relation to residents' independence, remarking on the ease with which they can use the front entrance now that automatic doors have been fitted.

### **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

Care and lifestyle plans identify residents' privacy and dignity needs and requests. Staff are advised of resident rights and the home's privacy and confidentiality policy. Staff were observed knocking on residents' doors prior to entry and described their practices to maintain residents' dignity during daily care. Residents' personal information is securely stored. Residents have single rooms with en-suite bathrooms and there are areas for private time with families. Monitoring processes include care and lifestyle reviews, audits, observation and comment and complaint mechanisms. Residents and representatives interviewed are satisfied the resident's privacy and dignity needs are respected.

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

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

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

The home meets this expected outcome

The lifestyle assessment undertaken in consultation with residents and representatives identifies social history, past and current interests. Lifestyle staff trial a range of activities with new residents and plan a program to meet individual requirements. A copy of the monthly activity program is provided to each resident and includes a variety of events including outings, crafts, men's group, exercise programs and musical events. Individual plans for each resident are included in the care plan and a daily activity diary at the front prompts care staff about resident's preferred activities for the day. The leisure and lifestyle staff are supported by a team of volunteers. Staff demonstrate understanding and respect for resident's individual needs and preferences and gave examples of support provided for residents requiring encouragement to participate. Lifestyle staff regularly review the program to meet individual needs through monitoring attendance, observing participation and consultation with residents, representatives and clinical staff. Individual programs are changed as residents' needs change. Residents and representatives are satisfied residents have the opportunity to participate in a range of 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

The lifestyle assessment identifies cultural and spiritual customs and beliefs and care is planned with consideration for individual preferences. Pastoral workers from various denominations visit and residents are supported to attend services in the home. Relevant religious and cultural events are celebrated. The home celebrates a different culture each month to provide new experiences and understanding of other cultures for residents. Staff demonstrate their consideration of individual beliefs through care practices, including end of life care planning. The home monitors the effectiveness of care and services to support cultural and spiritual needs through the care review process and feedback from residents and representatives. Residents and representatives interviewed are satisfied the home considers and supports individual interests, cultural and spiritual beliefs and customs.

### **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 are informed of the home's range of services. Care and lifestyle assessment processes identify resident preferences for activities of daily living, lifestyle choices, civic interests and details of persons nominated to provide advocacy. Resident risk is considered when supporting resident choices and consultation processes are documented. Resident satisfaction with choice and decision making and staff support and respect for their choices is monitored through resident meetings, surveys, care and lifestyle reviews, one-to-one discussions and activity evaluations. Residents and representatives interviewed are satisfied choices are respected and residents are supported to make their own decisions about care and lifestyle relevant to their capacity.

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

*This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".*

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

The home meets this expected outcome

Residents are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. Residents and representatives satisfaction is monitored through meetings, surveys and verbal feedback to staff and management. Brochures regarding independent sources of advice and advocacy are available within the home. The home has introduced aging-in-place and room changes are carried out in consultation with residents and representatives. Staff are aware of resident's rights and responsibilities. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

## **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.

In relation to Standard 4 Physical environment and safe systems, the home identifies improvements from resident and staff meetings, incident and hazard data, audits, worksite inspections, observations and complaints. The plan for continuous improvement is monitored by management and discussed at staff meetings. Staff and residents are encouraged to participate in the home’s continuous improvement program.

Examples of improvement activities and achievements relating to the Physical environment and safe systems include:

- The organisation identified an opportunity to improve the corrective maintenance program. An electronic maintenance request program integrated across the entire organisation’s sites has been implemented. All staff input maintenance electronically and this allows maintenance staff the ability to prioritise, recall progress and sign off as completed. An email is sent to maintenance when a new issue is logged on. Staff can access the program to check progress of issues. Evaluation of the improvement indicates there is improved monitoring of maintenance from the site and the organisation, staff find it easy to use and there is a reduction in paper use.
- With the increase in resident needs and ageing in place, the clinical manager identified the need for more information in each kitchenette about each resident’s dietary requirement, allergies, likes and dislikes to ensure each resident receives the correct meal. The kitchen has introduced special stickers which identify residents and their special diets; each pantry has a folder with each resident’s dietary requirements. This has ensured staff have clear information so the correct diet is given to the resident. Staff advised the improvement is working well and it is easier for them to identify residents’ meals.

### **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

See Regulatory compliance in Standard 1: Management systems, staffing and organisational development for an overview of the regulatory compliance system.

Examples of regulatory compliance relevant to Standard 4 include: The home’s fire alarm system and fire fighting equipment has been checked in accordance with Australian Standards. All electrical equipment has been tagged in accordance with Electrical Tagging Guidelines. The homes residual checking devices have been checked by a qualified electrician. The external catering service has a Food Safety Plan in place.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Staff training relevant to the physical environment and safe systems includes food safety, manual handling, chemical safety, fire and emergency and infection control. Staff are satisfied with the support provided to them to develop their knowledge and skills. The home's ongoing monitoring of staff skills and knowledge to perform their roles is effective.

#### **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 provides a safe and comfortable living environment consistent with residents' care needs. Residents are accommodated in single rooms with en-suite bathroom facilities in each house. Communal dining rooms and lounge rooms provide opportunities for interaction with other residents. Residents and visitors have access to gardens and external areas. The home monitors the living environment through preventative and corrective maintenance processes, audits and workplace inspections. Staff are aware of their responsibility in maintaining a safe and comfortable living environment for residents. The home is secure and residents are able to wander freely. Residents have access to call bells to summon staff assistance and staff carry phones for ease of communication. If restraint is required for resident safety, there is a process of assessment and consultation with residents and representatives and the medical practitioner. The home has a memory support unit for residents who might wander away from the home. Residents and representatives interviewed are satisfied management are providing a safe and comfortable environment.

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

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

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

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. The occupational health and safety committee is responsible for monitoring the home's safety. Staff report hazards and are aware of safe work principles relevant to their role. Incidents are logged, monitored and reviewed. The home's safety is monitored by workplace inspections, audits and maintenance requests. The home offers staff an influenza vaccination program. There are processes to assist with rehabilitation and return to work programs for staff affected by workplace injuries. Staff have access to policies, procedures, guidelines and training. Staff interviewed are generally satisfied with the working environment.

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

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

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

The home meets this expected outcome

The home has systems to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation maps are located throughout the home and emergency procedures are accessible to staff. A resident mobility status list is available to staff and emergency services. Fire and emergency mandatory training is conducted annually and drills monitored to check staff response. The home has a current triennial fire safety certificate and fire safety log books are up-to-date. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems. The home's security is maintained through key pad operated doors, closed circuit television, a lockup procedure and external monitoring by a security contractor. Staff are aware of their responsibilities in the event of an emergency and the home has emergency plans in the event of a full evacuation.

#### **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

There are processes in place for identifying, managing and minimising actual or potential infection control risks. Core training at orientation includes hand washing and infection control. A staff and resident vaccination program, hand washing facilities, microbial gel, the food safety program, the use of personal protective equipment, effective waste management, disposal of sharps, the use of colour coded cleaning equipment and a pest control program enable staff to minimise the risk of infection transmission. Compliance monitoring occurs through internal and external environmental audits and analysis of the incidence of infections. Staff showed an awareness of infection control practices and associated principles of infection control procedures. Residents and representatives reported satisfaction with the actions taken by staff to control the risk of cross-infection and the availability of microbial gel.

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

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

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

The home meets this expected outcome

The home provides hospitality services that enhance residents' quality of life and the staff's working environment. The meals are cooked onsite and feedback is encouraged to improve the meal service. There is a four-week rotating seasonal menu, reviewed by a dietician, which offers variety and choices. Residents' dietary requirements, food allergies and preferences are identified, updated as necessary and communicated to relevant staff. Personal laundry is laundered on site and a laundry marking service provided. Cleaning is scheduled and special cleaning requirements attended as they arise. Hospitality staff have access to duty statements, policies, procedures and guidelines to assist them in their roles and are aware of infection control and safety procedures. Food safety and chemical training has been provided. The home has clear communication and referral between services. The home's systems and practices are monitored through audits, food safety certification,

surveys and comments and complaints. Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home.