



Aged Care  
Standards and Accreditation Agency Ltd

## **Karinya Grove**

RACS ID 3828

3 Aberdeen Road

SANDRINGHAM VIC 3191

Approved provider: Coleman Care Group Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 14 October 2015.

We made our decision on 4 September 2012.

The audit was conducted on 31 July 2012 to 1 August 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

**Karinya Grove 3828**

**Approved provider: Coleman Care Group Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 31 July 2012 to 1 August 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 31 July 2012 to 1 August 2012.

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

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

## Assessment team

|               |                 |
|---------------|-----------------|
| Team leader:  | Fiona Taylor    |
| Team members: | Jennifer Clarke |
|               | Lisa Chambers   |

## Approved provider details

|                    |                            |
|--------------------|----------------------------|
| Approved provider: | Coleman Care Group Pty Ltd |
|--------------------|----------------------------|

## Details of home

|               |               |
|---------------|---------------|
| Name of home: | Karinya Grove |
| RACS ID:      | 3828          |

|   |                        |
|---|------------------------|
| Total number of allocated places:           | 90                     |
| Number of residents during audit:           | 83                     |
| Number of high care residents during audit: | 63                     |
| Special needs catered for:                  | Dementia specific unit |

|                 |                            |            |              |
|-----------------|----------------------------|------------|--------------|
| Street:         | 3 Aberdeen Road            | State:     | Victoria     |
| City:           | Sandringham                | Postcode:  | 3191         |
| Phone number:   | 03 9947 2000               | Facsimile: | 03 9947 2100 |
| E-mail address: | karinya@colemancare.com.au |            |              |

## Audit trail

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

### Interviews

|                           | Number |                           | Number |
|---------------------------|--------|---------------------------|--------|
| Director                  | 1      | Residents/representatives | 19     |
| Director of Nursing       | 1      | Administration            | 2      |
| Quality manager           | 1      | Finance manager           | 1      |
| Clinical care coordinator | 2      | Maintenance staff         | 1      |
| Registered nurses         | 3      | Cleaning staff            | 3      |
| Care staff                | 10     | Laundry staff             | 1      |
| Cook/catering staff       | 5      |                           |        |

### Sampled documents

|                                  | Number |                    | Number |
|----------------------------------|--------|--------------------|--------|
| Residents' files                 | 10     | Medication charts  | 10     |
| Lifestyle assessments/care plans | 6      | Personnel files    | 8      |
| Resident agreements              | 8      | Service agreements | 8      |

### Other documents reviewed

The team also reviewed:

- Activities calendar
- Appraisal lists
- Approved suppliers list
- Asset register
- Audit schedule, audits and reports
- Catering certificates, food safety plan and records and third party audits
- Chemical inspection reports
- Cleaning schedules
- Clinical documentation
- Compliments folder
- Continuous improvement action register, plans, forms, reports
- Corrective maintenance books
- Dietary information
- Duty statements
- Elder abuse and missing persons registers
- Emergency procedures folders
- Employee of month awards

- Environmental inspection audits
- Equipment lists
- Feedback forms and responses
- Fire documentation
- Incident forms and register
- Infection control information and data
- Information directories
- Lifestyle documentation
- Maintenance asset tags
- Material safety data sheets
- Meeting minutes and calendar
- Memoranda folder and register
- Menu
- Newsletter
- Nursing registration register
- Occupancy permit
- Outbreak folder
- Pest control documentation
- Police checks
- Policies and procedures
- Position descriptions
- Preventative maintenance schedule and records
- Quality improvement forms
- Recruitment policies and procedures
- Residents' information package and surveys
- Risk assessments
- Staff and resident survey
- Staff education calendar, records, competencies
- Staff pre-employment pack
- Staff, resident, volunteer and supplier handbooks
- Staff rosters
- Statutory deceleration register
- Temperature records
- Test and tagging register.

## **Observations**

The team observed the following:

- Access to feedback forms, brochures and suggestion boxes

- Activities in progress
- Blood spill/breakout kits
- Café/shop
- Chapel
- Charter of residents' rights and responsibilities
- Chemical and hazardous goods storage
- Cinema
- Cleaning in progress
- Colour coded cleaning equipment
- Cultural care kit
- Equipment and supply storage areas
- Evacuation maps
- Fire and emergency equipment
- Hairdressing salon
- Interactions between staff and residents
- Internal and external living environment
- Library/computer area
- Meal service and drinks rounds in progress
- Medication storage and administration
- Memorial herb garden
- Menu
- Noticeboards and resource information
- Notification of reaccreditation visit on display
- Oxygen storage
- Palliative care trolley
- Pet birds
- Security cameras
- Sign in/out registers
- Smoking area
- Vision, mission and values statement.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. Management encourages residents and their representatives, staff and other stakeholders to contribute to continuous improvement through surveys, meetings, stakeholder input, incident reports, maintenance processes, continuous improvement forms, compliments forms and informal feedback mechanisms. Continuous improvement is an agenda item at staff meetings and the home has quality meetings. Management monitors opportunities for continuous improvement and these are actioned however these are inconsistently monitored on a register and the continuous improvement plan. Feedback on continuous improvements is provided via direct feedback or at meetings. Residents, representatives and staff advised they are satisfied that continuous improvement occurs at the home.

Examples of improvements in Standard 1 include:

- In response to residents changing clinical care needs, the home has supported several care staff to upgrade their professional qualifications. This has resulted in endorsed enrolled nurses now being rostered in most care areas on each shift.
- Staffing levels have been increased at the home to meet residents changing needs.
- The purchase of the aged care channel has facilitated staff with improved access to staff training within the home.
- Updated staff/resident and volunteer handbooks are in place to meet the changing needs of the organisation and are in response to stakeholder feedback.
- As a result of stakeholder feedback, the home's information management systems have been upgraded to provide staff with improved access to resident information.
- The introduction of a text messaging system for staff regarding education opportunities, or shift vacancies that need filling, has provided management with more timely access to staff.

## **1.2 Regulatory compliance**

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

### **Team's findings**

The home meets this expected outcome

The home has systems in place for identifying relevant legislation, regulations and guidelines relating to management systems. Information and updates of relevant legislation, regulatory requirements, professional standards and guidelines are obtained through an external legislative update service and membership with peak body organisations. Management inform staff of relevant legislative changes through staff meetings, education and training sessions and memoranda and updates of policies occurs in response. The home has an effective system to monitor that staff, volunteers and external contractors have current police check clearance and to ensure annual renewal of professional registrations. Notification occurs to staff, residents and representatives of accreditation site audits. Confidential information is stored securely and destroyed appropriately and information is available to residents and representatives of external complaints and advocacy services.

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

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

### **Team's findings**

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively in relation to management systems, staffing and organisational development. The home provides training on site including induction and orientation, mandatory requirement training, competency testing and self directed learning opportunities. Staff are supported to gain additional skills and qualifications through internal and external training. Residents and representatives were satisfied that staff had the knowledge and skills to meet residents' needs.

Examples of recent education relating to Standard 1 include:

- Continuous improvement
- Electronic clinical documentation system
- Teamwork and leadership.

## **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 a comments and complaints mechanism that is accessible to residents, representatives, staff and other stakeholders. The comments and complaints system includes feedback forms, surveys, meetings, informal feedback mechanisms and direct access to management. Information on the home's complaint mechanisms are communicated through information packs, noticeboards and discussed at meetings. Brochures about the external complaints service, aged care rights and advocacy services are

available to residents and representatives. The home has procedures for the handling of complaints and a suggestion box for the delivery of confidential feedback. Residents, representatives and staff are satisfied they can raise comments and complaints and the responsiveness of the home to issues raised.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home has a documented vision, mission, value and philosophy statement which is supported by a commitment to quality statement. This statement is on display throughout the home and through the resident, staff and volunteer handbooks, policies and procedures and stakeholder information.

### **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 employs appropriately skilled and qualified staff to meet resident care needs. Staff recruitment is based on qualifications, reference checks and police clearance. Formal induction and orientation programs are in place. Position descriptions, duty statements, handbooks, policies and procedures inform and guide staff. The home monitors the skills of staff performance through audits, competency testing, appraisals and observation. Staffing levels are monitored to reflect changes in resident numbers and care needs. Residents and representatives indicate staff respond to their needs appropriately and in a timely manner.

### **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 sufficient stocks of supplies and equipment to meet residents' needs. The home orders goods through approved suppliers and effective ordering and stock rotation processes are in place. All supplies are stored in clean, secure areas around the home. Maintenance staff through corrective and preventative maintenance programs maintains equipment and home. Records demonstrate maintenance is provided in a timely manner. Staff, residents and representatives confirmed the appropriate availability of goods and equipment and the completion of quality maintenance in a timely manner.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to facilitate the collection and distribution of information to enable staff and management to perform their roles. Appropriate data is collected, documented and maintained securely. There are processes for the secure storage, archiving and disposal of confidential information. Documented policies and procedures are readily available and accessible to staff to guide their practices. Staff have password access to information that is relevant to their role. Network directories are backed up daily. Management communicates information to staff through meetings, shift handover, memoranda, noticeboards and internal computer communication systems. Residents are informed of information through handbooks, noticeboards, meetings and newsletters. Staff, residents and representatives confirmed their satisfaction with the information provided.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has systems and processes in place to ensure all external services are provided in a way that meets the residential care services and residents' needs and goals. The home has approved supplier's lists and consistent service agreements documenting standards of service expected. External services are monitored through contract reviews, performance observations and feedback direct from stakeholders about the quality of service to the home. The home's system ensures that contractor qualifications, registrations and police checks are maintained and monitored. There is a range of service providers who visit the home including physiotherapy, hairdressing, pharmacy, fire and maintenance services. Residents and staff state they are satisfied with the home's externally sourced 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

The home has a continuous improvement system that demonstrates improvements in resident health and personal care. Refer to expected outcome 1.1 Continuous improvements for information about the home's continuous improvement systems and processes. Residents reported they are satisfied they receive appropriate clinical care.

Examples of improvements in Standard 2 include:

- Following feedback from staff, the home has changed pharmacy suppliers which have improved staff and resident satisfaction with the responsiveness of the medication management system.
- An increase in physiotherapy treatment hours including treatments such as massage and thermal heat packs has resulted in improved resident outcomes with residents' pain management.
- The implementation of a new computer based clinical care documentation system has improved staff access to residents' clinical information.
- In response to staff feedback, the home has purchased new equipment to support residents care needs including sensor mats, pressure care mattresses, heat indicator packs and additional lifting equipment.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home's systems and processes. Registered nurses oversee care plan reviews and appropriately qualified staff provide medication management and specialised nursing care. Medication is stored securely. The home has a current policy for absconding residents with appropriate incident reporting and notification processes in place.

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

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills required to perform their roles effectively in relation to residents’ clinical care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education system and processes.

Examples of improvements in Standard 2 include:

- Contenance care
- Oral health
- Swallowing issues/feeding techniques
- Dignity in care
- Managing behaviours.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents receive appropriate care which meets their care needs and preferences. The home has an ongoing review and evaluation system for identifying residents’ personal health and care needs. An individual care plan is developed from medical, allied health and personal information gathered from the resident on entry to the home. The registered nurse reviews and evaluates the resident’s care plan in partnership with the resident and or their representative. Acute episodes are managed through the handover process and progress notes. Monitoring of clinical outcomes occurs through internal assessment processes, clinical data and staff observation. The review of care plans and staff interviews show care needs are consistent with documentation and updated as required. Residents expressed satisfaction with the quality of 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

Appropriately qualified staff provide residents’ specialised nursing care needs. A specialised care plan guides staff in the delivery of residents’ care. Registered nurses oversee the provision of specialised care such as wound care, complex pain management, catheter care and diabetes management. The review of documentation confirms that registered staff generally provide specialised care needs in accordance with instructions from medical and/or allied health professionals. Staff feedback and the review of documentation indicate resources together with education support staff in the delivery of specialised care. There is sufficient equipment and supplies available to perform specialised care needs. Residents confirmed the home meets their 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

Care staff refer residents to appropriate health professionals in accordance with their identified needs and preferences. The review of documentation together with staff, resident and representative feedback indicates referrals to allied health professionals occur to improve resident outcomes. Documentation and interviews with residents confirms referrals to specialist services such as pathology, optometrists, physiotherapists, dieticians, dentists, audiologists, speech pathologists and mental health team. Residents stated they are satisfied with the referral process and support provided by the home to access allied health professionals.

## **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

Medications are generally prescribed, dispensed, stored safely and administered in accordance with legislation. The medication management system includes a resident assessment, a medication plan and an internal and external review process to capture any changes. The medication chart records the residents’ special considerations, the level of assistance required to administer medications and their allergies. The review of documentation and interviews with staff confirm the monitoring of staff practices through competency assessments, auditing and the review of incident reports. The medication advisory committee meets regularly and reviews data related to medication incidents. We observed staff following the home’s procedures when administering medications. Residents stated that they are satisfied with the manner in which the staff manage their medication.

## **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

Residents are as free as possible from pain. Residents’ pain levels and management strategies are identified on entry to the home and then as needed. A specific assessment tool captures the pain levels of residents who are not able to communicate their needs. Care plans identify the location, intensity, triggers and effective interventions for the pain. Care staff record pain evaluations and resident response to planned interventions in the progress notes. The review of care plans and discussions with staff demonstrate staff use alternatives to manage pain such as heat packs, repositioning, diversional therapy and the application of rubs. The physiotherapist contributes to the integration of services to assist in the management of residents’ pain. Residents confirmed pain relief interventions are effective.

## **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

Residents’ have terminal care directives and preferences discussed on entry to the home and as required. Staff review residents’ care needs and wishes annually and as the resident’s condition changes. When indicated, residents’ terminal care wishes and preferences guide staff in the delivery of care. Registered nurses manage and direct care through the handover process and progress notes. Palliative care consultants, counselling services and spiritual representatives provide expertise and support for residents and their representatives who require palliation. Resident and representative feedback confirms satisfaction with the manner in which their palliative care needs are met.

## **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 receive adequate nutrition and hydration. Processes are in place for identifying, assessing and reviewing residents’ nutrition and hydration status. Clinical indicators such as weight loss and swallowing difficulties trigger referrals to the resident’s medical practitioner, speech pathologist or dietitian. Strategies are in place for residents with weight loss or swallowing difficulties such as food charting, nutritional supplements as well as changes to food and fluid textures. The review of documentation confirms the catering department correctly transfers resident information on dietary preferences, cultural needs, medical requirements and the need for assistive devices. Well-proportioned meals with refreshments are available throughout the day. Residents are generally happy with the quantity, quality and choice of the meals provided.

## **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 consistent with their general health. Staff observe and assess residents’ skin integrity on entry to the home to identify residents that may require additional interventions. Staff assess residents’ skin integrity using a risk rating tool and skin integrity is monitored through staff observation, care reviews and the incident reporting system. Registered nurses oversee the care and evaluation of wounds and staff provide referral to a wound consultant as required. Residents’ state interventions are implemented to improve skin integrity such as the use of emollient creams, repositioning, and pressure relieving equipment, food supplements and activities to enhance circulation. Staff attend manual handling training and management support work practices through the provision of transfer equipment to maximise residents’ skin integrity. Residents are satisfied with the manner in which staff maintain their skin integrity.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Care staff assist residents in managing their continence needs effectively. There is an ongoing review and evaluation system for identifying residents’ continence needs. Residents are assessed on entry to the home and as required. The process includes charting residents’ urinary and bowel continence over a three to seven day period and evaluating the results to develop a continence care plan. Care plans include toileting times, continence aid types, triggers for residents with chronic urinary tract infections and bowel management interventions. The monitoring of staff practice occurs through education, auditing and the review of infection rates. Staff stated there are adequate supplies of continence aids available. Residents stated they are satisfied with the systems for managing 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

The home manages residents with challenging behaviors effectively and safely. Systems are in place for identifying, assessing and monitoring residents with challenging behaviors. Staff assess residents over seven days with strategies recorded on their care plans. Documentation reviewed indicated staff conduct risk assessments and develop plans in partnership with the resident to manage the behavior. Staff interviews confirm they are aware of resident’s behavioral triggers and effective interventions. Staff provide referrals to mental health teams to improve resident outcomes. Staff are aware of processes to follow in the event of an unexplained resident absence. We observed staff engaging with residents and redirecting them when necessary. Residents stated they are satisfied with the manner in which staff assist them in their behavior management.

## **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

The physiotherapist, lifestyle and care staff team assist residents in maintaining their mobility and dexterity at optimum levels. There is an ongoing review and evaluation system for identifying residents’ mobility and dexterity levels. The program focuses on maximising functionality through exercise, walking and some balance programs which has resulted in measurable outcomes. The physiotherapist assesses the resident’s capabilities and interventions required to promote and maintain their mobility and dexterity. Care staff assist and supervise residents undertaking their individual exercise programs. A falls risk assessment is a component of the assessment process. Residents’ identified as a high falls risk have strategies recorded on their care plans such as hip protectors, high low beds, increased monitoring and environmental reviews. Staff stated policies and procedures are in place for falls management and the physiotherapist and medical practitioner review residents after an incident. The home has mobility and dexterity aids available and these were

observed to be in good working condition. Residents are happy with the management of their mobility and dexterity.

### **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

Care staff effectively manage residents’ oral and dental health. Staff assess and regularly review residents’ oral and dental needs. The resident’s care plan identifies the type of oral care required, their preferences and their capabilities of undertaking this task. Documentation reviewed indicates staff observe residents and their ability to maintain their oral hygiene and update care plans accordingly. Residents’ are encouraged to visit their own dentist and, when required, staff assist residents in accessing dental services. Staff confirmed their knowledge of residents’ oral care needs and residents stated they are satisfied with the level of assistance provided.

### **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

The care team manage residents’ sensory losses effectively. Staff assess residents’ sensory abilities such as vision, hearing, taste, feeling and perception on entry to the home. Documentation confirms the regular review of residents’ sensory needs. Care plans have documented strategies to improve residents’ sensory losses. Consultation with health professionals such as optometrist, audiologist and dietitian occurs to improve resident outcomes. The lifestyle schedule provides sensory and tactile programs to further enhance residents’ sensory stimulation. Staff have access to heat packs with heat indicators for residents at risk due to sensory deficit. Residents stated they are happy with the assistance staff provide to improve and enhance their senses.

### **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 are able to achieve their natural sleep patterns Care staff chart residents’ sleep behaviours and patterns over seven days. Care plans record the residents’ sleeping preferences and routines. Night staff regularly review residents sleep patterns and update care plans. The promotion of natural sleep patterns are maintained through individual settling times, reassurance, environmental considerations as well as providing warm drinks and/or snacks. The review of documentation indicates that residents who are unsettled overnight have interventions recorded for triggers such as pain, behaviour and continence. Residents stated the home is quiet at night, their preferences respected and they generally sleep well.

### **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

The home has a system to pursue continuous improvement in relation to resident lifestyle. Refer to expected outcome 1.1 Continuous improvements for information about the home’s continuous improvement systems and processes. Residents and representatives reported satisfaction with the residents’ lifestyle program.

Examples of improvements in Standard 3 include:

- Following resident feedback, the home has introduced raised garden beds and a memorial sensory garden for residents which have encouraged resident access to the external environment.
- The implementation of a ‘day spa’ for residents has achieved positive outcomes for residents’ health and well being.
- The introduction of outdoor furniture and umbrellas for the outside areas has increased resident utilisation of the external courtyards.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

The home’s policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to residents’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes. Appropriate documentation and staff training is in place for incidents of elder abuse and mandatory reporting. Information for residents on their rights and responsibilities, security of tenure, privacy and consent issues are contained in their handbooks and service agreements. The home displays posters of the Charter of residents’ rights and responsibilities.

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

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

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

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills required to perform their roles effectively in relation to residents' lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home's education system and processes. Examples of improvements in Standard 3 include:

- Palliative care
- Elder abuse
- Person centred dementia care
- Depression in the elderly.

### **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

Each resident receives support in adjusting to life in the new environment and on an ongoing basis. An information package and tour informs residents and representatives of the care and services provided by the home. After a settling in period care and lifestyle assessments identify resident's emotional, social, privacy and intimacy needs which assist in creating the care plans. Resident rooms are personalised and family members are encouraged to participate in activities and life in the home. A memorial service and herb garden remembers those who have passed. External interpreting and mental health services are sourced to assist residents in their emotional wellbeing and quality of life in the home. Staff and volunteers provide ongoing emotional support, and one to one visits to residents. Residents stated the caring staff in the home support them.

### **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 demonstrates support to residents to achieve optimal independence, maintain friendships, family and community connections. Assessments and care planning process and reviews identify resident's physical, cultural, financial, social and emotional needs in regards to their independence. The physiotherapist develops exercise programs to assist residents to maintain their mobility, strength and lifestyle activities include walks, exercises and community outings. The home assists residents to maintain their financial independence, to vote in elections, visit specialists of their choice and participate in the community. Preventative and corrective maintenance ensure the home and equipment are well maintained and assistive devices and mobility aids assist residents to remain independent.

Residents stated their independence is important and they are assisted to remain independent and maintain connections in the community.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home respects each resident's right to privacy, dignity and confidentiality. Residents sign consent forms for the release of information, display of photographs and their names and outings. Resident handbooks promote a 'quality of life for all residents' in the home. Residents live in single and shared rooms with appropriate privacy curtains and signage on the doors when care is being attended. The home has a number of private, communal, outdoor areas and a cafe for residents to share private time alone and with family and friends. Resident files are kept securely and handover occurs in the privacy of the nurse's station. Staff were observed attending resident care needs with privacy and discreetly. Residents stated staff respect their privacy and maintain their 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

The home supports and encourages residents to participate in a range of activities and interests. Lifestyle assessments include information on family, abilities, activities, social interests, relationships, intimacy and privacy. Care plans document this information and reviews reflect changes in individual needs. Activity evaluations, surveys, meetings and verbal feedback and participation records monitor satisfaction with the activities program. Volunteers assist with activities, bus outings and visiting residents. Residents are encouraged to maintain connections with their interests and relationships in the community. Activities include pamper spas, entertainers, happy hour, movies, craft, knitting, games, special events and days of significance such as Melbourne Cup, Easter, Christmas and Australia Day. Family and friends are encouraged to be involved in the life of the home and spend time in the café. Residents confirmed satisfaction with the activities in the home.

### **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 home demonstrates it fosters and values residents' cultural spiritual beliefs and customs. Assessments include information on family, religious, cultural beliefs and customs, celebratory days, food preferences and palliative care wishes. Cultural resources such as communication cards, days of cultural significance and interpreting services are available. An ecumenical service is held regularly in the home, a Catholic priest visits and a memorial service is held to honour residents who have passed. Special events and significant days are

celebrated and cultural dietary preferences are accommodated. Residents stated satisfaction with the support provided to meet their cultural and spiritual needs

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

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

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

The home meets this expected outcome

The home is committed to promoting the residents' right to participate in choices and decisions regarding their clinical care and lifestyle preferences. Authorised powers of attorney are in place where required and risk assessments and care plan reviews capture change. Handbooks, agreements and brochures contain information on residents' rights and responsibilities, the complaints process and external advocacy services. Audits, surveys and feedback from meetings monitor satisfaction and staff have access to policies and procedures. The Charter of residents' rights and responsibilities is on display. Residents' makes choices about their meals, outings, specialists, participation in activities and end of life wishes. Residents stated satisfaction with their ability to make independent choices and decisions.

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

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

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

The home meets this expected outcome

The home has processes to ensure residents have access to information outlining security of tenure at the home and their rights and responsibilities. A resident handbook and agreement is provided on entry to the home and clearly states residents' rights and responsibilities, fees and charges and specified care provided. Management reported any prospective changes affecting residents security of tenure occurs in consultation with the resident and their representative. Management meets with perspective residents and provides information on services provided, conducts a tour, and relevant information to assist residents' to make informed decisions. Residents stated they are comfortable approaching management with any concerns related to tenure.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system to pursue continuous improvement in relation to the physical environment and in the area of safe systems, cleaning, laundry, catering and emergency services. Refer to expected outcome 1.1 Continuous improvements for information about the home’s continuous improvement systems and processes. Residents and representatives are satisfied with the comfort and safety of the home.

Examples of improvements in Standard 4 include:

- In response to staff feedback, the home has implemented a new stainless steel preparation work bench in the kitchen which provides staff with better utilisation of space with meal preparation and storage of food items.
- The introduction of new emergency procedures at the home and supporting documentation and staff education has provided staff with improved knowledge for managing emergencies.
- The introduction of a missing person’s folder and supporting policies and procedures ensure staff have appropriate access to resident information if required.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a system in place to identify and ensure compliance with relevant regulations to enable residents to live in a safe and comfortable environment. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes. Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling. Chemicals are stored appropriately with accompanying material safety data sheets, the kitchen has a current food safety program and certification by external authorities and effective monitoring and maintenance of fire and safety regulations occurs.

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

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

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

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills required to perform their roles effectively in relation to residents' physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the home's education system and processes.

Examples of education and staff development undertaken relevant to Standard 4 include:

- Chemical handling
- Hand hygiene
- Manual handling
- Infection control
- Food safety refresher.

### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents live in large single or shared rooms with ensuites and they are encouraged to personalise them with their own items. The home's outdoor areas, pathways and gardens are well maintained and secure. Keypad access and camera surveillance provides a secure internal and external environment for stakeholders. An effective preventative and corrective maintenance system helps ensure a safe, well maintained environment and all electrical equipment is tagged and monitored. A private function room and café are available for residents and family to spend time and items can be purchased from the shop. Residents and representatives state that the living environment is safe and comfortable.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The occupational health and safety committee meets bi-monthly to monitor incidents, hazards and environmental audits and representatives have completed the five day course. Staff attend appropriate training in manual and safe chemical handling, fire and emergency and infection control. Policies and work instructions are available for staff to access to guide their practice. Staff stated that management provides equipment and



resources to maintain a safe working environment. Chemicals are stored appropriately and have material safety data sheets.

#### **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 effective systems for the detection, prevention and management of fire and emergencies. Appropriate fire detection and alarm systems are in place and service records confirm an external contractor regularly service and maintain the equipment. Evacuation maps are located throughout the home, exits are clearly signed and free of obstruction and current lists of residents and their mobility are available. The home has keypad and security cameras, after hours procedures occur, visitors and contractors sign the register. Fire and emergency training occurs at orientation and is an annual mandatory education session. An emergency procedures manual guides staff in their responsibilities. Residents stated they felt safe and secure in the home.

#### **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 system in place. Policies and procedures are available to guide staff in their practices and in the event of an outbreak. The quality manager and clinical staff monitor infections in the home, data is collated and information and results are discussed at relevant meetings including staff and continuous improvement committee. An effective waste management system is in place including infectious bags, sharps containers and appropriate personal protective equipment. The organisation has a food safety plan and maintains food and equipment temperature checks. Laundry and cleaning procedures occur according to the home's procedures and requirements. Vaccinations are available to staff and residents. Infection education occurs annually including hand washing competencies and in response to resident infections.

#### **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 has systems in place to ensure hospitality services are provided according to the residents' needs and preferences. All meals are freshly prepared on site from a rotating menu, alternative meals choices are available to cater for individual preferences and dietary requirements. Feedback from residents, surveys, meetings provide opportunities for improvement in the hospitality services. Staff employed by the home provide the cleaning and laundry services according to the home's procedures and schedules. Labelling of personal laundry ensures return of personal items. Resident and representatives were satisfied with the home's laundry, cleaning and food services.