



Aged Care  
Standards and Accreditation Agency Ltd

**Latvian Friendly Society Hostel**  
RACS ID 3126  
60 Fraser Crescent  
WANTIRNA SOUTH VIC 3152  
Approved provider: Latvian Friendly Society 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 28 August 2016.

We made our decision on 15 July 2013.

The audit was conducted on 04 June 2013 to 05 June 2013. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



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# Audit Report

**Latvian Friendly Society Hostel 3126**

**Approved provider: Latvian Friendly Society Ltd**

## Introduction

This is the report of a re-accreditation audit from 04 June 2013 to 05 June 2013 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 04 June 2013 to 05 June 2013.

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

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

## Assessment team

Team leader:	Adrian Clementz
Team member:	Marian (Sandra) Lacey

## Approved provider details

Approved provider:	Latvian Friendly Society Ltd
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## Details of home

Name of home:	Latvian Friendly Society Hostel
RACS ID:	3126

Total number of allocated places:	54
Number of residents during audit:	47
Number of high care residents during audit:	15
Special needs catered for:	N/A

Street:	60 Fraser Crescent	State:	Victoria
City:	Wantirna South	Postcode:	3152
Phone number:	03 9800 2977	Facsimile:	03 9800 2311
E-mail address:	administration@latviansfs.org.au		

## Audit trail

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

### Interviews

	Number		Number
Manager	1	Residents	6
Quality co-ordinator	1	Catering staff	2
Administrative staff	2	Environmental services staff	2
Registered nurses	2	Maintenance	1
Care staff	3	Occupational health and safety representative	1
Lifestyle staff	2	Consultants	3

### Sampled documents

	Number		Number
Residents' files	5	Medication charts	7
Summary/quick reference care plans	10	Residents' lifestyle care plans	7
Resident agreements	5	Personnel files	7

### Other documents reviewed

The team also reviewed:

- Activities and lifestyle calendar
- Activity participation records
- Agency staff orientation checklist
- Allied health referrals
- Annual essential safety measures report
- Performance appraisals
- Audits and workplace inspections
- Audits schedule and results
- Blood glucose monitoring charts
- Cleaning schedules for kitchen and home
- Clinical data for infections
- Comments and complaints documentation
- Confidentiality agreements
- Controlled substance registers
- Daily food temperature monitoring records
- Diabetic management plans
- Education schedules and records

- Emergency procedures
- Essential services records and monitoring folder
- External contractor related documentation
- Food monitoring charts
- Food safety certificates
- Food safety plan and related audits
- Generic and industry supported risk assessments
- Heat pack/pain charts
- Incident reports
- Induction checklists
- Job descriptions
- Mandatory reporting folder
- Meeting minutes
- Memoranda
- Monthly infection summary reports
- Night time safety checks
- Occupational health and safety documentation
- Opioid patch history sheets
- Pathology result slips regarding anti-coagulant monitoring
- Plan for continuous improvement
- Podiatry folder
- Policies and procedures
- Preventative maintenance folder
- Refrigerator temperature monitoring sheets
- Regulatory compliance monitoring tools and documentation
- Resident of the day checklists
- Resident survey 2013
- Residents' information package and handbook
- Roster
- Self-assessment documentation
- Service agreements
- Staff handbook
- Staff learning survey
- Stock ordering sheets
- Test and tag records
- Unplanned maintenance control register
- Urinary care for catheter sheets

- Visual checks monitoring sheets
- Weight monitoring sheets.

### **Observations**

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities on display
- Chemical storage and material safety data sheets
- Cleaning in progress
- Complaints and comments lodgement box
- Designated smoking area
- Emergency evacuation maps, egress routes and assembly areas
- Emergency evacuation pack and evacuation lists
- Equipment and supply storage areas
- External complaints and advocacy information
- Fire detection, fire fighting and containment equipment and signage
- Fire equipment maintenance in progress
- Infection control equipment, procedures and staff practice
- Interactions between staff and residents
- Internal and external living environment
- Lunch and teatime servings
- Medication round
- Mobility aids in use
- Noticeboards and information displays
- Notification to stakeholders of reaccreditation audit
- Outbreak box
- Palliative care box
- Safety and security mechanisms
- Staff assisting residents during meal time
- Statements of strategic intent
- Storage of medications.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has a recently reviewed and strengthened the system used to actively pursue continuous improvement across the four Accreditation Standards. The revised system encourages input from all stakeholders and draws from various mechanisms and source documents including audits, the improvement form, scheduled meetings, surveys and incidents. The continuous improvement process is managed by the newly created quality coordinator position. The home uses a plan for continuous improvement to monitor and manage the system. All meetings now have continuous improvement as a standing agenda item. The home uses memoranda and noticeboards to communicate outcomes and a folder with the latest improvement register is now located in the staff room. Documentation confirms items are prioritised and actioned and there is a process to review and evaluate improvements generated through the system. Staff and residents said they feel encouraged now to participate in improvement activities and confirm improvements now occur.

Recent improvements relevant to Standard 1 include:

- In response to feedback, the home conducted a review of the comments and complaints management system. As a result:
  - Handbooks now articulate more clearly complaints mechanisms available to stakeholders.
  - A standing agenda item at meetings now encourages ongoing feedback.
  - The improvement form now includes a process to acknowledge and give timely feedback to the initiator of a comment or complaint.
  - A comments and complaints register now tracks formal written feedback for progress, action and resolutions.
  - Documentation shows an increase in the use of the comments and complaints process.
- In response to the identified need for transitional management structures management have created team leader roles to take responsibility for each key area of the home and provide leadership to staff in these areas. There is a mentoring process in place to support the team leaders in their new roles. Staff and team leaders spoke positively about the contribution team leaders are making to the home and about their own personal development.
- The introduction of a suite of new audit tools covering all four Accreditation Standards. The process has included the implementation of a new audit schedule, education for staff and the involvement of staff in the auditing process. While the home is still to evaluate the improvement, the implementation of the audit tools have identified a number of deficits in systems, documentation and practice.

## **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 a recently reviewed system to identify and meet relevant legislation, regulatory requirements, professional standards and guidelines across all four Accreditation Standards. The newly established quality coordinator position receives information on regulatory changes and updates through sources such as legislative update services, peak bodies, legal firms and Government bulletins. The quality coordinator with input the relevant interim team leader interprets this information and tables it at the relevant forums. Relevant staff explained the process to update policy in response to legislative changes. All meetings now have regulatory compliance as a standing agenda item and the home informs stakeholders of changes in legislation through memoranda and noticeboards as appropriate. Staff are required to complete mandatory education in relation to key legislation. Staff confirmed they receive information about regulatory compliance issues relevant to their roles.

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

- The home has an effective system to maintain current criminal record checks for all staff and contractors the home deems as relevant.
- The home has a system to ensure staff and relevant contractors who were citizens or permanent residents of a country other than Australia since turning 16 years of age sign a statutory declaration.
- Management notified stakeholders of the reaccreditation audit in terms of regulated timeframes.
- A self-assessment preceded the reaccreditation 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

Management demonstrate staff and management have the knowledge and skills required for effective performance in relation to the Accreditation Standards and in particular in relation to management systems, staffing and organisational development. Management demonstrate the performance against other expected outcomes and in particular, Standard 1 is satisfactory. There are processes to ensure staff have the required knowledge and skills, using monitoring tools, surveys, annual education planning and budgeting. Management consider effectiveness of training sessions offered, including providing appropriate facilities and recording attendances. There are a range of delivery methods used, including video-based training, face to face, toolbox in-house sessions, consultants, seminars/conferences, competency evaluations and video-based learning packages.

Examples of recent education under Standard 1 include:

- continuous improvement
- comments and complaints

- incident reporting.

#### **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 formal and informal comments and complaints processes that are accessible to residents and representatives, staff and visitors. Resident and staff handbooks, feedback forms and posters displayed in the home convey updated information about the internal complaints process and external resolution services. Mechanisms available to notify management of concerns or suggestions include displayed feedback forms, a locked suggestion box and open door access to management for confidential discussion. The home has recently strengthened processes to provide feedback to individuals directly and comments and complaints is now a standing agenda item at meetings. Staff say they advocate on behalf of residents. Records show the home is responsive to stakeholder feedback and concerns are generally actioned in a timely manner. Residents said they feel comfortable to raise a concern and are satisfied with the home's response to their feedback.

#### **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 Latvian Society Friendly Hostel was established to meet the specific needs of the Latvian community. The home documents its mission and philosophy in a consistent way and articulates a commitment to quality care through a policy of care for the ageing. Management communicates these statements of intent to stakeholders through resident and staff handbooks and displays them in the home.

#### **1.6 Human resource management**

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

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

The home meets this expected outcome

There are appropriately skilled staff to deliver clinical and non-clinical services. Recruitment and selection policies, procedures and practices are followed to ensure appropriate staff are employed. Position descriptions are in place for each role and recruitment includes advertising internally and externally mainly via the local media. Selection includes a panel interview with reference checks. The home has a human resources assistant who supports and works with the home. New staff have access to relevant staff on a one to one basis as needed. Staffing levels reflect the changing needs of residents. Residents said staff provide consistent and individual care and say there are sufficient numbers of staff at the home. Documentation confirms the home employs sufficient numbers of staff at this time.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

The home has a system to ensure stocks of appropriate goods and required equipment is available. Ordering of clinical and non-clinical supplies, continence products and chemicals occurs through preferred suppliers and stock monitoring and re-stocking systems are in place. The home demonstrated how audits, improvement forms, meetings and feedback from visiting professionals identified and informed the purchase of required equipment to meet resident needs. Staff said they are provided with initial and ongoing training in the use of equipment available in the home. Clinical and non-clinical goods and chemicals are stored safely in secure and adequate areas. Staff and residents are satisfied with the sufficiency and quality of inventory supplies and equipment at the home.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure all stakeholders have access to current information on the processes and activities of the home. The home provides residents and representatives with relevant and recently reviewed information on entry and keeps them updated through noticeboards, care consultations, verbal interaction and through now more regular resident meetings. Staff have access to recently reviewed policies and procedures and information specific to their position. Staff are kept informed through scheduled meetings, memoranda, handover and noticeboards. There are recently strengthened processes to collect, analyse and action key data and information. The home maintains the confidentiality and security of staff and resident information. Archiving processes are currently under review. Electronic systems have restricted access and management say data is backed up onto drives that are then stored off site. Staff and residents are satisfied the home keeps them informed on aspects relating their care and services.

## **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 is currently strengthening processes that ensure externally sourced services are provided in a way that meets the home's needs and quality goals. A process is currently in place to ensure all existing external contractors sign a recently reviewed and updated service agreement that now covers areas such as criminal record checking. The home has recently introduced processes to monitor insurances and relevant registrations of external service providers. The home has informal processes to monitor the quality of services. Management provided examples of responses taken by the home to contractors not fulfilling their obligations. Residents and staff said they are satisfied with the services provided by external contractors.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

The home has a recently strengthened system for continuous improvement that demonstrates improvements in resident health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 2 include:

- In response to the consultants identifying not all staff were acting in accordance with post resident fall procedures and the requirement for neurological observations, the home developed an user-friendly flow chart and procedures to guide staff. New neurological observations protocols were also established. The home provided education for staff using toolbox talks and now displays the flowcharts in the care office. Management said staff now more confident in dealing with incidents of falls.
- In response an identified need and an observation the home did not provide vitamised snacks outside meal times, management consulted with the dietitian to determine the most appropriate snacks for residents living at the home who require texture modified diets. All residents living at the home now have access to snacks out of hours should they wish or the need occur.
- As a result of trends where more residents living at the home present challenging behaviours, the home guided by input from the consultants conducted a review of processes supporting behavioural management. This resulted in changes to the behavioural incident reporting procedure and further education for staff.
- Following a clinical review that identified gaps in the scope of clinical information resources available to staff, the home introduced a number of clinical resources to guide clinical staff on contemporary practice, such as best practice antipsychotics in the elderly. Staff said the information available to them has improved their practices.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has a recently strengthened system in place to identify and meet regulatory compliance obligations in relation to resident health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include the following:

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

### **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 demonstrate staff and management have the knowledge and skills required for effective performance in relation to the Accreditation Standards and in particular in relation to health and personal care. Management demonstrate the performance against other expected outcomes and in particular, Standard 2 is satisfactory. For more information about the overall system for education employed at the home, see Expected outcome 1.3 Education and staff development.

Examples of education provided under Standard 2 include:

- behaviour management
- clinical update toolbox talks
- continence management
- nutrition in the elderly
- person-centred care
- texture modified diets.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Management demonstrate residents receive the care appropriate to residents’ needs and preferences. Staff assess all residents on entry to the home and develop care plans in consultation with nurses, residents and representatives. Staff interviewed could explain specific care requirements of residents and said nursing staff monitor and guide staff practices. There is review of care plans on a regular basis. Staff identify residents at risk of poor clinical health and ensure appropriate monitoring and treatment is undertaken according to resident choices and decisions. Residents confirm appropriateness of care and say they are satisfied with the care residents receive.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

### **Team’s findings**

The home meets this expected outcome

Management demonstrate suitably qualified staff meet residents’ specialised nursing care needs. Staff assess any specialised nursing care needs when residents first enter the home and develop initial care plans. In consultation with residents and/or representatives, staff establish the clinical needs of residents under direction of medical officers. Staff develop specific care plans and match assessments with specific instructions detailed. Staff said care provided to residents who require specialised nursing care is under a registered nurse’s direction and supervision and management monitor staff practices. Residents said they are satisfied with the care residents receive.

## **2.6 Other health and related services**

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Management demonstrates residents who require referrals to health specialists take place promptly as required and made in accordance with assessed needs and preferences. When residents enter the home, staff assess and consult with residents and representatives, including medical officers and other health professionals about the resident's needs and preferences. Referrals are planned, documented and consistent with residents’ assessed needs and preferences. Staff regularly evaluate and review referrals to health specialists to ensure they are kept up to date. Staff said management monitor the effectiveness of the home’s referral mechanisms. Residents said staff refer residents to appropriate specialists as needed and preferred.

## **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

Medication management is safe, according to relevant legislation, regulatory requirements, professional standards and guidelines. Management say their auditing systems demonstrate staff compliance with the medication management system. All residents are assessed for their medication needs on entry and staff develop care plans in consultation with residents and representatives. There are generally systems in place to manage residents who wish to self-administer medications, with regular review and authorisation from medical officers. Registered nurses regularly review care plans and say their practices are monitored. Residents say they are satisfied the home manages resident medication 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

The home demonstrates its pain management approach ensures all residents are as free as possible from pain. On entry to the home and thereafter as required, staff assess residents for pain. There is a variety of methods used to assess for pain, including tools to meet the needs of residents with communication or cognitive deficits. Staff develop individualised care plans in consultation with residents and representatives, including health professionals, as required. Staff demonstrate knowledge of alternative approaches to pain management, including physiotherapy and use of pain assessment tools. Staff and management monitor the administration of pain relieving medication with prompt evaluation of effect. Residents confirm they are satisfied with management of residents’ pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff ensure the comfort and dignity of terminally ill residents. Staff consult all residents on entry to the home and document residents’ terminal wishes and palliative care requirements. The development of palliative care plans takes place at the time of requirement and the home uses a multidisciplinary approach, including complementary therapies as appropriate. Staff provide emotional and spiritual support to residents and representatives and supply specialised equipment as required. Management and staff say they give extensive support to residents, families and staff during this important stage of a resident’s life.

## **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

Management and staff demonstrate residents receive adequate nutrition and hydration. Staff assess all residents for their nutrition and hydration needs on entry. There is a systematic, multidisciplinary approach to assessing residents’ needs involving appropriate professionals. Cultural, religious and personal dietary preferences are noted and any food allergies identified. Staff identify residents at risk of developing malnutrition and/or dehydration through a range of assessment tools including regular weight monitoring and mealtime observation. Appropriate medical and allied health professionals are involved to manage residents’ nutrition as required. Residents report general satisfaction with the quality and quantity of food offered 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

Management and staff demonstrate its practices maintain residents’ skin integrity consistent with residents’ general health. Staff assess all residents on entry and identify residents at risk of impairment to skin integrity. Nursing and care staff develop individual care plans giving specific directions for maintaining and improving skin integrity to guide staff. There is regular consultation with residents and representatives and allied health professionals as required. Management monitor staff practices through observations, incident reports and the auditing system. Residents say they are satisfied with how staff manage skin care for residents.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrate there is an effective continence management program. Staff assess all residents on entry, obtaining a detailed history through interview and/or the assessment process. The development of a comprehensive care plan includes consultation with residents and/or representatives and other specialist services where required. Nursing staff regularly review care plans and staff say management monitor their practices through a comprehensive auditing and incident reporting system. Staff are supported in the provision of care and services by registered nurses and staff confirm the use of specialist services should the need arise. Residents are satisfied with the continence management of residents.

## **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

Management demonstrate its approach to behavioural management is effective in meeting residents’ needs. Staff assess all residents for challenging behaviours after a suitable settling in period. There is consultation with residents and representatives, medical officers and other health professionals about behavioural management tools and staff use these to plan necessary referrals to gain a diagnosis and/or appropriate treatment. Management and staff said there is no restraint used at the home. Residents said they are satisfied with the home’s approach to managing the causes prompting challenging behaviours.

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

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

### **Team’s findings**

The home meets this expected outcome

To optimise levels of mobility and dexterity staff assess all residents on entry to the home. Staff develop comprehensive care plans in consultation with a physiotherapist, resident/representative and health specialists as required. Staff ensure there are strategies in place to minimise falls risks to the resident, including review of each fall occurring. Staff review mobility and dexterity care plans on a regular basis. The team observed residents using mobility aids and staff encouraging residents to attend exercise programs with the administration of pain relief to residents requiring it. Residents say they are satisfied with the mobility assistance residents receive.

## **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

Management and staff support residents’ oral and dental health. Staff assess residents’ oral and dental care on entry to the home through an established assessment program. An individualised care plan in consultation with residents and representatives is developed and registered nurses review it regularly. Staff offer residents the option of continuing to visit their regular dentist with support to attend external appointments. Specific care plans detail the assistance residents require in order to ensure attendance to regular oral care. Residents confirm they are satisfied with the home’s approach to managing residents’ oral and dental care.

## **2.16 Sensory loss**

*This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Staff effectively identify and manage residents’ sensory losses. Staff assess all residents on entry for any sensory loss and develop a care plan in consultation with residents and representatives. Care delivered is consistent with care plans, staff regularly evaluate and review care plans. Staff identify and document aids required in accessible care plans. Management review the home environment, monitor staff practices through the quality system, identify and document improvements in relation to sensory losses. Residents confirm they are satisfied with the approach to managing residents’ sensory losses.

## **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

Management and staff demonstrate its practices enable residents to achieve natural sleep patterns. Staff assess all residents on entry for their sleep requirements with identification of established patterns. Staff develop a comprehensive care plan in consultation with residents and representatives and staff promote natural sleep to meet individual residents’ needs. Care plans document the use of sleep aids, medication strategies for sleep promotion as appropriate and any alternative strategies for sleep support. There is regular review of the care plan by staff. Residents say they feel safe at the home and report they are generally able to get a good night’s sleep.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a recently strengthened system for continuous improvement that demonstrates improvements in the area of resident lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 3 include:

- The lifestyle coordinator requested additional hours to implement additional group activities at the home, particularly as there is an increasing population of residents living with dementia. In response, the home engaged in February 2013 the services of an additional lifestyle staff with a relevant cultural background to work two days a week at the home. As a result two lifestyle staff are on duty for two days of each week. Staff said this has enabled additional activities and one on one time with residents
- To complement the rationale behind the appointment of the new lifestyle staff, a dementia specific specialist provided education for staff on ‘Understanding dementia’ with a focus on person-centred care. The session included best practice guidance for managing privacy and dignity, emotional support and design for dementia issues. Staff provided positive feedback about how the education had realigned their perceptions about dementia and said the new learning will be used to inform the development of activity programs.
- In response to a recent audit that identified the resident handbook did not include information about privacy or resident choices, management updated the resident handbook to include this information. Management said a copy of the amended handbook would be circulated after the appointment of the new manager.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home has a recently strengthened system in place to identify and meet regulatory compliance obligations in relation to resident lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

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

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

- The home has a policy and procedure in relation to elder abuse and there are processes to make staff aware of their responsibilities for identifying elder abuse and compulsory reporting.
- The home provides residents with goods and services as required by legislation.
- The home offers a resident agreement to residents at the time of entry.

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

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

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

The home meets this expected outcome

Management demonstrate staff have the knowledge and skills required for effective performance in relation to the Accreditation Standards and in particular in relation to resident lifestyle. Management demonstrate the performance against other expected outcomes and in particular, Standard 3 is satisfactory. For more information about the overall system for education employed at the home, see Expected outcome 1.3 Education and staff development.

Examples of education provided under Standard 3 include:

- elder abuse
- mandatory reporting.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

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

The home meets this expected outcome

Each resident receives support in adjusting to life on entry to the home and on an ongoing basis. Staff formally assess the emotional needs of residents after entry and as needed thereafter. Lifestyle staff develop activities in accordance with residents' preferences based on their past history and cultural norms. Links with families, friends and the community are encouraged and if required residents have access to Lutheran or Catholic pastors. Residents provided examples during interviews of emotional support provided to them by staff. Observations confirmed staff interact with residents in a meaningful and supportive way.

### **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 supports residents to be as independent as possible and to maintain friendships, family connections and links with the community. Clinical and lifestyle staff assess residents on entry regarding individual requirements to support independence and care plans are developed. The home assists residents to remain as independent as possible with mobility

and sensory aids and equipment and the provision of an appropriate living environment. Strategies to promote independence include physiotherapy, exercise programs and the regular onsite shop. The home welcomes family and friends and encourages links with the local community by hosting the seniors club, the weekly cultural specific games and children from the Latvian school. The home promotes a community within the home through the celebration of name day, group poetry reading and folk songs. Residents said they are satisfied their independence is encouraged, supported and respected.

### **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

Staff support and respect each resident's right to privacy and dignity. Policy and procedure articulate privacy and dignity standards required from all staff. Residents' information is stored securely and staff handovers occur in the secluded care office. Staff interviewed confirmed their practices enhance residents' privacy, including knocking on doors and addressing residents by their preferred name. We observed staff respectfully engaging with residents and staff supporting privacy and dignity while attending to residents' hygiene needs. Residents interviewed expressed their satisfaction with how staff respect their privacy and dignity.

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

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

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

The home meets this expected outcome

The home has generally effective processes to encourage and support residents to participate in a range of interests and activities. Lifestyle staff complete assessments on entry in consultation with residents and family and develop individualised care plans, however do not always formally review the individual care plans on a regular basis. A full and flexible leisure program provides activities throughout the day five days a week and unstructured activities are available over the weekend. Activities include small groups and individual one on one time and will now consider specific cognitive needs of residents. A volunteer from the local community conducts cultural group reading sessions most days of the week. Evaluation and review of the program and individual activities occur through observation, participation logs and resident feedback. Residents interviewed said they are satisfied with range of leisure interests and activities made available 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

Management and staff provide services in a manner that values and fosters residents' cultural and religious lives and supports individual interests. The home caters for the Latvian community and every resident is originally from Latvia. Most residents are of the Lutheran

faith and the home's chapel hosts a fortnightly Lutheran service and monthly bible study. Catholic pastors attend residents of the Catholic faith. Residents are encouraged to celebrate days of significance to Latvians and Australians. Staff are generally drawn from the Latvian community and are both sensitive to and demonstrate an understanding of residents' cultural and spiritual needs. Residents are satisfied with the way staff acknowledge and respect 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

Staff and management support residents to exercise choice and control over their lifestyle. On entry to the home staff engage with residents to identify their care and lifestyle preferences. Staff document in care plans and regularly review residents' expressed preferences for care and support. Management and staff encourage residents and representatives to express their wishes through residents and representatives' meetings, individual consultation, surveys, the comments and complaints process and an open door policy. Information about advocacy services is available to residents and representatives. Staff confirm they support residents to make choices and decisions about their daily routine. Residents said they have opportunity to make choices and decisions about their life at the home.

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

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

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

The home meets this expected outcome

Residents have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. The home communicates information about security of tenure, residents' rights and responsibilities, specified care and services and independent complaint mechanisms through the resident information pack, resident agreement and through posters displayed in the home. Staff are made aware of resident rights and responsibilities through policy and the staff information pack. A process of consultation and agreement precedes a change in a resident's room. There is a process to formally notify a resident and their representatives when a resident is reclassified as requiring high care. Residents are satisfied with the security of their 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 recently strengthened system for continuous improvement that demonstrates improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 4 include:

- In response to observations of staff practice in the laundry, the consultants conducted a review of the laundry layout and the procedures guiding staff to ensure contemporary infection control practice. This led to introduction of new processes in the laundry and the purchase of a new laundry skip. Staff say the changes have improved their practices.
- Poor lighting in the function hall at night that led to the practice of leaving the stage lights on overnight to reduce risk to residents, triggered an audit of all night lighting at the home. This resulted in the installation of sensor-activated lighting in the hall. A second phase will look to installing power saving lights in other key locations in the home.
- As part of the review of the occupational health and safety system, the home updated processes and introduced new forms for reporting staff incidents that management and staff explained prompts greater detail about what led to the incident. The home also updated processes for the reporting of hazards. Education was provided to staff on both processes, which emphasised the importance of reporting. Employee and employer representatives on the occupational health and safety committee spoke about an improved culture in staff reporting incidents and hazards, particularly as the home’s processes support more timely actioning of this reporting.
- In response to the results of an audit, the home reviewed the hazardous substances register to ensure it includes all hazardous chemicals kept in the maintenance shed. Management now keep a copy of the register in the fire panel.

### **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 recently strengthened system in place to identify and meet regulatory compliance obligations in relation to physical environment and safe systems. Action taken by management to meet regulatory compliance is generally effective. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include the following:

- The home stores chemicals safely and current material safety data sheets are available.



- The home shows evidence of following relevant protocols in relation to compliance with food safety regulations and guidelines.
- The home has reviewed the use of bed poles in line with recent recommendations by a legislative body.
- The home is responsive to changes in occupational health and safety regulations.

#### **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 demonstrate staff and management have the knowledge and skills required for effective performance in relation to the Accreditation Standards and in particular in relation to physical environment and safe systems. Management demonstrate the performance against other expected outcomes and in particular, Standard 4 is satisfactory. For more information about the overall system for education employed at the home, see Expected outcome 1.3 Education and staff development.

Examples of education provided under Standard 4 include:

- chemical safety
- fire safety
- food safety
- hand washing competencies
- infection control
- manual handling
- nutrition in the elderly
- texture modified diets.

#### **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 has recently strengthened processes to provide residents with a safe and comfortable environment to meet residents' care needs. The home accommodates residents in single en-suite rooms and encourages them to personalise their rooms. Private and communal living areas are quiet, well maintained, kept at a comfortable temperature and generally sufficiently light. The home has introduced expanded auditing processes to monitor the living environment and meeting forums now promote environmental safety. The home has provided education and introduced monitoring processes to ensure staff employ appropriate practices for the safety and comfort of residents. The home maintains the building, grounds and equipment through servicing and maintenance programs by maintenance staff and external contractors. Residents are satisfied the home provides a comfortable, safe and secure environment.

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

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

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

The home meets this expected outcome

The home has a system to support a safe working environment that meets regulatory requirements. There are policies and procedures in relation to safe work practice and the home makes staff aware of their responsibilities through the handbook, information displayed and at meetings. Management have recently strengthened occupational health and safety processes by making it a standing agenda item at all meetings, introducing expanded audits and educating staff on new hazard and staff incident form processes. The home now holds occupational health and safety meetings each month that have a formalised agenda. Documentation demonstrates the home is identifying and actioning issues identified in the work environment. Occupational health and safety representatives attend accredited external training. The home provides staff with ongoing education in relation to safe work practice including manual handling and chemical handling. We observed safe chemical storage, current material safety data sheets, personal protective equipment in use and recently test and tagged electrical equipment.

#### **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 emergency management systems and works actively towards ensuring a safe living environment. Qualified external contractors maintain fire equipment and a third party service provider monitors scheduled maintenance of essential services equipment and audits the home annually. The home ensures emergency exits and egress routes are free from obstruction and displays recently updated emergency evacuation plans and signage. Fire training occurs annually for all staff and it is compulsory staff attend these sessions. There are processes to maintain current evacuation lists and an emergency evacuation pack. There are procedures to respond to a range of internal emergencies and a generator for power outages. Security arrangements include a visitor sign in register, an end of the day lock up procedure and a wander alert system. Residents are satisfied the home provides a safe and secure environment.

#### **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

Management demonstrate its infection control program is effective in identifying and containing infection. There is information on infections and staff practices are consistent with industry standards and guidelines. There is a food safety program and pest control measures are in place. There is monthly data collection regarding infections and staff report at a number of meetings and risk assessments completed to ensure an effective infection control program. There is information available to staff on preventative strategies to minimise the incidents of infection in all areas of the home. Records document resident vaccinations and

staff say they have received relevant education and are supported to undergo vaccination. Residents are satisfied with infection control practices.

#### **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

There are systems to ensure provision of hospitality services is in accordance with the residents' needs and preferences. Meals are prepared on site in accordance with a four weekly rotating seasonal menu, with annual dietitian review. A third party audited food safety plan is in place with temperature and equipment monitoring. Schedules are in place to ensure cleaning occurs in the kitchen, laundry and home. Cleaning staff undertake cleaning in accordance with policies and procedures and infection control requirements. Staff attend to flat linen and personal laundry on site. Personal clothing labels ensure staff return items to the correct resident. Residents are satisfied with the meals and complimentary of the cleaning and laundry services.