



Aged Care  
Standards and Accreditation Agency Ltd

## **Resthaven Murray Bridge Hostel**

RACS ID 6081

53 Swanport Road

MURRAY BRIDGE SA 5253

Approved provider: Resthaven Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 May 2015.

We made our decision on 12 April 2012.

The audit was conducted on 13 March 2012 to 14 March 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



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# Site Audit Report

**Resthaven Murray Bridge Hostel 6081**

**Approved provider: Resthaven Inc**

## Introduction

This is the report of a site audit from 13 March 2012 to 14 March 2012 submitted to the Accreditation Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct a site 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 13 March 2012 to 14 March 2012

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

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

## Assessment team

Team leader:	Sandra Lloyd-Davies
Team members:	Kerry Rochow

## Approved provider details

Approved provider:	Resthaven Inc
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## Details of home

Name of home:	Resthaven Murray Bridge Hostel
RACS ID:	6081

Total number of allocated places:	78
Number of residents during site audit:	77
Number of high care residents during site audit:	64
Special needs catered for:	People with dementia and related disorders

Street:	53 Swanport Road	State:	SA
Town:	MURRAY BRIDGE	Postcode:	5253
Phone number:	08 8532 1969	Facsimile:	08 8532 6151
E-mail address:	murraybridge@resthaven.asn.au		

## Audit trail

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

### Interviews

	Number		Number
Corporate and site management	6	Residents/representatives	11
Clinical, care staff and allied health professionals	6	Ancillary and maintenance staff	5
Lifestyle and other staff	3		

### Sampled documents

	Number		Number
Residents' files	6	Care plans	12
Progress notes	12	Lifestyle documentation	6
Medication charts	5	Personnel files	5

### Other documents reviewed

The team also reviewed:

- 'We'd like to hear from you' forms
- Activities program
- Admission checklist
- Asbestos register
- Charter of residents' rights and responsibilities
- Contractor's sign in/out book
- Electrical testing and tagging records
- External advocacy brochures
- Fire safety and evacuation plans
- Food safety plan
- Handover reports, communication books
- Incident and infection analysis and trending data
- Job descriptions and duty statements
- Material safety data sheets
- Newsletters
- Palliative care documentation
- Plan for continuous improvement
- Police clearance records
- Preventative and corrective maintenance records
- Quality activity reports
- Refrigerator temperature monitoring
- Resident evacuation list
- Resident handbook
- Resident restraint authorisation
- Residential services agreement
- Schedule 4 and 8 licence
- Staff education records
- Staff handbook
- Statement of purpose and values

- Triennial fire safety certificate
- Various assessment tools
- Various audits and surveys
- Various incident and hazard records
- Various meeting minutes
- Various policies and procedures
- Wound management logs

## **Observations**

The team observed the following:

- Activities in progress, activities calendar
- Archive room
- Chemical storage
- Cleaning in progress
- Closed circuit television surveillance
- Cultural displays
- Equipment and supply storage areas
- Evacuation plans
- Fire safety and equipment
- Hairdressing salon
- Infection control resources
- Interactions between staff and residents
- Key pad security
- Living environment
- Meal service
- Medication round in progress
- Memory support unit
- Noticeboards
- Personal protective equipment
- Secure archive storage area
- Storage of medications
- Suggestion box

## Assessment information

This section covers information about 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

Resthaven Murray Bridge Hostel is a public benevolent aged care community service of the Uniting Church in Australia governed by a board of management. The home has a corporate and site specific continuous improvement framework to identify opportunities for improvement and monitor compliance with the Accreditation Standards. The home identifies improvement opportunities from ‘We’d like to hear from you’ forms, audits, surveys, resident and staff meetings, focus groups and verbal feedback. Information is discussed at Quality and Safety Committee meetings. The home’s management monitors actions and timelines generated from continuous improvement activities. Staff and residents are encouraged to participate in the home’s continuous improvement program.

Examples of improvement activities and achievements relating to management systems, staffing and organisational development include:

- In response to feedback from sites, corporate office has contracted a sole provider for agency relief staff. The arrangement with the agency ensures replacement staff are available to fill unplanned vacant shifts. Management are satisfied with the arrangement and are able to bulk book agency staff when required.
- Following a review of induction processes, the home increased the clinical education component of the program. The induction program includes a greater focus on quality of services. Electronic self-directed learning packages have been made available to staff. Staff say they are well supported and the program has improved their clinical skills.

#### 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 and processes to identify and monitor relevant legislation, regulations and guidelines. Corporate office distributes legislative updates to the home’s management. Regulatory compliance is a standard agenda item at corporate meetings attended by site management. Policies and procedures, guidelines and work practices are updated to comply with regulatory requirements. Corporate processes record and monitor police clearances for staff, volunteers and contractors. Legislative compliance is monitored through meetings, work practices and scheduled audits. Staff are informed of legislative changes through the home’s communication mechanisms.



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

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

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

The home meets this expected outcome

The home has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to management systems, staffing and organisational development. A corporate and site specific training schedule guides the home's delivery of training programs. Education needs are identified at performance appraisals, through work practices and at staff requests. Commencing employees undertake mandatory training as part of the induction process. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Staff training relevant to management systems, staffing and organisational development includes a corporate and site specific induction and information technology. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

### **1.4 Comments and complaints**

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

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

The home meets this expected outcome

The home has processes to inform residents and representatives of internal and external complaints mechanisms, including information in the residents' handbook and residential services agreement. The home monitors resident satisfaction through surveys, 'We'd like to hear from you' forms, focus groups and consultation with residents and representatives. Complaints are logged and actions monitored by management. External advocacy and complaints information is displayed in the home. Staff are aware of the comments and complaints system and feel supported in raising issues with management. Residents and representatives have access to suggestion boxes and can maintain confidentiality if they wish.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation's statement of purpose and values are documented and visible throughout the home. Information describing the home's purpose and values is available in resident and staff handbooks. Documentation containing the home's statement of purpose and values have consistent content. The home is guided by a five year strategic plan. Staff are familiar with the home's commitment to quality care and services.

## **1.6 Human resource management**

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

### **Team's findings**

The home meets this expected outcome

The home has processes for identifying and assessing the required staffing levels and skills to meet residents' needs on an ongoing basis. Corporate human resources assist with recruitment processes including, induction and police clearances. All staff and volunteers are required to provide a police clearance certificate prior to commencing employment. Training needs are identified at performance appraisals, staff meetings and through work practices. Vacant shifts are filled by casual and part-time staff or agency staff if required. The home regularly monitors and evaluates residents' satisfaction with care and services through audits, surveys, focus groups, care reviews and meetings. Staff are guided in their roles by job descriptions, duty statements, various policy and procedure manuals and a staff handbook. Residents and representatives are satisfied that staff have the appropriate skills to deliver care and services.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for residents and staff. The home uses internal and external maintenance processes, audits, workplace inspections, hazard and incident reports to monitor plant and equipment. New equipment is trialled and feedback sought from staff prior to purchase. Storage and ordering processes are delegated to senior staff from various areas within the home. Staff, residents and representatives are satisfied there are adequate and appropriate stocks of goods and equipment to deliver care and services.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has effective information systems to provide care and services to residents. Residents and representatives have access to current information through induction packs, resident handbooks, resident newsletters, resident meeting minutes, calendars, noticeboards and various flyers. Staff have access to information to guide them in performing their roles. The home has policies and procedures to manage staff practice, electronic data, archive files and recorded information to meet legislative requirements. Residents' health and personal information is stored securely and can only be accessed by appropriate staff. The clinical and lifestyle computerised program is password protected. Monitoring processes include audits, incident reporting, comments/complaints and various site and corporate meetings. Staff interviewed are aware of their obligations to maintain confidentiality and have access to the intranet. Residents and representatives are satisfied with access to information to assist them to make decisions about residents' care and lifestyle.

## **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 agreements with external contractors in relation to maintenance, pest control, allied health services, fire safety, pharmacy and agency nursing staff. Corporate processes assist the home in managing and evaluating external contractors. Records of required registrations, licenses, certificates of currency and police clearances are monitored corporately. Staff and resident feedback contribute to the monitoring and evaluation of service provision. Service providers are changed if considered unsatisfactory. Staff, residents and representatives are satisfied with the external services provided.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home identifies improvements from resident and staff feedback, observations, complaints, audits, incident reports and care reviews. The home's management monitors actions and timelines generated from continuous improvement activities. Staff and residents are encouraged to participate in the home's continuous improvement program.

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

- The home implemented a person-centred care project to reduce disruptive resident behaviour. Staff familiarise themselves with issues of interest to the resident and discuss these during activities of daily living. Staff have attended dementia care training. Staff report that interaction with residents have been positive and disruptive behaviours have reduced.
- Clinical staff identified an opportunity to improve pain outcomes for residents receiving palliative care. A registered nurse monitors the resident's pain and liaises with care staff. A check list has been developed to record relief of symptoms and has resulted in more consistent monitoring of residents' pain. Feedback from representatives has been positive regarding the care given to palliating residents.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. Nurses' registrations are obtained prior to commencing employment and up-dated annually. Management monitors regulatory compliance through staff meetings, audits, care reviews and staff and resident feedback. Relevant information is available to staff through the intranet system. Staff are aware of regulatory requirements relating to residents' health and personal care, including reporting responsibilities in relation to unexplained resident absences.

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

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

#### **Team’s findings**

The home meets this expected outcome

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents’ care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by clinical staff includes wound management, palliative care, oxygen therapy and medication management. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

### **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 clinical care that is appropriate to their individual needs and preferences. The home has an initial and ongoing assessment and review system for identifying and managing residents’ health and personal care needs. Processes include each resident having clinical health and personal care assessments and reviews which are used to develop individualised care plans. The home monitors clinical care outcomes through care plan reviews, daily progress note review, site and corporate clinical audits and incident reporting. Results show residents’ care needs are documented and reviewed regularly and changes in residents’ clinical health needs are identified and managed. Staff practice is modelled on person-centred care and is monitored for compliance with the home’s processes and procedures. Residents and representatives are satisfied with the level of consultation and with the health and personal care provided.

### **2.5 Specialised nursing care needs**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ individual specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses identify residents’ specialised nursing care needs through an initial and ongoing assessment and review process. This information is used to develop individualised care plans. Qualified nursing staff provide specialised nursing care to residents and specialist health professionals assist in providing care where necessary. The home monitors the delivery of care through progress note review, care plan review and clinical practice manual review. Staff are guided in providing care through the organisation’s clinical practice manual and staff practice is monitored by senior clinical management. Residents and representatives are satisfied that the home provides specialised nursing care needs by qualified staff to meet residents’ individual needs and preferences.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents are referred to appropriate health specialists to meet their individual needs and preferences. The home identifies the requirement for specialist referral through clinical and personal care assessments, daily observation and resident request. A range of specialists visit the home regularly and when required, including physiotherapists, podiatrists, dieticians, speech pathologists, dentists, ophthalmologists, audiologists and mental health specialists. Residents are assisted to see their own preferred specialists and are referred to specialists where necessary. Results show residents are referred to health specialists where necessary. Senior clinical staff update care plans to reflect specialist recommendations and care strategies. Residents and representatives are satisfied with referral and access to health specialists to meet residents’ individual needs and preferences.

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

Residents’ medication is managed safely and correctly according to legislative and regulatory requirements and professional guidelines. The home has a system for assessing, monitoring, administering, storing and evaluating residents’ individual medication needs. Residents have individual medication charts and blister packs with photographic identification. Personal details, administration methods and allergies are clearly documented on the medication chart. Medication orders are regularly reviewed and updated by general practitioners and pharmacists. Residents who self-administer medication are risk-assessed and monitored for safe practice. Monitoring processes include medication incident reporting, audits, staff credentialling and pharmacist review. Identified medication issues are discussed at clinical, Quality and Safety and Medication Advisory Committee meetings. Staff participate in annual medication management training and competency checks. Residents and representatives are satisfied with the level of consultation and management of residents’ medications.

## **2.8 Pain management**

*This expected outcome requires that “all residents are as free as possible from pain”.*

### **Team’s findings**

The home meets this expected outcome

Residents’ receive pain management that is appropriate to their individual needs and preferences and are as free as possible from pain. The home has an initial and ongoing assessment and review process for identifying and managing residents’ pain. Each resident has a pain assessment and care plan developed on entry to the home. The care plan is developed by senior clinical staff in consultation with the resident and physiotherapist. The home uses pain assessment tools appropriate for cognitive and cognitively impaired residents. Medication and a range of non-medication interventions are used to assist in pain relief. Monitoring processes include progress note review, care plan reviews and audits. Results show residents’ pain issues and interventions are documented and evaluated and changes to care plans made as appropriate. Staff interviewed can describe verbal and non-verbal cues for pain. Residents and representatives are satisfied with the home’s 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

The home maintains the comfort and dignity of terminally ill residents. The home, in consultation with residents and their representatives, identifies and documents residents’ end-of-life care wishes, including emotional and spiritual requirements. This information is used to develop the care plan. Palliation specialists are consulted where required and the home has access to palliation equipment and supplies. The home monitors palliative care through comments/complaints, education and clinical review. Staff are guided in their practice by individual care plans and by the home’s palliative care shift checklist guide. Representatives are supported through pastoral care and can stay overnight. Residents and representatives are satisfied that the comfort and dignity of terminally ill residents is maintained.

## **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 according to their individual needs and preferences. The home has an initial and ongoing assessment and review process to identify and manage residents’ nutrition and hydration requirements. Each resident is assessed for nutritional and hydration status, ability to eat and drink, their preferences and allergies. This information is used to develop the care plan and provide the appropriate diet and supplements. The home monitors residents’ nutrition and hydration through monthly weighs, analysis and clinical observation. Results show that speech pathology and dietician referrals are made where appropriate and dietary requirements and changes communicated to relevant staff. Staff interviewed state that they check dietary lists before serving food and drinks and assist residents with meals. Residents and representatives are satisfied that the home meets residents’ individual dietary needs and requirements.

## **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 are provided with skin care that meets their individual needs and preferences. The home has an initial and ongoing assessment and review process to identify and manage residents’ skin care needs. Each resident has a skin assessment and pressure risk assessment on entry to the home and this information is used to develop the care plan. The podiatrist assesses residents with actual and potential lower leg and foot problems. Wounds are assessed, managed and reviewed by registered nurses and nutritional supplements are used to aid in wound healing. The home monitors residents’ skin integrity through daily assessment, progress note review, care plan review and incident reporting. Results show that residents’ skin care is documented and reviewed and changes to care made where necessary. Staff interviewed state they report skin abnormalities to senior clinical staff.

Residents and representatives are satisfied residents receive care which maintains their skin integrity.

## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

Residents receive care that manages their continence needs according to their individual needs and preferences. The home has an initial and ongoing assessment and review process to identify and manage residents’ continence needs. The continence nurse advisor completes a continence assessment for each resident on entry to the home and develops the care plan. The home monitors continence management through progress note review, care plan review and observation. Results show residents’ continence needs are documented and reviewed and changes to the care plan made where required. Staff interviewed state they report resident continence issues to senior clinical staff. Residents and representatives are satisfied that the home manages residents’ continence needs effectively and appropriately.

## **2.13 Behavioural management**

*This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Residents with behaviours of concern are managed according to their individual needs and preferences. The home has an initial and ongoing assessment and review process to identify and manage residents’ behaviours. Each resident has a behaviour, cognitive and emotional assessment on entry to the home and this information is used to develop the care plan. The home uses a minimal restraint policy. Monitoring processes include incident reports, audits, care plan reviews and progress note review. Results show that residents’ behaviour triggers and interventions are documented and evaluated. Referrals are made to the general practitioner and external specialists where necessary. Staff were observed to be managing residents’ behaviours of concern and have participated in behaviour management training. Residents and representatives are satisfied with the home’s approach in managing residents’ behaviours of concern.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents receive care that optimises their levels of mobility and dexterity. The home has an initial and ongoing assessment and review process for identifying and managing residents’ mobility and dexterity needs. Each resident has a mobility assessment by the physiotherapist on entry to the home. This information develops the care plan and identifies needs for special equipment and exercise programs. The home supplies equipment to aid in independence of mobility, eating and drinking. Monitoring processes include incident reporting, care plan reviews and progress note review. Results show that residents’ mobility and dexterity needs are documented and reviewed and that any issues are assessed and changes implemented. Staff interviewed could identify residents’ mobility and dexterity needs. Residents and



representatives are satisfied that the home provides care which optimises residents' 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

Residents' oral and dental health is maintained according to individual needs and preferences. The home has an initial and ongoing assessment and review process for identifying and managing residents' oral and dental health needs. Each resident has an oral assessment on entry to the home and their preference of dentist documented. Residents with identified dental issues are referred to the dentist, hygienist or technician and supported to access dental services. The home offers an annual dental clinic on-site and provides dental and oral care equipment. Monitoring processes include care plan review, progress note review and observation. Results show that residents' oral and dental care needs are documented, reviewed and dental referrals made where necessary. Staff interviewed state they report any oral health changes to senior clinical staff. Residents and representatives are satisfied that the home provides care which maintains residents' oral and dental health.

### **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

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

The home meets this expected outcome

Residents' sensory losses are identified and managed according to individual needs and preferences. The home has an initial and ongoing assessment and review process to identify and manage any loss of the five senses. Each resident has a sensory assessment on entry to the home and this information is used to develop the care plan. Strategies are identified to assist where there has been sensory loss and the home provides equipment and environments to facilitate sensory stimulation and safety. The home monitors sensory loss through care plan review, progress note review and observation. Results show that residents' sensory losses are documented and that residents are assisted to maintain independence. Staff interviewed state they are aware of different strategies to assist residents with sensory loss. Residents and representatives are satisfied with the home's approach to managing 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

Residents are assisted by the home to achieve natural sleep patterns. The home has initial and ongoing assessment and review processes to identify and manage residents with poor sleep habits. Each resident has a sleep assessment on entry to the home and the results are used to develop the care plan. The home documents residents' sleep preferences and interventions to assist in the promotion of sleep. The environment is assessed to identify barriers to natural sleep. The home monitors sleep patterns through care plan review, progress note review, observation and audits. Results show that residents' sleep preferences and strategies are documented, implemented and reviewed. Staff interviewed are aware of

individual resident strategies to promote sleep. Residents and representatives are satisfied that the home provides care to promote natural sleep patterns.

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

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Resident lifestyle, the home identifies improvements from resident and staff feedback, surveys, focus groups, activity evaluations, observations and complaints. The home’s management monitors actions and timelines generated from continuous improvement activities. Staff and residents are encouraged to participate in the home’s continuous improvement program.

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

- Following resident feedback, the home developed an area for men to work on various projects. A shed was purchased to create a male domain for male residents. A volunteer facilitates activities for men only in the shed. Feedback has been positive from residents and woodwork tasks have been incorporated into the activities program.
- As a result of feedback from a focus group, the activities room is transformed into a café on the weekends. Residents and representatives are able to socialise in this area with access to tea and coffee making facilities. Residents and representatives are satisfied they are able to undertake independent social activities in the café.

#### **3.2 Regulatory compliance**

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

##### **Team’s findings**

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to resident lifestyle. Residential services agreements are managed by corporate office. The home’s management monitors regulatory compliance through staff meetings, surveys, focus groups and resident feedback. Relevant information is available to staff through the intranet system. Staff are aware of regulatory requirements relating to resident lifestyle, including protecting residents’ privacy and maintaining confidentiality of resident information.

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

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

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

The home meets this expected outcome

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by staff includes mandatory reporting and dementia awareness. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

### **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

Residents are emotionally supported in adjusting to life in the home and on an ongoing basis. The home has an initial and ongoing assessment and review process to identify and manage residents emotional support needs. Each resident has their emotional needs assessed on entry to the home and this information is used to develop the care and lifestyle plan. The home provides new residents with a welcome pack, orientation to the home and an introduction to management and other residents. Pastoral support is accessible at all times and the chaplain visits the home weekly to assist in providing emotional support. Residents' emotional wellbeing is monitored through clinical observation, family conferences, surveys and one-to-one conversations. Results show that residents' emotional support needs are documented, reviewed and meet individual residents' needs. Staff interviewed state that providing emotional support is part of daily care and they report concerns to senior clinical staff. Residents and representatives are satisfied with how the home supports residents in adjusting to life in the home and the provision of emotional support on an ongoing basis.

### **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 assists residents to achieve maximum independence and to maintain friendships and connections to the community. The home has an initial and ongoing assessment and review process to identify lifestyle preferences, personal interests and physical abilities. Strategies for independence are developed by the clinical and lifestyle team in consultation with residents. Residents are supported to maintain personal interests and interact with family and community groups. Monitoring processes include surveys, feedback, resident meetings, comments/complaints mechanisms, clinical monitoring and observations. Staff interviewed encourage residents to maintain independence, interests and friendships.

Residents and representatives are satisfied that residents' independence is maximised and they feel supported to maintain friendships and connections to 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 has processes and procedures to maintain residents' right to privacy, dignity and confidentiality. The organisational privacy statement, staff and resident handbooks and policies and procedures demonstrate that residents' right to privacy, dignity and confidentiality is recognised and respected in the home. Documentation containing residents' personal information is stored securely in the home and only authorised staff and contractors can access these documents. Staff practice is regularly monitored by the home and reflects recognition and respect of residents' privacy and dignity in providing personal care, participation in lifestyle activities and preferences. Staff interviewed are aware of respecting residents' privacy, dignity and confidentiality and will tailor their practice to uphold these principles. Residents and representatives are satisfied that staff respect and protect residents' 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

Residents are encouraged and supported to participate in a range of activities according to their individual needs and preferences. The home has an initial and ongoing assessment and review process to identify interests in group, individual and one-to-one activities. This information is used to develop the leisure and lifestyle plan. Monthly activities calendars are posted on noticeboards and a copy is distributed to each resident and if requested to their representatives. The activities program is modelled on the expressed interests of residents and includes activities involving the wider community, cultural and spiritual preferences and outings. The home monitors resident participation and enjoyment from activities through surveys, residents meetings, formal evaluations, lifestyle reviews, observation and resident feedback. Results show that residents' changing needs are identified and adjustments made to individual and group activity programs. Staff interviewed state they support residents to attend activities and engage in individual interests. Residents and representatives are satisfied with the opportunity residents have in participating in a variety of activities.

### **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

Residents' individual cultural and spiritual needs are recognised and supported. The home has an initial and ongoing assessment and review process to identify and support cultural and spiritual interests and needs. This information is used in the development of the care and lifestyle plan. Residents are supported to engage in spiritual activities of significance to them

within and outside the home. Pastoral support is available for all residents and various denominations attend the home. The home provides cultural activities for individual residents and celebrates significant cultural days. Monitoring processes include resident meetings, surveys, lifestyle and care reviews and observation. Results show that the home supports residents' cultural and spiritual needs. Staff interviewed are aware of residents' individual cultural and spiritual needs and have access to the organisations' multi-cultural project officer for support. Residents and representatives are satisfied that the home recognises, values and supports residents' individual 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

Residents are encouraged and assisted in making independent choices and decisions. The home encourages and assists residents and their representatives to make choices and decisions in relation to their clinical and personal care, services provided at the home, living environment and lifestyle. These decisions are integrated into the care and lifestyle plans and hospitality services are informed of resident preferences. Residents are encouraged to personalise and decorate their rooms and have the opportunity to vote in elections. Monitoring processes include surveys, resident meetings, comments/complaints mechanisms, resident and representative feedback. Results show that the home supports and encourages residents to exercise choice and control over their lives in the home. Staff interviewed state that resident permission is sought prior to providing care or services. Residents and representatives are satisfied with the level of participation in decision making and choices about residents' life in 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 are informed of their security of tenure and resident rights and responsibilities on entry to the home. Residents and representatives are provided with a resident handbook, residential services agreement and information on the home's services. A corporate admissions officer contacts the resident and their representative during the pre-entry stage to provide support. Brochures regarding independent sources of advice and advocacy are available within the home. Staff are aware of residents' rights and responsibilities. Residents are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home identifies improvements from resident and staff meetings, incident and hazard data, workplace inspections, observations, complaints, maintenance requests and audits. The home’s management monitors actions and timelines generated from continuous improvement activities. Staff and residents are encouraged to participate in the home’s continuous improvement program.

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

- In response to a hazard report and resident feedback, a wooden wedge was installed between residents’ bedrooms and ensuite bathrooms to level the surfaces. A contractor was engaged to provide assistance. Eight rooms in total required the modification. Staff say this has resulted in reduced anxiety and greater comfort for residents when transferring them in a shower chair.
- Following an audit the home identified residents’ clothes were not appropriately labelled. The issue was discussed in focus group meetings and reminders sent to representatives to ensure all clothes are labelled. Linen skips have been clearly labelled to assist staff. Coloured linen bags have been introduced to differentiate personal clothing from linen. Management state there has been fewer lost items of clothing being sent back from the external contractor.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

The home has systems to monitor and respond to relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Management monitors regulatory compliance through staff meetings, audits and staff and resident feedback. Audit processes include triennial fire safety inspections, food safety audits and workplace inspections. Occupational health and safety policies and procedures are in line with professional standards and guidelines. Relevant information is available to staff through the intranet system. Staff are aware of regulatory

requirements relating to the physical environment and safe systems, including their responsibilities in relation to occupational health and safety.

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

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

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

The home meets this expected outcome

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

The home has processes to identify, plan and monitor staff education based on legislative requirements, staff requests and residents' care needs. Management monitors staff attendance at training sessions and there are processes for following up attendance at mandatory training. Training undertaken by staff includes manual handling, fire and emergency and food safety. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents and representatives are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home provides a safe and comfortable living environment consistent with residents' care needs. Residents are accommodated in single or shared rooms with en-suite bathroom facilities and are encouraged to personalise their rooms. Communal dining rooms and lounge rooms provide opportunities for interaction with other residents. Residents have access to enclosed courtyard gardens, barbeque areas and a work shed. Hairdressing services are available on-site. The home monitors the living environment through preventative and corrective maintenance processes, audits and workplace inspections. Staff are aware of their responsibility in facilitating a safe and comfortable living environment for residents. The home is secure and residents are able to wander freely. Residents have access to call bells to summon staff assistance as required.

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

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

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

The home meets this expected outcome

The home has systems and processes to provide a safe working environment that meets regulatory requirements. The Quality and Safety Committee is responsible for monitoring the safety of the home and reporting incidents and hazards at corporate meetings. The home's safety is monitored by workplace inspections, audits and maintenance requests. There are corporate processes to assist with rehabilitation and return to work programs for staff affected by workplace injuries. Staff have access to policies, procedures, guidelines and training.



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

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

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

The home meets this expected outcome

The home has systems to provide an environment and safe systems of work that minimise fire, security and emergency risks. Evacuation maps and mimic panels are located throughout the home and emergency procedures are accessible to staff. A resident mobility status list is available to staff and emergency services. Fire and emergency training is conducted annually. The home has a current triennial fire safety certificate and fire safety log books are up-to-date. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems, including electrical testing and tagging. The home's security is maintained through key pad operated internal doors and closed circuit television surveillance for after hours access. Staff are aware of their responsibilities in the event of an emergency.

#### **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 maintains an infection control program through site and corporate policies and procedures that meets Australian government infection control guidelines. A clinical surveillance program is used to identify, collect and analyse data for the purpose of containing and preventing infection. The home identifies infection trends and implements interventions where necessary. The home has a food safety program and an infection outbreak contingency plan. The home monitors infection control through the clinical surveillance program, audits, incidents, safety and quality meetings and workplace inspections. Results show that infections are documented and analysed at site and organisational levels. Staff participate in annual infection control training and staff practice is monitored through competency assessments. Residents and representatives are satisfied with the home's infection control practice.

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

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

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

The home meets this expected outcome

The home provides hospitality services that enhance residents' quality of life and the staffs' working environment. A four week rotating menu offers variety to meet residents' individual dietary needs and preferences. Residents' dietary requirements, food allergies and preferences are identified, updated as necessary and communicated to relevant staff. There are processes for ordering and returning incorrect stock. Residents' rooms and communal areas are cleaned according to a schedule. Hospitality services are monitored through audits, surveys, resident meetings, focus groups, workplace inspections and comments and complaints processes. A clothes labelling service is available to minimise the loss of items. Staff have access to duty statements, policies, procedures and guidelines to assist them in their roles. Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home.