



Aged Care  
Standards and Accreditation Agency Ltd

## **Resthaven Nursing Home Malvern**

RACS ID 6808

43 Marlborough Street

MALVERN SA 5061

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 6 May 2015.

We made our decision on 14 March 2012.

The audit was conducted on 20 February 2012 to 22 February 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
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# Site Audit Report

**Resthaven Nursing Home Malvern 6808**

**Approved provider: Resthaven Inc**

## Introduction

This is the report of a site audit from 20 February 2012 to 22 February 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 20 February 2012 to 22 February 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 member:	Linden Brazier

## Approved provider details

Approved provider:	Resthaven Inc
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## Details of home

Name of home:	Resthaven Nursing Home Malvern
RACS ID:	6808

Total number of allocated places:	33
Number of residents during site audit:	32
Number of high care residents during site audit:	32
Special needs catered for:	People with dementia or related disorders

Street:	43 Marlborough Street	State:	SA
City:	MALVERN	Postcode:	5061
Phone number:	08 8271 0222	Facsimile:	08 8271 9587
E-mail address:	malvern@resthaven.asn.au		

## Audit trail

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

### Interviews

	Number		Number
Corporate and site management	6	Residents/representatives	9
Clinical, care staff and allied health professionals	10	Ancillary and maintenance staff	9
Lifestyle and other staff	2		

### Sampled documents

	Number		Number
Residents' files	7	Care plans	7
Progress notes	7	Lifestyle documentation	7
Medication charts	9	Personnel files	6

### Other documents reviewed

The team also reviewed:

- 'We'd like to hear from you' forms
- Activities program
- Asbestos register
- Blood glucose readings
- Calibration records
- Charter of residents' rights and responsibilities
- Clinical assessment tools
- Communication book
- Continence ordering system
- Contractor's sign in/out book
- Electrical testing and tagging records
- External advocacy brochures
- Fire safety and evacuation plans
- Food safety plan
- Hazard and incident reports
- Infection control guidelines
- Job descriptions and duty statements
- Lifestyle documentation and evidence folders
- Material safety data sheets
- Newsletters
- Palliative care documentation
- Plan for continuous improvement
- Police clearance records
- Preventative and corrective maintenance records
- Quality activity reports
- Resident evacuation list
- Resident handbook
- Residential services agreement
- Restraint checklist
- Restraint risk assessments

- Schedule 4 and 8 licence
- Self medicating assessment
- Special dietary requirement
- Staff education records
- Staff handbook
- Statement of purpose and values
- Temperature monitoring logs
- Triennial fire safety certificate
- Various audits and surveys
- Various incident and hazard records
- Various meeting minutes
- Various policies and procedures
- Volunteer information

### **Observations**

The team observed the following:

- Activities in progress
- Chemical storage
- Cleaning in progress
- Closed circuit television surveillance
- Confidential bin
- 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 administration and secure storage
- Memory support unit
- Personal protective equipment
- Secure archive storage area
- Storage of medications
- Suggestion box with feedback forms available

## 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 Malvern 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, improvement requests and verbal feedback. Information is discussed at Quality and Safety Committee meetings. Actions and timelines generated from continuous improvement activities are monitored by the home’s management. Examples of improvement activities and achievements relating to management systems, staffing and organisational development include:

- Following a suggestion from staff, a housekeeping handover meeting has been introduced. The daily meeting has addressed previous inconsistencies in information exchange. Staff say the meetings are helpful by providing opportunities to discuss issues with the housekeeping coordinator as they arise.
- As a result of feedback from residents and representatives, management posted photographs of key staff and their roles in the foyer. This initiative has assisted residents and representatives to identify key staff.

#### 1.2 Regulatory compliance

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

##### Team’s findings

The home meets this expected outcome

The home has systems and processes to identify and monitor relevant legislation, regulations and guidelines. Corporate processes ensure legislative updates are distributed 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. The home monitors staff attendance at training sessions and has processes for following up attendance at mandatory training. Staff training relevant to management systems, staffing and organisational development includes information technology and induction processes. Management and staff are satisfied they have access to sufficient education and training 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

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

### **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 is 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. The home provides an induction program for commencing staff. Vacant shifts are filled by casual and permanent staff or agency staff if required. The home regularly monitors and evaluates care outcomes through audits, surveys, meetings, incident data and observation of staff practice. 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 has a preventative and corrective maintenance program and access to external contractors for the maintenance and calibration of plant and equipment. Electrical testing and tagging is managed internally to ensure the safety of equipment. Audits, workplace inspections, incident and hazard reports and maintenance requests assist the home to monitor inventory and equipment. 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

Residents, representatives and staff interviewed confirm they have access to and use information appropriate to their needs. Management is able to demonstrate that its systems provide adequate and timely information for staff to perform their duties effectively, and to keep residents informed of changes within the home and industry. Security and confidentiality is maintained, computers are password protected and backed up routinely. Memos, diaries, newsletters, meetings, and communication books are used as ways of communicating information. The home has an archiving and document destruction system. The home has a computerised care system. Information systems are monitored through incident data, feedback from residents and staff, audits and surveys.

## **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 for external contractors in relation to maintenance, pest control, allied health services, fire services, pharmacy and agency nursing staff. Corporate office supports the home in managing and selecting 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

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, resident and staff meetings, clinical audits, surveys, improvement requests, verbal feedback and care reviews. Information is discussed at Quality and Safety Committee meetings. Actions and timelines generated from continuous improvement activities are monitored by the home's management. Examples of improvement activities and achievements relating to health and personal care include:

- Following an internal audit of the stock rotation system by management, an ordering checklist for topical creams and eye drops was introduced. The checklist ensures creams, ointments and eye drops are discarded by the recommended use by date. A recent medication audit has showed currency of dates for creams and eye drops.
- In response to an action request, a weight management team was formed to address inconsistencies in residents' weights. A flow chart was introduced and procedures evaluated. The improved procedure for weighing residents has resulted in greater consistency in weights.

### **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 systems and processes to identify and monitor relevant legislation, regulations and guidelines in relation to health and personal care. Corporate processes ensure legislative updates are distributed to the home's management. Corporate processes record and monitor current nursing and allied health professional registrations. Regulatory compliance is monitored through meetings, incident reports, care reviews and staff feedback. The home has a current licence for the possession of Schedule four and eight medications. Staff are informed of legislative changes through various communication mechanisms including, meetings and handover.

### **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

The home has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to health and personal care. Education needs are identified through review of resident care needs, staff performance appraisals, clinical audits, observations of staff practice and staff requests. The home monitors staff attendance at training sessions and has processes for following up attendance at mandatory training. Staff training relevant to health and personal care includes palliative care, wound management, medication credentialing and swallowing deficits. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills. Residents are satisfied that management and staff have the appropriate skills to deliver their care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Residents and representatives said they are satisfied that residents receive appropriate clinical care according to their needs. To assist with care planning, information regarding clinical care needs is gathered on entry to the home. An admission profile and interim care plan are completed and includes residents’ care needs and preferences from information gathered from the resident, their representatives and previous health services. Scheduled assessments assist with the formulation of the care plan. Care is monitored through care reviews, case conferencing, clinical audits and staff and stakeholder feedback. Staff interviewed said they have access to current resident care plans and changes in residents’ needs are communicated to them through handovers, computer alerts and progress note entries.

### **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 and representatives said they are satisfied residents’ specialised nursing care needs are identified and managed. Initial and ongoing assessments, care planning and review processes are conducted by qualified nursing staff. Specialised care needs are identified and documented on the care plans and include guidelines and information to assist staff to maintain care needs. Specialised care is monitored through wound reviews, clinical observations, incident reporting, regular care reviews and audit processes. Clinical staff have access to clinical care guidelines and receive internal and external training.

## **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 and representatives said they are aware of the allied health services available and are satisfied residents are referred as required. Entry assessment and care review processes identify referral needs. Residents are informed of the services available including visiting services such as physiotherapy, podiatry, speech pathology and dietitian. Optician, dental and hearing screening services also attend the home. Progress note entries record outcomes of referrals and changes to care plans are made accordingly. Care processes relating to allied health service referrals are monitored through care reviews, resident surveys and clinical audits.

## **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 and representatives said they are satisfied residents’ medication is managed safely and correctly. Residents’ medication needs and ability to manage their own medication are assessed, and relevant instructions are documented on the medication chart. The chart also includes known allergies and an identification photograph. Medications are administered by registered and credentialed staff from a pre-packaged administration system. Staff who administer medications complete annual competency and credentialing processes. Contracted pharmacy services maintain a stock rotation system to assist with emergency and after-hours supply of medications as required. The home monitors medication expiry dates and returns medications to the pharmacy for disposal. Processes are in place to ensure medication charts are regularly reviewed by the resident’s general practitioner and the pharmacist. Medications are stored safely and securely. The home monitors its medication management processes through medication incident reporting and internal audits.

## **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 and representatives said they are satisfied with the care provided to residents to promote and to resolve or minimise pain. Assessment and pain monitoring tools are used by the home to identify pain management needs on entry to the home and on an ongoing basis. Individual pain management strategies are documented and include heat packs, exercise programs and massage to assist staff to maintain resident comfort. The effectiveness of ‘as required’ medication is monitored through progress note entries and care reviews. Frequent use is monitored and reported to the general practitioner for review. Staff interviewed are familiar with non-verbal indicators of pain and strategies to maintain resident comfort. The home monitors the effectiveness of pain management processes through regular care plan and physiotherapy reviews, consultation with residents and representatives and clinical audits.

## **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

Documentation in resident files and representative feedback demonstrated that residents’ dignity and physical and emotional comfort is maintained during the final stages of care. Initial assessment and consultation processes provide opportunities to identify and document each resident’s end of life wishes. Information details are reviewed during care reviews and during family consultation when palliation is required. The home has access to palliative care equipment and staff liaise with general practitioners and external palliative care services where additional expertise or clinical support is required. Chaplain services are available as requested for spiritual and emotional support. Staff practices and processes are monitored through internal audits and stakeholder feedback. Staff have access to resources and equipment to assist with maintaining resident comfort and dignity during the palliation process.

## **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 and representatives said they are satisfied with the home’s approach to meeting residents’ nutrition and hydration needs. Assessment processes identify residents’ dietary and hydration needs, preferences and utensil requirements. A nutrition screening tool is used to identify residents at nutritional risk. Resident weights are monitored monthly or more frequently as required. Nutritional supplements and fortified meals are commenced as needed. Residents with swallowing difficulties or consistent weight loss are referred to general practitioners or allied health specialists as required. Nutrition and hydration needs are monitored through observations, care reviews, resident surveys, consultation, staff feedback and clinical audits. Staff interviewed confirm they have current information to maintain resident’s nutrition and hydration needs.

## **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 and representatives said they are satisfied with the care provided in relation to residents’ skin integrity. Residents’ skin integrity needs are assessed on entry to the home and on an ongoing basis. Risk assessments are also conducted and at-risk residents are identified and strategies recorded in the care plan to support and maintain residents’ skin integrity. These may include, nutritional supplements, hydration, regular moisturisers, limb protectors and pressure relieving mattresses. Wounds are regularly assessed and attended according to the home’s procedures. Residents’ skin care needs are monitored through care reviews, observations and resident and staff feedback. Staff interviewed are aware of strategies to assist with the maintenance of residents’ skin integrity.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Residents and representatives said they are satisfied that residents’ continence needs are managed effectively. Continence needs are assessed on entry to the home and on an ongoing basis. Individual plans are documented and include aids and assistance required and scheduled toileting times. Bowel habits are documented each shift and monitored on a daily basis. A continence nurse advisory monitors residents’ continence and bowel needs and strategies to minimise infection are commenced for reoccurring urinary tract infections. The incidence of urinary tract infections is monitored on a monthly basis. Residents’ continence needs are monitored through daily charting, care reviews, clinical audits and resident and staff feedback. Staff interviewed are aware of strategies to support and assist with managing residents’ continence needs.

## **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 and representatives said they are satisfied with the home’s approach to managing residents’ challenging behaviours. Assessments to monitor and identify behaviour are conducted on entry to the home and on an ongoing basis. Behaviour management plans are documented and include triggers and strategies to minimise the incidence of identified behaviours. The home has a minimal restraint policy. Where restraint is used, there are processes for assessment, consultation, authorisation, monitoring and review. The home monitors the effectiveness of behaviour management strategies through care reviews, clinical audits, observations, progress note entries and incident data. Staff are aware of strategies to support and manage residents’ with identified 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

Residents interviewed are satisfied with the home’s approach to optimising their mobility and dexterity. Residents are assessed on entry to the home and on an ongoing basis by the physiotherapist. Following the physiotherapy assessment, resident consultation and observation, the home implements a mobility and transfer plan, and fall prevention strategies. Care strategies such as sensor mats, high/low beds and the use of hip protectors are implemented to minimise the impact of falls. The home assists residents to maintain their independence, assessing and providing appropriate assistive devices including walkers, walking sticks and wheelchairs. Exercise sessions and activities to support dexterity are part of the lifestyle program. Suitable lifting aids and equipment are available for those residents who require them. Residents’ mobility and dexterity management is monitored through incident reporting, audits and resident feedback. Staff attend mandatory manual handling training on an annual basis. Residents were observed to ambulate with a variety of aids.

## **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 and representatives said they are satisfied with the assistance provided to maintain residents’ oral and dental health. Oral and dental assessments identify each resident’s individual oral and dental care needs. Information gathered through assessment processes is used to develop a care plan that identifies dentition, personal preferences for oral care and the level of support required to maintain oral hygiene. Residents are assisted to access dental services either internally or externally where specific oral and dental issues are identified. Residents’ oral and dental health is monitored through care reviews, clinical audits, resident surveys and observations. Staff interviewed stated they have access to current information to assist with maintaining residents’ oral and dental care needs and are familiar with behaviours which may indicate oral health concerns.

## **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 and representatives said they are satisfied residents’ sensory losses are identified and managed. Assessments are conducted and identify residents’ sensory deficits for all five senses. Individual plans for sight and hearing deficits are documented and include aids, assistance required and environmental strategies. Plans for dietary needs identify interventions for taste and smell deficits. Residents’ sensory needs are monitored through care reviews, resident surveys and clinical audits. Staff interviewed are aware of strategies to support residents’ sensory deficits.

## **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 and representatives said they are satisfied residents are supported to achieve natural sleep patterns. Residents’ preferences for achieving natural sleep are identified and assessed on entry to the home and on an ongoing basis. Individual sleep strategies are documented on the care plan and include settling and rising times and environmental preferences. Residents’ ongoing needs are monitored through care reviews, incident reporting, consultation and observation. Staff interviewed are aware of strategies to assist residents with achieving 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

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, resident and staff meetings, surveys, improvement requests and verbal feedback. Information is discussed at Quality and Safety Committee meetings. Actions and timelines generated from continuous improvement activities are monitored by the home’s management. Examples of improvement activities and achievements relating to resident lifestyle include:

- Following a staff suggestion, a rap ball set was introduced to improve residents mobility and mental agility. The activity proved popular with the residents and has been included on the weekly activities program. Residents say they enjoy the social interaction.
- The lifestyle coordinator identified an opportunity to assist residents to remember afternoon activities and up-coming events. Flyers and invitation to events are placed on dining tables during meal times. The information generates conversation among the residents. Residents say they enjoy the reminders and invitations.

### **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 systems and processes to identify and monitor relevant legislation, regulations and guidelines. Corporate processes ensure legislative updates are distributed to the home’s management. Staff are informed of legislative changes through the home’s communication mechanisms. Regulatory compliance is monitored through surveys, staff and resident feedback. Residents are provided with legislative information in the residential service agreement and resident handbook. Staff are aware of regulatory requirements relating to resident lifestyle, including mandatory reporting responsibilities 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

The home has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to resident lifestyle. 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. The home monitors staff attendance at training sessions and has processes for following up attendance at mandatory training. Training undertaken by staff includes dementia awareness and elder abuse awareness. Staff are satisfied with the ongoing support provided to them to develop their knowledge and skills.

### **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 interviewed are satisfied with the support they receive in adjusting to life on entry to the home and on an ongoing basis. New residents are allowed time to settle into the home and are supported to participate in the life of the home once they are ready to do so. A lifestyle social history form is completed by the lifestyle team in consultation with the resident and/or representative and identifies past and present interests including spiritual, cultural, lifestyle and social aspects. Residents' emotional, privacy, independence and dignity needs are also identified and transferred onto the lifestyle care plan and reviewed on an ongoing basis. A site chaplain attends the home each week and provides one to one emotional support. Additional visits are arranged as special circumstances arise. Residents are encouraged to maintain their links with family and community groups. Volunteers are organised for individual residents and provide support to residents when special needs are identified that cannot be met through the home's general lifestyle program. Staff are aware of their role in relation to the emotional support of residents in the home.

### **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

Residents interviewed are satisfied that they are assisted to achieve and maintain their independence and friendships and participate in the life of the community within and outside of the home. Residents' lifestyle preferences, interests and abilities are captured on entry to the home. Processes are in place to assist residents to maintain their voting rights and financial independence when this is their choice. Staff and volunteers assist residents to participate in group and individual leisure activities and to maintain links with family, friends and community groups. Staff described specific strategies they implement to encourage, promote and respect residents' independence.

### **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

Residents interviewed are satisfied their privacy and confidentiality is maintained and staff treat them with dignity and respect. The home's orientation process outlines residents' rights to privacy, dignity and confidentiality. There are a variety of small lounges where residents

can spend private time with relatives and friends outside of their rooms. Staff were observed knocking on doors before entering residents' rooms. Staff assist residents to make clothing choices that respect their identity and dignity when they are unable to do this for themselves. Resident information is stored securely. The home uses feedback forms, surveys, care and lifestyle evaluations and observations to monitor staff practices. Staff are aware of their responsibilities and the importance of maintaining residents' privacy, dignity and confidentiality.

### **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 interviewed are satisfied with the activities program and with the variety of group and individual activities provided by the home. Residents' interests are captured in a social history profile on entry to the home. Care plans are developed from this information. Staff consult with residents about activities on an ongoing basis and update individual plans when preferences or abilities change. Residents are consulted on a daily basis regarding activities on offer, giving them the option of attending. The home monitors the effectiveness of the activity program through activity evaluations, surveys and feedback from residents at meetings. Identified issues are actioned as required. Staff interviewed are familiar with individual residents interests and activities that are important 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

Residents are satisfied their individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Assessment processes identify each residents cultural and spiritual preferences and support needs when they first enter the home. Strategies to support these needs are documented on the care and lifestyle plans. Spiritual supports are available in the home and include church services, pastoral visitors and a site chaplain. Residents are supported to attend church services in the community as requested. Religious and significant cultural days are identified and acknowledged with residents participating in celebrations according to their preferences and beliefs. The home monitors residents' cultural and spiritual needs through audits, resident/representative surveys, lifestyle reviews and observations. Staff are aware of strategies to support residents' cultural and spiritual lifestyle 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 satisfied with the consultation, choice and support provided to make decisions about issues that affect their daily life. Information gathered when a resident first enters the

home assists staff to identify and respond to residents individual care needs, preferences and lifestyle choices. Processes are in place to identify resident representatives who have the authority to make care and lifestyle choices when the resident can no longer do this for themselves. Information on residents' rights and responsibilities is included in the resident handbook and resident agreement. Residents are encouraged to raise concerns through the comments and complaints process, meetings and direct consultation. The home monitors and evaluates their processes regarding resident choice and decision making through audits, surveys, observations and consultation with residents and representatives during care plan reviews. Staff described strategies they use to assist residents to make choices about all aspects of their care and daily lives.

### **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 satisfied their tenure is secure and that the home will support their individual needs and preferences where possible. Information regarding resident rights and responsibilities is provided on entry to the home in the residential services agreement and resident information pack. 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 informed of resident's rights and responsibilities through induction, meetings and newsletters.

## **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 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, resident and staff meetings, surveys, improvement requests, verbal feedback, incident and hazard reports, workplace inspections and environmental audits. Information is discussed at Quality and Safety Committee meetings. Actions and timelines generated from continuous improvement activities are monitored by the home’s management. Examples of improvement activities and achievements relating to the physical environment and safe systems include:

- Corporate office introduced a ‘Glitter bugs’ competition as part of Hand Hygiene Day to improve awareness for staff and residents. Bacteria was grown in petri dishes to demonstrate the importance of good hand hygiene. The home was awarded second prize for their participation. Residents and staff enjoyed participating in the competition and said it had increased their awareness of hand hygiene issues.
- In response to an action request from staff, an easy reference guide was developed to assist staff to identify residents’ beverage and snack preferences. The guide has a coloured photograph of the resident, the utensils they use and their preferences. Consistency of fluids is also included on the guide. Staff say they are able to easily identify residents’ beverage and snack preferences.
- In order to improve infection control procedures, a dual entry/exit has been created for the laundry. The laundry was remodelled and a hand basin installed for staff delivering soiled linen. A separate area has been created for the storage of dirty linen. Staff say the improvement has created a better working environment.

### **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 systems and processes to identify and monitor relevant legislation, regulations and guidelines. Legislative updates are received through subscriptions to peak industry bodies and correspondence with the Department of Health and Ageing. Corporate processes ensure legislative updates are distributed to the home’s management. Compliance is monitored through audits and staff and resident feedback. Audit processes include fire safety inspections, workplace inspections and food safety audits. Staff are informed of legislative changes through the home’s communication mechanisms.

#### **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

The home has processes to ensure management and staff have the required knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. 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. The home monitors staff attendance at training sessions and has processes for following up attendance at mandatory training. Training undertaken by staff includes, infection control, fire and emergency, food safety and manual handling. Staff have the skills and knowledge 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

Residents and representatives are satisfied the home provides a safe and comfortable living environment. Residents are accommodated in single or shared rooms with shared bathroom facilities. Communal dining rooms and lounge rooms provide opportunities for interaction with other residents. Residents have access to enclosed courtyard gardens and a hairdressing salon is located on-site. Preventative and corrective maintenance, audits and workplace inspections assist the home to monitor the living environment. The home is secure which enables residents to wander freely. The home has a minimal restraint approach and regularly reviews and monitors the use of restraints. Staff are aware of their responsibility in providing a safe and comfortable environment consistent with resident care needs. 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 to corporate meetings. Workplace inspections, internal and external audits also contribute to the monitoring of the home's safety. Corporate office liaises with site representatives to facilitate 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 plans are posted 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 equipment inspections are recorded. 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. 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 has systems to support an effective infection control program consistent with infection control guidelines. These include management of outbreaks, including a gastroenteritis outbreak kit, influenza management plans, influenza vaccination program for staff and residents, food safety plan and hand-washing facilities throughout the home. The Care Coordinator is responsible for coordinating and monitoring the home's infection control. There is an audited food safety program. The home monitors the effectiveness of their infection control program through internal and external auditing processes, review of infection incident data and observations. Staff interviewed are familiar with infection control practices and confirm they have access to sufficient information and personal protective equipment.

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

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

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

The home meets this expected outcome

Residents and representatives are satisfied with the catering, cleaning and laundry services provided by the home. A four week rotating menu offers variety to meet residents' individual dietary needs and preferences. Residents' dietary requirements, food allergies and preferences are identified and communicated to relevant staff and regularly updated. The home has an audited food safety program. There are processes for ordering and returning incorrect stock. Residents' rooms and communal areas are cleaned according to a schedule. Housekeeping services are monitored through audits, surveys, resident meetings, 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 and policies, procedures and guidelines to assist them in their roles.