



Aged Care  
Standards and Accreditation Agency Ltd

## **RSL Menora Gardens Aged Care Facility**

RACS ID 7151

51 Alexander Drive

MENORA WA 6050

Approved provider: The RSL (WA) Retirement and Aged Care  
Association (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 9 October 2015.

We made our decision on 5 September 2012.

The audit was conducted on 31 July 2012 to 2 August 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

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

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

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

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

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

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



Aged Care  
Standards and Accreditation Agency Ltd

# Audit Report

## RSL Menora Gardens Aged Care Facility 7151

**Approved provider: The RSL (WA) Retirement and Aged Care Association (Inc)**

### Introduction

This is the report of a re-accreditation audit from 31 July 2012 to 2 August 2012 submitted to the Accreditation Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 31 July 2012 to 2 August 2012.

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

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

## Assessment team

|               |                    |
|---------------|--------------------|
| Team leader:  | Katherine Prochyra |
| Team members: | Shirley Rowney     |
|               | Ann-Marie Phegley  |

## Approved provider details

|                    |   |
|--------------------|---|
| Approved provider: | The RSL (WA) Retirement and Aged Care Association (Inc) |
|--------------------|---|

## Details of home

|               |                                       |
|---------------|---------------------------------------|
| Name of home: | RSL Menora Gardens Aged Care Facility |
| RACS ID:      | 7151                                  |

|   |                         |
|---|-------------------------|
| Total number of allocated places:           | 178                     |
| Number of residents during audit:           | 174                     |
| Number of high care residents during audit: | 142                     |
| Special needs catered for:                  | Residents with dementia |

|               |                    |            |              |
|---------------|--------------------|------------|--------------|
| Street:       | 51 Alexander Drive | State:     | WA           |
| City:         | MENORA             | Postcode:  | 6050         |
| Phone number: | 08 9370 0200       | Facsimile: | 08 9370 2249 |

## Audit trail

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

### Interviews

|                          | Number |                                | Number |
|--------------------------|--------|--------------------------------|--------|
| General manager          | 1      | Residents/representatives      | 23     |
| Registered nurses        | 2      | Domestic services coordinator  | 1      |
| Enrolled nurses          | 2      | Laundry staff                  | 4      |
| Clinical nurse           | 1      | Clinical educator              | 1      |
| Clinical lead nurse      | 1      | Chef                           | 1      |
| Physiotherapist          | 1      | Executive assistant            | 1      |
| Occupational therapist   | 1      | Human resource/project manager | 1      |
| Therapy staff            | 7      | Admission coordinator          | 1      |
| Chaplain                 | 1      | Domestic services coordinator  | 1      |
| Care staff               | 9      | Maintenance supervisor         | 1      |
| Administration assistant | 1      | Cleaning staff                 | 7      |
| Catering staff           | 6      |                                |        |

### Sampled documents

|                                    | Number |                               | Number |
|------------------------------------|--------|-------------------------------|--------|
| Residents' files                   | 19     | Medication charts             | 30     |
| Summary/quick reference care plans | 19     | Personnel files               | 15     |
| Residents' electronic files plans  | 19     | Resident agreements           | 5      |
| External service contracts         | 8      | Residents' therapy care plans | 20     |

### Other documents reviewed

The team also reviewed:

- 'Tell us what you think' forms
- Accident and incident files
- Acknowledgement of risk forms
- Admission information provided to new residents
- Audits surveys and action plans
- Building certification summary 2011
- Catering/housekeeping/domestic cleaning checklists files
- Chemical register
- Clinical indicator reports

- Clinical monitoring records and treatment charts
- Comments and complaints file
- Communication books and diaries
- Corrective and preventative maintenance records
- Dietary information files
- Electrical tagging records
- Emergency response manuals
- Employee assistance service
- Fire equipment instruction manuals and fire equipment service records
- Food safety manual
- Food temperature recording files
- Hospitality staff training files
- Infection control data and outbreak guidelines
- Internal audits and surveys
- Job descriptions and duty statements
- Lifestyle and activities file and activities program
- Meeting minutes
- Memoranda file
- Menu review May 2012 and current menus
- Minutes of meetings
- New employee pack and staff handbook
- Newsletters
- Occupational therapy feedback reports
- Pest control file
- Physiotherapy statistics
- Plan for continuous improvement
- Police checks, statutory declarations, visa and professional registrations monitoring system
- Policies and procedures
- Regulatory compliance file
- Residents' information package and handbook
- Restraint records
- Roster, allocation form and roster request file
- Spark of life planning file
- Special events manual
- Staff and resident vaccination register and consent forms
- Staff performance appraisals, training records, matrix and planner

- Therapy and chaplain's statistics.

### **Observations**

The team observed the following:

- Access to internal and external complaints and advocacy information
- Activities in progress
- Archive storage
- Charter of residents' rights and responsibilities displayed
- Chemical storage
- Electronic clinical documentation and messaging system
- Electronic training resource
- Fire emergency equipment
- Food storage areas
- Hand washing facilities
- Interactions between staff and residents
- Living environment
- Meal and refreshment services
- Medication round in progress and medication storage areas.
- Noticeboards and information posted around the home including accreditation visit notice
- Outbreak kit
- Personal protective equipment
- Poison's permit
- Storage and administration of medications
- Suggestion box
- Utility rooms
- Vision and mission statement displayed.



## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The home has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards and the home's requirements. A quality group meet frequently to discuss quality initiatives generated by sub-groups following review of the results from audits and incident reports. Management report on and maintain a plan for continuous improvement to monitor quality improvements. Staff, residents and representatives reported they contribute to improvement activities at meetings and by using surveys and feedback forms. Staff reported knowledge of and stated they are encouraged to contribute to improvement activities. Residents and representatives reported satisfaction with management's responsiveness to feedback.

Examples of improvement initiatives related to Standard 1 Management systems, staffing and organisational development are described below:

- Management identified that care staff were not completing all the resident's housekeeping duties during their shift. In response, management designed a numbered, colour coded duty list for care staff to enable staff to be allocated a set rota for housekeeping duties each day. Management and staff reported the new system was working well with all care staff now sure about their responsibilities each day.
- Clinical staff identified time was wasted at handover each day by staff having to hand write information. To remedy this, management generated printed handover sheets via the electronic care system. Clinical staff now complete the handover sheets before each handover. Copies are e-mailed to the therapy team and on-call registered nurse. Management and staff reported the new system is working well, has improved communication within the home and saves time that can be re-invested into care for residents.

#### 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

Residents and representatives reported they are aware of the charter of residents' rights and responsibilities and the external complaints mechanisms. The organisation has subscription and membership to legislative alert systems, industry groups, and peak bodies that advise of updates and legislation changes. Management update policy and procedures and provide staff with information regarding changes through electronic messaging, education and

meetings. The home's internal and external audit processes monitor compliance. The home has processes for monitoring statutory declarations and police checks on all staff and volunteers. Residents' charges and fees are set according to legislation. Management informed residents and representatives of the re-accreditation audit via meetings and displayed notices.

### **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

Residents and representatives reported staff have sufficient skills and knowledge to attend to residents' needs. The home's education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management use feedback and requests from staff and residents, satisfaction surveys, observation of work practice, and accident/incident evaluation reports to identify training needs. There is a 'buddy' system to support new staff through the induction and orientation process. Staff reported the home's electronic training program provides flexible training opportunities and they receive appropriate education to enable them to perform their duties effectively.

Examples of education and training related to Standard 1 are listed below.

- Accreditation
- Continuous improvement
- Documentation.
- Exposing the fair worker system
- Managing conflict and teamwork.

### **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 advised they have access to complaints mechanisms without fear of retribution. Residents and representatives receive information regarding comments and complaints mechanisms via the resident handbook, and information regarding the external complaints mechanism and advocacy services are readily available. There is easy access to the home's 'tell us what you think' form and the secure suggestion box. Residents and/or representatives advised us they generally discuss issues informally, and are satisfied management address concerns effectively.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home displays its mission, philosophy and objectives statement and it is documented in the resident information package. These statements incorporate the home's commitment to provide excellence in care, accommodation and support to enhance the quality of life for residents. Staff reported that management discuss the organisation's mission, philosophy, objectives and vision at induction.

### **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

Residents and representatives reported satisfaction with the responsiveness of staff and adequacy of care. The home has a system to manage human resources based on the home's quality systems manual, regulatory requirements, and includes recruitment, selection, orientation, training and development of staff. There are processes to adjust staffing levels or skill mix in response to changing needs of residents. The executive assistant and the human resource manager oversee recruitment selection. All new staff receive site orientations and are supernumerary until competent to perform the required duties. Mandatory, optional, and competency-based training is provided. Management monitor staff performance via feedback mechanisms such as complaints, clinical indicators, surveys and performance appraisals. Staff have access to a confidential assistance service. The home has an automated roster system and absenteeism is covered by staff doing extra shifts or by utilising agency staff. Staff reported they generally have sufficient time to carry out their tasks and staff skills are adequate.

### **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

Staff reported that stocks of goods and equipment are adequate, repairs are made in a timely manner, and management are responsive to requests for additional supplies and equipment. The home has processes to facilitate the purchase, use, storage, maintenance and management of appropriate goods and equipment required for quality service delivery. The home has corrective and preventative maintenance programs to ensure all equipment is regularly checked and serviced. Audits and inspections undertaken ensure that goods and equipment are maintained at sufficient levels and correctly stored. The home has processes for the ordering of supplies including chemicals, paper goods and surgical requirements.

## **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 and representatives advised they have access to information to assist them to make decisions about their care and lifestyle. The home has effective processes to facilitate the collection, analysis and dissemination of information related to residents' care, business and operational issues. On induction staff sign an employment contract that includes a confidentiality agreement and access to information is readily available via policy and procedures, care plans, memoranda, handovers and at meetings. Electronic information is backed-up and protected with secure passwords and levels of access. Archived residents' records are stored securely with a system to facilitate retrieval of archived information. Staff interviewed stated they have access to appropriate information to help them perform their roles.

## **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

Staff, residents and representatives reported satisfaction with the standard of externally sourced services. Systems are in place to ensure that external services selection are based on quality standards and the needs of residents and the home. The home monitors police checks and indemnity insurance. Documented procedures outline the processes implemented to effectively utilise external services providers. External suppliers perform audits, review and service equipment and provide education/information pertaining to chemicals, infection control, pharmacy and fire equipment. A list of preferred suppliers and contractors is in place to assist in the purchasing of goods and services.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 2 Health and personal care are described below:

- Review of a call bell response time audit indicated there were sometimes lengthy response times to call bells. In response, management introduced a 'beat the bell' system whereby care staff were instructed to check each of their allocated residents with a series of prompts for care needs to pre-anticipate residents' requirements. The new system has been trialled on floor two with success. Residents ring call bells less frequently as their care needs are met earlier and call bell response times have decreased, increasing resident satisfaction. As a result, management plan to implement the system throughout the home.
- Clinical staff identified that residents in the dementia specific wing were often distracted and found to be displaying challenging behaviour at mealtimes. Consequently they were at risk of nutritional compromise as they were not eating all meals. To remedy this, management created several smaller dining rooms with a calmer environment to enable them to separate residents that exacerbated each others behaviours. Management report that residents in the dementia specific area are now more engaged at meal times, challenging behaviours have decreased significantly and residents are now eating more of their meals. As a result weight gains are noted in residents at risk of poor nutrition.

### **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 monitors changes in legislation and alerts staff using a range of communication mechanisms. A monitoring system is used to ensure professional staff are registered as required. Medication is stored safely and is administered by staff deemed competent by a registered nurse. Residents receive specified care and services appropriate to individual care need and preference. Registered nurses carry out initial and ongoing assessments of high care residents.

### **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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 2 are listed below.

- Bowel management
- Dementia care
- Diabetes and insulin management
- Dysphagia
- Nutrition and hydration
- Parkinson’s care
- Palliative care
- Wound 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 stated their satisfaction with the health and personal care provided by staff. The home has systems and processes to ensure residents receive appropriate clinical care through regular assessments, care planning and evaluation. Clinical and allied health staff review the residents’ assessments regularly and update care plans three to six monthly or when needs change. The resident’s family provide further information and general practitioners review the resident throughout their stay. The home monitors residents’ clinical care outcomes through scheduled reviews, clinical audits, and resident/representative feedback. Staff report significant changes to individual care needs to the attending general practitioners. Each clinical shift conducts a handover and staff report, record and monitor clinical and behavioural incidents.

### **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 stated satisfaction with the provision of specialised nursing care. Registered nurses in collaboration with other qualified staff, assess, plan, manage and review specialised nursing care. Clinical staff access nurse specialists to provide additional advice and support. Specialised nursing care plans and the integrated progress notes record

strategies recommended by specialist nurses. Monitoring of specialised nursing care is through care plan reviews, audits, and feedback from residents and representatives.

## **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 stated they are aware of the availability of allied health professionals, and the physiotherapist and occupational therapist review all residents. Staff refer residents to external allied health professionals such as speech pathologist, dietician and podiatrist as required. Access to audiologists, optometrists and a dental service are available either as visiting services or in the broader community. A psycho-geriatrician and allied counsellors visit the home when required. Documentation of assessments and prescribed treatments occurs and staff enter specific information in care plans. Residents attending external appointments take along a form that identifies current care and has provision to enable the doctor or health practitioner to record prescribed changes in care as a result of the visit.

## **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 stated the administration of residents’ medication is managed safely and correctly. Clinical staff and medication competent personal carers administer medications from original and multi-dose packaging via an electronic administration and recording system. Resident identification is clear and administration processes are systematic. A scheduled monitoring system addresses identified deficits, and there are documented processes to guide staff if medication administration errors occur. An independent pharmacist reviews medication charts on a regular basis, providing the attending general practitioners and the home with a report. Residents who wish to manage their own medication are assessed as safe to do so. All medications are administered safely, stored securely and there is a safe disposal system.

## **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 stated they are satisfied with the home’s management of residents’ pain. The identification of each resident’s past history and presence of pain occurs during the initial assessment phase using validated and generic assessment tools. Pain management protocols are reviewed if there is a change in residents’ cognition levels, clinical status, when there is a new episode of reported pain and when ‘as required’ pain relief is administered over a period of time. Alternatives to medication such as limb massage, scheduled repositioning, hot/cold therapies and individualised diversional strategies are utilised. Pressure relieving equipment is available and the home has access to specialised pain management nurses for additional support and advice.

## **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

Staff consult residents and representatives to plan care reflecting individual wishes and cultural beliefs to ensure the maintenance of comfort and dignity of terminally ill residents. Registered nurses reassess the resident’s needs when the resident has entered into the palliative phase of care, in collaboration with the family, attending general practitioner and if requested, palliative care specialists. A palliative care plan is implemented during the palliative phase and includes resident preferences such as meals and drinks, nursing care required and reference to the resident’s final wishes. Provision is made for family members to stay overnight when required. The home has access to specialised equipment for consistent administration of pain relief and other specific medications to minimise anxiety and nausea. To enhance resident and relative support the home provides a chaplain.

## **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 stated their general satisfaction with the quality and quantity of meals and associated support needs. During the initial generic assessment, residents’ nutrition and hydration needs, food preferences, food allergies, intolerances/special diets, swallowing difficulties and weight management requirements are noted. Staff use this information to develop individual care plans. Residents have access to a dietician and speech pathologist when required. Staff direct specific and relevant dietary information to the catering staff and a range of texture modified meals and adaptive crockery and cutlery are available for all meals and refreshment times for those who need them. Residents are weighed frequently according to a validated protocol, and registered nurses and the general practitioners monitor unplanned weight loss/gains. Nutritional supplements enhance residents’ nutritional status when required.

## **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 reported residents’ satisfaction with the provision of skin care management. On moving into the home as part of personal hygiene practices, residents undergo a review of their skin integrity. Clinical staff identify risks to skin integrity and the potential for pressure injury. Residents with diabetes, peripheral vascular disease, reduced mobility, receiving palliative care, post-surgery, or who are frail, receive specialised care. Contemporary dressing protocols support wound care management and the home has access to clinical nurse specialists. The home formally monitors skin tears. Registered nurses prescribe specialised pressure relieving practices/equipment and formalised repositioning regimes and emollients and barrier creams are used.



## **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 stated their satisfaction with residents’ continence care. Staff discuss individual resident continence requirements to monitor aids used, how successful the current practices are and ways to enhance dignity and comfort. Times and levels of staff assistance are individually identified after a period of observation and charting and individual trials of continence aids are conducted as required. The home has access to a nurse specialist for additional support. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. The use of invasive bowel preparations is minimised by the implementation of increased hydration, a high fibre diet and appropriate exercise to maximise normal bowel health. The infection surveillance program monitors urinary tract infections.

## **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 stated the behaviours of other residents do not impact on residents’ privacy. On moving to the home, all residents undergo behaviour management assessments during the initial phase, three monthly and when behaviours change. Care plans are developed from assessment information, documented staff observations over a defined period of time, information from adult mental health professionals and family feedback. The home has protocols in place to manage the need for restraint. Residents who exhibit challenging behaviour are managed using individualised diversionary tactics. When indicated, individual family conferences are conducted to assist families to understand their relative’s behaviour and dispel anxieties. Therapy staff utilise individual diversional and reminiscing therapies to moderate residents’ challenging behaviours. Staff stated their understanding of mandatory reporting requirements. We observed staff interacting in a therapeutic manner with all residents.

## **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 stated their satisfaction with the exercise program available throughout the week. On moving into the home, the physiotherapist, occupational therapist and registered nurses assess the residents’ mobility, dexterity and rehabilitation needs to maximise individual independence. The physiotherapist supports residents with prescribed individualised physiotherapy programs and therapy staff incorporate gentle exercise into various activities throughout the week. Preventative and corrective maintenance programs ensure mobility aids are in good condition. Staff report, monitor, analyse and action all incidents related to residents’ falls and near misses.

## **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 stated their satisfaction with oral and dental care and assistance provided. On moving to the home, registered nurses review the residents’ oral and dental needs. Care plans document individual preferences for cleaning natural teeth, dentures and other care. Residents receiving a high level of care have a choice of toothbrushes. Referrals to the general practitioner and speech pathologist occur if the resident has swallowing difficulties. Residents’ oral care is specialised during palliation, and individualised when a resident receives inhaler/nebuliser therapy. Domiciliary dentists visit the home and staff support residents to attend dental services in the broader community.

## **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 stated their satisfaction with the identification and management of their sensory losses. A formal assessment across all five senses occurs and the care plan nominates individual strategies to manage needs. Residents are referred to either visiting allied health professionals or in the broader community for optical and audiometry services when required. Care staff offer simple massages, relaxing music and quiet conversation to minimise agitation. Residents have access to smaller lounges for quiet times. During palliation additional care ensures the enhancement of sensory care.

## **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 reported they sleep well, and stated their satisfaction with the attention provided by night staff. On moving to the home, assessment of the resident’s sleeping and rest patterns occurs and re-assessment occurs if sleep patterns are disturbed. In consultation with the resident and/or representative, care plans generally nominate individual rising and settling and other specific rituals. The home promotes the use of alternatives to medication where possible. Staff consider life histories, pain management, continence care, immobility and behavioural management when assessing disturbed sleep patterns and planning individual strategies to enhance sleep.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 3 Resident lifestyle are described below:

- A staff member suggested that some relatives of residents with dementia were reluctant to visit because they did not know how to respond to the resident with a changed cognitive awareness. In response, management have introduced a booklet with suggestions and ideas for making the visit more successful. Early feedback about the new booklet from representatives has been positive and management plan to evaluate this initiative in November.
- Therapy staff identified that the therapy programme did not always cater for the needs of residents with differing levels of cognitive impairments. In response, therapy staff created several ‘sunshine clubs’, with residents allocated according to their abilities and activities graded accordingly. Therapy staff report an increase in resident participation, with some residents who previously could only respond in one word answers now contributing verbally in full sentences. Residents without a cognitive impairment also report they are enjoying the new activities as the activities are more mentally stimulating.

### **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

Residents and representatives reported they are informed of any changes to fees and are aware of their rights and responsibilities. The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management inform staff of changes relevant to resident lifestyle through training, memoranda, and meetings. There are procedures for mandatory reporting of elder abuse. All staff sign an employment contract and a confidentiality and code of conduct agreement at the commencement of employment. Staff reported they have access to the home’s policy and procedures and attend mandatory training.

### **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

See Education and staff development in Standard 1 Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Protecting older people from abuse
- Sexuality and the older person.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Processes are established to support residents when they move into the home and on an ongoing basis. Management supply a handbook to all residents giving comprehensive information about services provided. A social history is undertaken that includes residents' background, significant life events and previous and current social and activity interests. Staff develop a care plan from information gathered and assessments are conducted by the occupational therapist. A chaplain is employed to provide further support to residents. Residents and representatives are encouraged to personalise their rooms with photos and personal effects. Residents and representatives stated they can visit the home at any time and are welcomed by staff.

### **3.5 Independence**

*This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".*

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

The home meets this expected outcome

Staff assess the cognitive, physical and emotional status of each resident when residents move into the home and care plans are developed that identify interventions to encourage and assist residents to maintain their independence. Suitable aids and therapy programs support the residents to maintain their mobility, cognitive status and dignity. Special events are celebrated for example, Christmas, Easter, Melbourne cup and Mother's day. Staff reported, and the team observed, that they assist residents to attend activities within the home. Residents and representatives reported satisfaction with the assistance provided by the home in relation to residents' independence.

### **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

Systems are established to ensure residents' privacy is maintained including the secure storage of confidential records. Residents' right to privacy is reflected in the agreement, the home's privacy policy and the residents' handbook. Residents are allocated single rooms with en-suites and lounges and attractive outdoor areas are available to residents and their family and friends to encourage privacy and dignity. Staff sign a confidentiality statement on commencement of employment. Staff demonstrated a clear understanding of their responsibilities with regards to the confidentiality of resident information. Residents and representatives reported staff are respectful and they are confident residents' private information is managed effectively.

### **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

All residents' current and past interests and activity preferences are identified when they move into the home. The occupational therapist develops a therapy and social care plan guided by the assessment information. Staff base the activity program on residents' needs and interests and the program is reviewed and changed according to resident participation, therapy assistants' feedback and resident satisfaction surveys. Residents have access to a range of activities with sensory and cognitive therapies and social activities. The program includes art and crafts, bingo, concerts, gardening and bus outings. Recently introduced sunshine clubs encourage residents to interact on a social level within their cognitive abilities. Staff reported they provide individual therapy for residents who prefer not to attend the group program. Residents and representatives reported staff encourage residents to attend the range of activities conducted at the home.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

Residents' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered at the home. Clergy from three denominations conduct regular religious services at the home and residents are also assisted to access services in the on-site chapel. The home's chaplain provides a pastoral care service for residents, their families and staff. Cultural significant events and anniversaries are celebrated including Australia day, ANZAC day and Easter. The home celebrates residents' birthdays on the days they occur. Multi-cultural resources are available for staff to access as required. Residents and representatives reported they are satisfied with the way staff support residents' cultural and spiritual needs.

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

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

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

The home meets this expected outcome

The home has systems to enable residents and their representatives to participate in decisions about the services they receive and to exercise choice and control over residents' lifestyle. Residents and representatives have the opportunity to provide feedback through feedback forms, residents' meetings, informal and formal meetings and surveys. Staff support residents and encourage them to maintain control over their lifestyle within their assessed abilities. Staff described some of the ways in which they encourage residents to make decisions about their care and lifestyle. Residents and representatives stated they feel comfortable providing feedback and the choices and decisions of other residents and representatives do not infringe on the rights of other people.

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

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

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

The home meets this expected outcome

The home has a system to ensure residents have secure tenure within the home and understand their rights and responsibilities. Prior to moving into the home residents and representatives have a tour of the home and are provided with information about the services and care provided. The resident agreement and associated documentation outline residents' rights and responsibilities, accommodation bonds and charges and security of tenure. External advocacy and guardianship/administration are utilised as required, and management consult with residents or their representative prior to room transfers within the home. Residents reported they are provided with sufficient information regarding their rights and responsibilities and understand their tenure is secure.

## **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.

Examples of improvement initiatives related to Standard 4 Physical environment and safe systems are described below:

- Following a review of clinical indicators, management decided to try to reduce the incidence of clinical infections. In response, the clinical staff conducted intensive toolbox training for all care staff, placed more alcohol hand rub dispensers around the home and gave each care staff a portable alcohol hand rub. Clinical indicators show that the infection rate has decreased significantly since the implementation of the new infection control strategy.
- Cleaning staff identified the manual handling training was more directed to care staff and did not always respond to the needs of other disciplines within the home. In response, management implemented a training program to meet the specific needs of housekeeping, laundry and catering staff. Staff evaluation of the initiative was positive with staff indicating they were more confident to use appropriate moving and handling techniques

### **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 ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff reported they receive mandatory training in fire and emergency procedures, manual handling and infection control. The home has regular fire safety checks and a food safety program is in place. The home has a restraint minimisation policy and reporting mechanisms for unplanned absences of residents, accidents, incidents and hazards. Material safety data sheets are kept where chemicals are stored. Staff reported they are provided with personal protective equipment and have access to infection control guidelines in the event of an outbreak.

### **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

See Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 4 are listed below.

- Chemical safety
- Fire, emergency and evacuation
- Food safety
- Infection control
- Manual handling
- Office ergonomics.

### **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 has systems to ensure residents are provided with a safe and comfortable environment consistent with their care needs. Residents are accommodated in single rooms with ensuites. Corridors allow for safe passage, have handrails for additional resident support and communal areas are attractive and home like. The internal living environment is calm and of low stimuli and the gardens provide a secure and relaxing space for residents. Entrance to the home is monitored and access to each area requires a swipe card or code number to provide security for residents and staff. The maintenance department manages the home's reactive and preventative maintenance programs. Representatives stated they are satisfied with the living environment

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

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

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

The home meets this expected outcome

Management are actively working to provide a safe working environment that meets regulatory requirements. Management identify issues and hazards through incident reports, risk assessments, workplace audits and continuous improvement ideas that are reviewed by management and actioned in a timely and appropriate manner. All levels of staff attend occupational safety and health, fire and safety and manual handling training. Attendance at other mandatory training is dependent upon each staff member's designated role. A reactive and preventative maintenance program ensures plant and equipment are maintained and fit for their intended purpose and where relevant, new equipment is trialled before purchase.



Staff demonstrated an understanding of safe work practices and related occupational health and safety.

#### **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 policies and procedures to guide staff and residents in the event of fire, security breaches and other emergencies. The home has a range of fire detection and fighting equipment including compartmentalised residential pods and wings, fire hoses, break glass panels, smoke detectors, extinguishers and fire blankets. Evacuation plans and emergency procedure manuals are found throughout the building and the resident evacuation list defines residents' mobility levels. All fire exits have clear access and egress. The home has specialised contractors to conduct scheduled monitoring and servicing of all components of the fire and emergency system. Specialist contractors provide staff education in all aspects of managing fire and emergencies. Staff and representatives confirm their knowledge of what to do in a fire.

#### **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

Staff demonstrated the home's infection control program is effective in identifying, containing and preventing infection. Two clinical leaders oversee infection control and monitor monthly data. Information on individual resident infections is collected, analysed and discussed at quality meetings. Staff training, personal protective equipment, cleaning and laundering procedures, hand washing facilities, a food safety program, disposal of sharps, resident and staff vaccination programs and pest control are some of the measures in place to minimise the risk of infection. Staff interviewed reported a working knowledge of the principles of infection control.

#### **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 expressed satisfaction with the hospitality services provided. Prior to their entry to the home, residents and representatives receive information regarding catering, cleaning and laundry services offered and the services are explained in the resident handbook. Meals are prepared on-site and the dietician approves the menus to provide residents with choice while also meeting special dietary requirements. Catering staff receive information identifying residents' specific nutrition and hydration requirements, food allergies and choices. The home has cleaning schedules that meet individual resident and service needs. Personal laundry services are provided by the home and residents expressed particular satisfaction with this service.