



Aged Care  
Standards and Accreditation Agency Ltd

## **Whittlesea Lodge**

RACS ID 4479

30-32 Fir Street

WHITTLESEA VIC 3757

Approved provider: Arcanola Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 6 November 2015.

We made our decision on 20 September 2012.

The audit was conducted on 14 August 2012 to 15 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

**Whittlesea Lodge 4479**

**Approved provider: Arcanola Pty Ltd**

## Introduction

This is the report of a re-accreditation audit from 14 August 2012 to 15 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 14 August 2012 to 15 August 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:	Tamela Dray
Team member:	Helen Fitzpatrick

## Approved provider details

Approved provider:	Arcanola Pty Ltd
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## Details of home

Name of home:	Whittlesea Lodge
RACS ID:	4479

Total number of allocated places:	50
Number of residents during audit:	48
Number of high care residents during audit:	46
Special needs catered for:	N/A

Street:	30-32 Fir Street	State:	Victoria
City:	Whittlesea	Postcode:	3757
Phone number:	03 9716 1600	Facsimile:	03 9716 1622
E-mail address:	helen@whittlesealodge.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management and administration staff	5	Residents/representatives	8
Registered and enrolled nurses	4	Hospitality staff	3
Care staff	7	Lifestyle staff	1

### Sampled documents

	Number		Number
Residents' files	11	Medication charts	6
Residents' electronic care documents	6	Personnel files	6

### Other documents reviewed

The team also reviewed:

- Activity attendance records and evaluations
- Activity guidelines
- Annual contractor police certificate requirement checks
- Audits, schedules, action forms, and results
- Business plan 2011 – 2012
- Cleaning schedules
- Comments / complaints register and reports
- Communication books and daily diaries books
- Consent forms
- Continuous improvement register and associated forms
- Essential services records
- Fire and emergency plans and procedures
- Food safety plan
- Handover sheets
- Hazard and risk assessment forms and registers
- Human resources information including position descriptions and duty lists
- Job descriptions
- Leisure and lifestyle assessments and plans
- Mandatory reporting registers
- Material safety data sheets
- Meeting agendas, minutes and associated reports

- Newsletters
- Occupational health and safety documentation
- Police checks and statutory declaration records
- Policies and procedures
- Powers of attorney
- Preventative and corrective maintenance records
- Quality compliance schedule
- Quality improvement register and associated forms
- Recruitment policies and procedures
- Residents' agreements
- Residents' handbook, information package and surveys
- Rosters
- Staff appraisals
- Staff handbook
- Staff qualification records including nursing registrations.

## **Observations**

The team observed the following:

- Activities in progress
- Archives and confidential files storage
- Building safety certifications
- Chemical storage
- Clinical stock
- Contractor sign in/out register
- Equipment and supply storage areas
- Fire and emergency equipment, egress routes, evacuation kit and fire panel
- Hard copy file storage
- Interactions between staff, residents and representatives
- Kitchen, laundry and cleaner's area
- Living environment
- Meal services
- Mechanisms for safety and security
- Noticeboards and brochure displays including external comment / complaint information, advocacy brochures and suggestion boxes
- Notification to stakeholders of reaccreditation audit
- Nurses' stations, staff room and associated resources
- Outbreak kits, personal protective equipment and hand-wash stations
- Storage and administration of medications

- Visitor and resident sign in/out registers.



## 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

Management ensures that there are systems and processes to support a comprehensive continuous improvement program. Management identifies opportunities for improvement through review of scheduled audits, comments, complaints, suggestions, incident report data, meetings, residents' and staff forums, educational needs, surveys and corporate strategies. Action forms monitor the progress of improvement activities. An electronic continuous improvement plan documents improvement projects and the review of documentation confirms that these processes happen in a timely manner and appropriate evaluation occurs. Quality is a standard agenda item for meetings where audit results, trend data and improvement activities are discussed. Staff, residents and representatives report they are encouraged to contribute to the quality improvement process and are kept updated with changes as a result of improvements. Compliments, complaints and suggestions forms and suggestion boxes located throughout the facility show accessibility for contribution to quality improvement. Residents said they are aware of improvements through meetings, informal discussions and newsletters.

Recent improvements include:

- Management identified that staff required better access to information about resident care at the "bed side". They also noted that resident of the day reviews only evaluated the summary care plans and this had resulted in missed information. As a result, management decided that a copy of the entire care plan would be located in a pocket in the residents' wardrobes to provide staff with ease of access to the information. Staff report that it is more useful to have the entire care plan readily available for reference, and management confirmed an increase in recorded changes on the care plans at the time of resident reviews.
- In response to a suggestion from a representative to improve access to the newsletter, the newsletter is now available on the home's website. Relatives and representatives have commented that they like being able to access the newsletter this way and that it improves their access to information about the home.
- Due to a restructure in management to meet the needs of a planned building and refurbishment project, management has appointed a health and safety officer. This position is responsible for occupational health and safety, external services and inventory and equipment. Management states that this position allows senior management to concentrate on the building project and that the new structure is working well.
- The home has introduced a new system for informing resident and representatives about the Aged Care Standards and expected care and service standards within the home. The basis for this new system is regular focus group forums where residents and representatives interact with staff and presenters in discussions about a selected topic/expected outcome. Attendees learn about the expected outcomes and the systems

and processes the home has in place to meet the requirements. In addition, a discussion about suggested improvements and acknowledgement of satisfaction with the services and programs often occur. The review of minutes verified a high level of attendance at the groups. Management said that the new system increases awareness and provides opportunity for residents and representatives to have input into program and service development and delivery.

## **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 to identify, monitor and ensure compliance with relevant regulatory requirements and professional guidelines. Subscriptions to legislative update services and industry associations and notifications from government departments provide relevant information and inform the home about relevant changes. Audits and management observations monitor the home’s performance and ongoing compliance with regulations and guidelines. Management monitor and review policies and procedures for compliance and there is a system to ensure they are adapted when regulations or guidelines change. Relevant information and changes to regulations or guidelines are actioned by management and information regarding the changes disseminated to staff, residents and representatives through newsletters, memos and at relevant meetings. The review of documentation verified this.

## **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 provides access to an education program for staff to ensure they have the required knowledge and skills to perform their roles effectively across the four Accreditation Standards. The home identifies educational opportunities through performance appraisals, incident reports, audits, stakeholder feedback, staff meetings and requests. Information on upcoming education sessions is available to all staff through an education calendar and reminders. The home provides education through internal sessions, questionnaires, practical demonstrations and includes mandatory sessions and competencies for relevant staff. The home also has monthly education focus groups where staff discuss an individual expected outcome and how they might be able to approach the area differently. The focus groups also involve residents’ input to give the home a better understanding of the expected outcomes from the residents’ perspective. The home maintains records of attendance and evaluates all sessions attended. Staff are encouraged and supported to undertake further qualifications and staff confirmed their satisfaction with educational opportunities.

Recent examples of education and training relating to Standard 1 include:

- comments and complaints
- documentation and resident of the day
- information management.

#### **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

Management ensures that complaints mechanisms for internal and external complaints are accessible for all stakeholders. Comments and complaints information is on display in the home including the external complaint resolution service. Information is also contained in the resident information pack and residential agreement. Confidential suggestion boxes are located in the home. Management report and documentation confirmed the system is used by all stakeholders with investigations, actions and feedback occurring in a timely and confidential manner. Residents and representatives said they feel comfortable making suggestions or raising a complaint and that the response from management is always appropriate and well received.

#### **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

Management has documented vision, mission and values statements that include the home's commitment to quality care and services. This document is on display within the home and included in strategic documents, for example the annual business plan and information packages provided to stakeholders.

#### **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

Management demonstrates there are processes for identifying the number of appropriately skilled and qualified staff required to deliver quality resident care and services. The home has recruitment and selection policies and procedures that guide management in the selection of appropriate staff in relation to the home's needs. On recruitment, staff receive information packages with position descriptions, duty lists and orientation information. Staff skills and professional development monitoring is ongoing through audits, staff forums, annual performance appraisals and competency testing. There are processes to manage planned and unplanned staff leave. The home alters staffing levels and mix to meet residents' changing needs and the needs of the home. Residents and representatives expressed satisfaction with access to staff and the skills and knowledge of staff.

### **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's systems and processes ensure that stocks of goods and equipment are available and sufficient in quantity and quality for service delivery. Designated staff are responsible for the ordering, monitoring, storing and rotating of residents' care and service supplies. There is a preventative and reactive maintenance program with specialised maintenance provided by approved external providers. The home has effective maintenance and cleaning programs and electrical equipment is tested and tagged. Storage areas are clean and secure. Staff and residents said there are adequate supplies of goods and equipment to meet their needs and management are responsive to their requests. Staff said that equipment is in good working order.

### **1.8 Information systems**

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

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

The home meets this expected outcome

The home has both electronic and hard-copy information systems. There are processes for document review and control including password protection and back up of electronic information. Secure storage, archiving and destruction of confidential documents is available. A system of regular meetings, audits and surveys together with reporting and monitoring processes supports the home's information systems. Management communicates with stakeholders verbally and through letters, newsletters, telephone calls, meetings, memoranda and noticeboards. Observations and interviews confirm information is available appropriate to the needs of all stakeholders. Staff advised they are well informed and receive information relevant to their roles. Residents and their representatives confirmed access to appropriate information to assist them in making decisions about the residents' personal care and leisure activities.

### **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

Management ensures there are effective processes that ensure the ongoing quality and responsiveness of externally sourced services. Regular contract reviews and performance monitoring through audits, stakeholder input and regular management reports and meetings assist the home to ensure the services provided meet the home's needs and quality requirements. There is an approved suppliers list and contract service agreements, which document the expected services. The contract management systems include processes to ensure that contractor police checks, insurances and professional registrations remain current. Contractor sign-in and identification processes are in place in the home. Residents, representatives and staff said that they are satisfied with the home's externally sourced services and goods.

## **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 system that demonstrates ongoing improvements in resident health and personal care. Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system.

Examples of recent improvements in relation to Standard 2 include:

- As a result of a suggestion from staff a colour coded tagging system for walking frames was implemented to alert staff to the level of assistance and support the resident requires to safely use the frame. Staff said that the system assists them to identify the required level of assistance easily, and the level of monitoring required. Staff also said that they feel the residents are now safer and better monitored. We observed the tags on the residents' frames and the explanatory code list on the nurses' stations wall to inform new staff and remind existing staff.
- Management has purchased new sensor mats as the result of staff identifying that a number of residents were getting up at night and at risk of falling. The sensor mats alert staff immediately when a resident is out of bed and can quickly attend to the residents' needs ensuring the residents' safety. Since the installation of the mats, the number of incidents of falls during the night has reduced.
- In response to a suggestion from the consultant pharmacist, the home developed and introduced a hypoglycaemia kit. The pharmacist suggested that it would be more economical and provide improved resident care to have a hypoglycaemia kit rather than each resident with diabetes having individual glucagon pens. Staff report that it working very well.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

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

Management demonstrated the home is compliant with regulatory requirements pertaining to health and personal care. Appropriately qualified staff provide care and there are systems to monitor nursing registrations. Appropriate systems are in place to ensure medication management complies with regulatory requirements and there are processes for reporting and documenting the unexplained absence of a resident.

### **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 a system to ensure staff and management have the appropriate knowledge and skills to perform their roles effectively in the area of resident health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 include:

- skin and wound care
- swallowing difficulties
- pain management
- medication competency for staff.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

The home ensures residents receive appropriate clinical care. Assessment of residents’ needs occurs upon entry to the home and the development of care plans takes place around these needs. Consultation occurs regularly between the home and residents and their representatives. The general practitioner and visiting allied health professionals contribute to an holistic approach to care. Review of resident care occurs regularly through the resident of the day program and in response to changing health status. Documentation ensures the monitoring of clinical care through charts, assessments, care plans and progress notes and uses electronic and paper based means. Registered and enrolled nurses oversee clinical care to residents according to their assessed needs and preferences. Residents and representatives stated their satisfaction with the clinical care provided. Staff confirm they are aware of residents’ needs and state appropriately qualified staff provide care.

### **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

Registered nurses assess, plan, manage and review specialised nursing care needs. Specialised nursing care occurs in a number of areas including medication management, diabetic care, wound management, complex behaviour management, catheter care and palliative nursing. Specialised nursing care occurs in consultation with specialist nurses from outside the home if required. Monitoring of specialised nursing care needs is through care plan reviews, the formal audit schedule and feedback from residents and representatives. Residents and representatives are satisfied with specialised nursing care.

## **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

The home ensures the referral of residents to specialists and other health services as required and preferred. A medical practitioner visits the home regularly and residents can choose to retain their own doctor if they desire. The physiotherapist assesses residents when they enter the home, provides an exercise program and reviews all residents according to schedule, following a fall or if their health status changes. A podiatrist visits regularly and referral to the dietitian and speech pathologist occurs as needed. Residents confirm their referral to specialists and allied health staff as required.

## **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

Registered and enrolled nurses manage and oversee medication administration. Competency tested staff administer general medications from dose-metered packaging with registered nurses managing injectable and restricted medications. Identification of residents is by photographs on their medication charts and the home has a policy for assessing and managing residents who wish to self-administer any medication. Pharmacy medication reviews occur regularly and external pharmacist auditing also occurs. We observed that general medications are stored securely and controlled drugs are stored with additional security. Residents and representatives confirm staff administer medications in a safe and timely manner.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home ensures residents’ pain management occurs appropriately. Assessment of residents’ for previous and current pain occurs on entry to the home. Regular review of residents’ pain occurs as part of the resident of the day program and as changes in pain status indicate. The home implements a variety of pain management strategies and consultation with doctors ensures pain management is optimal. The physiotherapist provides gentle exercises, massage and heat therapy as part of the pain management approach. Additional pain consultation occurs during the palliative phase and involves input from local hospital outreach programs as appropriate. Residents said staff respond appropriately whenever they have pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home accesses medical care for residents as necessary during the palliative care phase and seeks outreach support from local hospitals and services as needed. Additional nursing care, spiritual and complementary care is available to residents and support is accessible to families at this time. Families are encouraged to contact staff at any time during the final phase of a resident’s life and visitors have access to assistance and support to stay at their loved one’s side for extended hours. Palliative care needs are available in conjunction with the resident’s and family’s wishes. Review of documentation indicates palliative care delivery occurs through appropriately qualified staff in consultation with the resident’s medical practitioner and family.

## **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

The home provides care to effectively manage residents’ nutrition and hydration needs. On entry to the home staff assess the residents’ nutrition and hydration needs and preferences and care plans and catering information ensure the delivery of these needs. When assessing nutrition and hydration, staff consider allergies, preferences, clinical, religious and cultural needs. Consultation with the dietitian ensures optimal nutrition management. Weighing of residents occurs regularly in line with their individual weight management plan. Weight management programs, which may include the use of supplementation, manage losses and gains in weight. The rotating, dietitian approved menu and the provision of alternative meals ensures catering services allow for individual preferences. Staff are aware of residents’ requirements for texture-modified diets and thickened fluids and residents say they are happy with the food provided.

## **2.11 Skin care**

*This expected outcome requires that “residents’ skin integrity is consistent with their general health”.*

### **Team’s findings**

The home meets this expected outcome

The home assesses and cares for residents in a way that promotes optimal skin integrity. Skin integrity is assessed on entry to the home, when care plans are reviewed and as health needs change. Promotion of skin integrity occurs through the application of a barrier cream as well as attendance to good pressure area care. Further enhancement of skin integrity occurs through the provision of pressure relieving devices such as furniture, mattresses and cushions. Assistance for residents to maintain their skin, hair and nails in a healthy state is given and a visiting podiatrist and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs, with records of care provided reflected on appropriate charts. The home has policies and procedures for wound assessment and management and specialised consultation is available from wound care specialists if further



advice is required. Residents are satisfied with the home's approach to maintaining their skin integrity.

## **2.12 Continence management**

*This expected outcome requires that "residents' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

The home provides care to effectively manage residents' continence needs. The home assesses residents' continence needs on entry to the home and as their needs change. Assessments take into consideration the staff assistance levels required by the resident and any continence aids needed. The home's approach to continence management encourages promotion of resident independence and dignity. Staff discreetly attend to residents' continence care and verify they have access to sufficient continence aids for residents' needs. There is a nurse dedicated to manage continence needs which ensures continence aids are appropriate for the residents' individual needs. Residents are satisfied with their continence care and the promotion of their independence in this area where safely possible.

## **2.13 Behavioural management**

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

### **Team's findings**

The home meets this expected outcome

The home provides care to effectively manage any residents' with challenging behaviours. The resident population includes some residents with dementia related illness, cognitive decline and psychiatric illness. Staff state they receive adequate education to help them manage residents with challenging behaviours to help keep them safe and disturbances to other residents to a minimum. The lifestyle program has specific activities to assist with behaviour care. Residents report that the management of challenging behaviours is good and the challenging behaviours of other residents generally does not disturb their sleep or impact on their own wellbeing.

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

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

### **Team's findings**

The home meets this expected outcome

The home provides care that promotes residents' mobility and dexterity. Assessment of each resident's mobility and dexterity needs occurs upon entry to the home and the provision of mobility aids is available if needed. Physiotherapy services are utilised to assess all residents' mobility and dexterity and reviews occur regularly. Assistive devices such as those for eating are available and their use promoted. Observations by the team and confirmation by staff indicate adequate mobility and dexterity aids to cater for residents' needs. Residents report that staff support their mobility and dexterity if needed and help them to maintain their independence in this area with the assistance of aids if required.

## **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

Staff assistance ensures the maintenance of optimal oral and dental health for residents. Assessments for oral and dental needs and preferences occur on entry and development of plans of care occur around these assessed needs. Staff consider the assistance required for daily care of teeth, mouth and dentures as appropriate. Referral to attend dentists and dental technicians occurs as required and staff assistance to attend outside appointments is available if needed. Staff assist and prompt residents with daily dental hygiene and observe and document any relevant dental issues. During the palliative phase, the home ensures the provision of extra oral and dental assistance. Formulation of specific management strategies for residents with swallowing difficulties occurs and may include the provision of texture modified diets and staff assistance with meals. Residents confirm staff provide assistance with their swallowing, oral and dental hygiene.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

The home ensures the effective assessment and management of residents’ sensory losses across all five senses. Assessment for sensory deficits occur upon entry to the home and as changes in care needs require. The home helps residents to attend appointments with their own preferred provider if required. The home accesses specialist providers for such things as hearing and vision assessments. Staff assist residents with their sensory aids including hearing aids and glasses. The home has good lighting, adequate handrails and accessible signage. Staff are aware of individual needs and assist residents who require help with care, maintenance, fitting and cleaning of aids and devices. Residents’ state staff assist with their sensory loss needs.

## **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

The home provides care that ensures sleep for residents occurs in a natural and non-invasive way. The home assesses the residents’ normal sleep and wake patterns on entry to the home and supports these pre-entry sleep patterns as much as possible through the care planning and actioning processes. The home utilises a variety of methods to help promote residents’ sleep. Review of documentation confirms staff respect residents’ wishes regarding sleep. Residents state the home is quiet at night, staff respect their preferred wake and sleep times where practical and they generally sleep well.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

The review of continuous improvement documentation confirmed that ongoing improvements in resident lifestyle occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relevant to Standard 3 include:

- The activity staff have developed guidelines for each session offered on the activity calendar. The lifestyle and leisure staff said this ensures a consistent approach to the delivery of activities especially when regular staff are not available or new staff are appointed.
- Lifestyle and leisure staff recently reviewed the social profile form and as a result included a ‘tell me something about -’ box to the front of each section. This ‘box’ provides an opportunity for the resident and staff member to discuss aspects of the residents social and emotional support interests and needs around a particular point, for example ‘tell me something about where you lived as a child’. The review of resident files demonstrated that the social history is much more informative when this new form is used.
- In response to a suggestion from a staff member, the placement of a small dove above the front door alerts staff coming on duty about a resident’s passing. Only staff are aware of this process and an evaluation established that staff are grateful for the implementation of the dove.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

Management demonstrated the home is compliant with regulatory requirements pertaining to resident lifestyle. Demonstration of compliance is through the privacy and dignity policies and practices, security of tenure in the residents’ agreement, the maintenance of mandatory reporting elder abuse registers and processes and the display of residents’ rights and responsibilities.

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

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

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

The home meets this expected outcome

The home has a system to ensure staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of resident lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- privacy and dignity
- choice and decision making
- cultural and spiritual care
- emotional support and independence.

### **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

Management and staff provide support for residents to adjust to their new environment when moving into the home and on an ongoing basis. On entry to the home, assessments and a social profile capture the resident's emotional status and needs. Development of emotional support strategies and lifestyle care plans occurs in consultation with residents and/or representatives. Residents' emotional needs are monitored through daily observation and reporting by care and lifestyle staff. Evaluations and review of plans occurs regularly or as needed. Referrals to mental health services are available if required. Residents and representatives said the home supported and met the residents' individual needs and preferences in an appropriate and compassionate manner.

### **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

Management and staff support residents to achieve and maintain their maximum level of independence. Assessment and care planning processes identify and plan for maintaining the residents' individual level of physical, social, cognitive and emotional independence. Care plans include strategies to maximise independence, which are appropriate for each resident's needs and preferences. Staff support residents to maintain friendships within the home and visitors are encouraged and welcome. We observed residents using mobility aids and where appropriate, moving independently around the home. Interviews and satisfaction surveys confirmed that residents and representatives are very satisfied that staff supported and respected 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

Management and staff demonstrated a strong commitment to ensuring residents' right to privacy, confidentiality and personal dignity. Residents and/or their representative sign consent forms in relation to sharing personal information and the use of photographs. Access to residents' files and other confidential information is restricted to authorised staff and computers are password protected. Interviews with staff and observations of staff practice confirmed staff respect and generally support residents' privacy and dignity. Residents and representatives said staff were polite and conscious of the residents' privacy and dignity needs. Representatives said residents always appeared appropriately groomed and their dignity supported and maintained.

### **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

Consultations with residents and their representatives contribute to the development of a lifestyle profile and care plan, which includes the residents' lifestyle preferences and choices based on past and present interests. Lifestyle staff and volunteers facilitate the activities program. Activities include word games, visiting entertainers, men's group, bus trips, visiting pets, craft, and music. Lifestyle and leisure staff readily adapt activities to meet the individual needs of residents, particularly residents who have a cognitive disability. Lifestyle staff and volunteers interact with isolated residents and residents who prefer not to participate in group activities on a one to one basis which allows the home to meet resident's individual needs and interests. Interviews with residents and representatives confirmed that they are very satisfied with the quantity and variety of leisure activities available to the residents.

### **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 encouraged and supported to practice and express their spiritual and cultural beliefs and customs. Care and lifestyle assessment processes identify residents' cultural and spiritual backgrounds and practices that are of significance to them. The home facilitates residents' preferred practices including regular on-site church services. Staff confirmed their understanding of residents' cultural and spiritual needs and they provide appropriate support to residents when needed. The home monitors and evaluates the effectiveness of their processes through satisfaction surveys, feedback and observation. Residents and their representatives confirm that they are very satisfied with the home's management of residents' cultural and spiritual interests and beliefs.

### **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

Management and staff demonstrate they are committed to recognising and respecting resident choices and their decisions. The resident agreement and information handbook include information about residents' rights and management explains these at the time of entry. Consultation about residents' individual preferences takes place on entry to the home and regular reviews of these occur. An authorised representative provides decision-making support to residents presenting with reduced decision-making capacity. There are systems that support residents to provide feedback either as a group or on an individual basis. Interviews with staff verified that they have a strong commitment to empowering and supporting residents to make their own decisions and choices. Residents and their representatives confirm residents have input into the care and services residents receive including personal care, meals and level of participation in activities.

### **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

Management ensures new residents and their representatives understand the resident's security of tenure, rights and responsibilities, financial obligations and services to be offered. An information handbook and formal agreement includes policies on termination of occupancy and strategies to deal with harassment and victimisation. Management said and documentation confirmed that consultation occurs in the event of the need to move a resident to another room or to a more appropriate home. Power of attorney information is on file and staff receive education on elder abuse and mandatory reporting. The home has an open door policy to discuss any concerns and newsletters inform residents and representatives of any relevant changes. Residents and their representatives said they feel secure in the resident's tenancy and understand resident's rights and responsibilities.

## **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 review of continuous improvement documentation confirmed that ongoing improvements in physical environment and safe systems occur. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Recent improvements relevant to Standard 4 include:

- An environmental audit that showed there was a potential infection control risk in the manner which residents’ toothbrushes and toothpaste were stored in the shared bathrooms. Management purchased travel strength storage boxes for each resident. Residents are happy to use the containers and observations confirmed that infection control risks are minimised.
- Management identified that residents’ rooms were often untidy with personal items left on bedside tables and general untidiness. A room audit is now in place that the director of nursing completes weekly on a random day and any issues rectified at the time of the audit. Management said that the process is successful and that rooms are generally tidier and the environment is safer for the residents and staff.
- In response to management identifying that there was a significant increase in the number of staff ‘wear and tear’ injuries a pre shift stretching exercise program, developed in consultation with the physiotherapist, is now in place. An evaluation of the program indicates that it is working well and there have been no further injuries in the five months following its introduction.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

Management demonstrated the home is compliant with regulatory requirements in relation to physical environment and safe systems. Regular audits ensure the maintenance of a safe environment for staff and residents. There are policies, procedures and system for regular checking and auditing that fire and emergency systems and process meet the required regulations. Occupational health and safety policies and requirements, infection control guidelines and food safety programs are in place.

### **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 a system to ensure management and staff at the home have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- fire and emergency procedures
- chemical handling
- infection control
- manual handling.

### **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 is clean, well ventilated and provides a safe and comfortable environment for residents. Multiple internal and external communal living areas, including several lounges, provide options for representatives and visitors to meet with residents. Management assesses internal and external living areas through observation, feedback and auditing processes and responds to findings in a timely manner. Staff report hazards if identified and conduct scheduled and whenever necessary cleaning and maintenance in an appropriate and timely manner. Residents/representatives confirm that the home's living environment meets their needs and preferences and they are able to personalise their rooms.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Regular audits and risk assessments monitor potential hazards and staff are able to raise hazard report forms when needed. The forms are registered and we verified that addressing of hazards occurs in a timely manner. There is evidence of follow up of required actions identified during audits, risk assessments and daily work and discussion of these actions occurs at the regular occupational health and safety meetings. Nominated representatives ensure staff have a point of contact if needed. Staff confirmed that they attend mandatory education pertaining to occupational health and safety including manual handling techniques and bullying and harassment. Staff said that they feel the work



environment is safe and they have appropriate equipment, policies, and procedures available to guide safe practices.

#### **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

Management and staff are actively working to provide safe systems of work and an environment that minimises fire, security and emergency risks. Fire and emergency training is mandatory for all staff on an annual basis. Essential services, auditing and a preventative maintenance schedule ensure the home is safe and secure for residents, representatives and staff. Fire and other emergency policies and procedures guide staff practice in the event of an emergency. Current resident evacuation lists, evacuation plans, fire fighting and detection equipment, clear exits and signage are in place. Staff are generally aware of their responsibilities in the event of an emergency and residents and representatives confirmed they are aware of what to do if an alarm sounds and state they are satisfied with security measures in the home.

#### **4.7 Infection control**

*This expected outcome requires that there is "an effective infection control program".*

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

The home meets this expected outcome

The home has an effective infection control program. Staff complete mandatory training in infection control and have access to personal protective equipment, hand washing facilities and alcohol rub dispensers. Management maintains an infections register and discuss results at various meetings. Kitchen, cleaning and laundry practices follow current infection control guidelines. The home has a food safety program and there are regular pest control inspections. Staff confirmed they receive education in infection control and demonstrated an awareness of appropriate infection control practices relevant to their duties.

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

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

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

The home meets this expected outcome

The home has systems to provide hospitality services which support residents' quality of life and enhance the working environment for staff. Monitoring mechanisms include internal and external audits, reports and temperature records. Meals are prepared fresh with resident's likes, dislikes, special dietary requirements and food allergies taken into consideration. A dietitian approves the rotating, seasonally adjusted menu and the home offers alternative meal selections. Schedules are in place to ensure that cleaning tasks are completed and we observed the home to be clean and odor free during the visit. The home provides laundry services onsite and staff confirmed there are adequate linen supplies. We observed clean and dirty laundry areas in use. Residents expressed satisfaction with the catering, laundering of their clothes and the cleanliness of the home.