



**Australian Government**

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**Australian Aged Care Quality Agency**

**Bethesda Caring Centre**

RACS ID 5401  
29 Grace Street  
CORINDA QLD 4075

**Approved provider: The Uniting Church in Australia Property Trust (Q)**

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 10 October 2018.

We made our decision on 08 September 2015.

The audit was conducted on 10 August 2015 to 11 August 2015. 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	Quality 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.

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Bethesda Caring Centre 5401**

**Approved provider: The Uniting Church in Australia Property Trust (Q)**

## **Introduction**

This is the report of a re-accreditation audit from 10 August 2015 to 11 August 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients 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, care recipient 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 Quality 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

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 10 August 2015 to 11 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. 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 2014.

## Assessment team

<b>Team leader:</b>	Erin Gorlick
<b>Team member/s:</b>	Kate Mitchell

## Approved provider details

<b>Approved provider:</b>	The Uniting Church in Australia Property Trust (Q)
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## Details of home

<b>Name of home:</b>	Bethesda Caring Centre
<b>RACS ID:</b>	5401

<b>Total number of allocated places:</b>	75
<b>Number of care recipients during audit:</b>	70
<b>Number of care recipients receiving high care during audit:</b>	70
<b>Special needs catered for:</b>	Dementia specific care

<b>Street/PO Box:</b>	29 Grace Street
<b>City/Town:</b>	CORINDA
<b>State:</b>	QLD
<b>Postcode:</b>	4075
<b>Phone number:</b>	07 3379 2951
<b>Facsimile:</b>	07 3379 8936
<b>E-mail address:</b>	<a href="mailto:v.lea@wmb.org.au">v.lea@wmb.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility Manager	1
Manager Health & Safety	1
Facilities and Projects Manager	1
Procurement Manager	1
Acting Director Human Resources	1
Quality Compliance Consultant	1
Central Kitchen Manager	1
Director of Education and Research	1
Registered staff	3
Infection Control Officer	1
Hospitality Services Manager	1
Cook	1
Quality Officer	1
Enrolled Nurse/Workplace Coach	1
Hospitality Services staff	1
Care staff	5
Care recipients/Representatives	12
Leisure, lifestyle and Chaplaincy staff	4

### Sampled documents

Category	Number
Care recipients' files	8
Summary/quick reference care plans	7
Medication charts	7
Personnel files	5

## Other documents reviewed

The team also reviewed:

- Action plan
- Activities timetable
- Activity evaluation and attendance
- Admission documentation guidelines
- Audits
- Care recipients information handbook and documentation
- Chemical documentation, stock and storage areas
- Cleaning schedules
- Clinical procedure manual
- Clinical protocols
- Communication diary
- Compliments and complaints
- Controlled drug register
- Criminal history check documentation
- Dietary summary plans and reports
- Duties list
- Education attendance record and data
- Employee handbook
- Employee orientation data
- Equipment servicing schedule and temperature logs
- External provider registration
- Fire and evacuation documentation
- Food business licence
- Food safety documentation, reports and audits
- Food safety program
- Human resource board report



- Improvement log
- Incident reports and monthly trending reports
- Maintenance management documentation and data
- Memoranda
- Menus
- Minutes of meetings
- Monthly infection control reports
- Operational plan
- Performance appraisal documentation
- Pharmacy documentation, audits and reports
- Plan for continuous improvement
- Policy and procedure manuals
- Professional registration documentation
- Registered staff newsletter
- Reportable assaults register
- Risk assessments
- Services reports
- Specialist letters and instructions
- Staff roster
- Surveys
- Wesley seniors handbook and admissions pack
- Workplace inspection instructions and reports
- Wound care

## **Observations**

The team observed the following:

- Activities in progress
- Activity resources
- Advocacy and complaints agencies' brochures on display

- Care recipients laundry
- Charter of Care Recipients' Rights and Responsibility displayed
- Cleaning equipment and storage area
- Cleaning in progress
- Communication and notice boards
- Delivery of stock
- Disposal of clinical waste
- Equipment and storage areas
- Fire panel, firefighting equipment and signage
- Hand washing facilities, sanitizer and personal protective equipment
- Handover processes
- Interactions between staff and care recipients/representatives
- Interior and exterior living environment
- Meal and beverage service
- Medication storage and administration
- Outbreak and spill kits
- Physiotherapist interventions and manual handling practices
- Religious services
- Secure storage of care recipient information and documentation
- Short group observation
- Suggestion box

## 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 care recipients, 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

Bethesda Caring Centre (the home) actively pursues continuous improvement activities through monitoring processes including audits conducted across the four Accreditation Standards and risk management processes. The home conducts and collates information from hazard/incident reporting processes and feedback processes including surveys, forms and individual or group meetings. Information resulting from these processes is discussed in a consultative manner between management, staff and care recipients/representatives and other interested parties, to identify and plan improvement activities. Management record, monitor and document actions and evaluate outcomes on completion, using action plans where necessary to assist in continuous improvement. Care recipients/representatives and staff are satisfied with improvements implemented.

Examples of improvements in relation to this Standard include:

- The introduction in May 2015 of an electronic operational management system has increased the home's effectiveness in the management and monitoring of clinical and operational processes and the dissemination of information. Project managers and trainers provided staff with extensive training on the use of the system. Management have received positive feedback from staff on the effectiveness of the system and its user friendly program.
- The recent introduction of a Workplace Coach provides an additional level of staff and support at the home. The Workplace Coach, (a senior registered staff member) is employed in the role two days per week and provides individual and group support to staff in the use of the electronic operational management system as well as education and training in manual handling and infection control. Management have advised that the Workplace Coach will be an ongoing position.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to identify and ensure compliance with legislation, professional standards and industry guidelines. Changes in legislation are disseminated via updates of policies, processes and practice protocols. The home provides information to relevant personnel via electronic alerts, memoranda, newsletters, meetings and education.

Compliance with legislation and the Accreditation Standards is monitored through the audit system, performance appraisals and observation of staff work practices. Care recipients/representatives are notified of reaccreditation audits and designated personnel receive alerts to monitor currency of police certificates for staff, volunteers and relevant service providers.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Recruitment processes ensure staff have the skills, ability and relevant qualifications to perform their role. Orientation processes include the provision of training specific to their roles by experienced staff and the completion of identified competencies. The home utilises face to face and online toolbox learning packages with associated competencies to provide a flexible learning environment for staff. Education is planned, scheduled, advertised and monitored for attendance. The need for further education is identified via monitoring processes including incident and hazard reporting, risk assessments, feedback from staff and care recipients/representatives, observation of staff practice and changes in care recipients’ needs. Staff and management are encouraged and supported to undertake further education and formal qualifications utilising internal and external education processes.

Examples of training and education topics relevant to Standard 1 include:

- Electronic operational management system
- Leadership and management

## 1.4 Comments and complaints

*This expected outcome requires that "each care recipient (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

Information relating to internal and external complaints mechanisms is displayed and available to care recipients/representatives and other interested parties. Comments and complaints information is published in handbooks, posters and brochures are displayed within the home and discussed as a standing agenda item at meetings. Further avenues to identify complaints occur via surveys, feedback forms and case conferences. Complaints are acknowledged, investigated and actioned and feedback is provided to complainants in a timely manner. Care recipients/representatives and staff on behalf of care recipients are aware of opportunities to make verbal or written complaints. Care recipients/representatives are satisfied with the responsiveness of management in resolving issues.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation has a range of hardcopy and electronic documents that reflect the service's vision, values, philosophy, commitment to quality and sustainability. Information about the home's values is provided to staff at orientation, in meetings and the care recipient and staff handbooks. Management and staff at the home were knowledgeable about the home's vision and values

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the Accreditation Standards and the organisation's philosophy and objectives. The selection and employment of staff is based on required skills, experience and qualifications. Orientation processes include role specific information, competencies and new staff are supported by experienced staff during 'buddy' shifts. Staff skills are monitored through observation of staff practice, incident analysis and performance appraisals which also include professional development via education processes. A roster is maintained and supported by a system which monitors staff leave. Staff state they have adequate time to complete their duties. Care recipients/representatives are satisfied with the timeliness of staff response to care recipients' requests for assistance.

## **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

There are processes to ensure the regular supply of goods and equipment which are stored appropriately. Monitoring and ordering processes ensure specified levels are maintained via lists, communication mechanisms and audits and visual checks confirm equipment and stock supplied are sufficient and suitable for use. Equipment is maintained through both a reactive and preventative maintenance program. Staff and care recipients/representatives are satisfied with the availability of goods and equipment at the home.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

Processes to ensure information is managed in a secure and confidential manner includes the secure storage and access to files. Electronic information is password protected and backed up as required. Clinical and administrative information is available to relevant individuals, which is reviewed and updated as required. Processes ensure information is disseminated via updates of policies, processes and practice protocols, electronic alerts, memoranda, newsletters, meetings and education. The home collects and uses key information in relation to incident data, hazards, audits and survey data to monitor the delivery of care and services. Care recipients/representatives are satisfied with information and consultation processes and staff said they have access to relevant and current information to 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

The home has systems to ensure external services are provided in a way that meets the home's service needs and quality goals. Processes ensure contract/service agreements and information provided remains current in regards to relevant licences, insurance details, registration certificates and police certificates, within the terms of their agreements. Service agreements are reviewed as required and feedback is sought to ensure consistent quality in service delivery processes. Care recipients/representatives and staff are satisfied with the quality of services provided by external suppliers.

## Standard 2 – Health and personal care

**Principle:** Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (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 improvements in relation to this Standard include:

- Following a review of the specialised nursing care needs of care recipient's, management purchased a range of bariatric equipment. Staff received training in the safe use of the equipment and in the provision of specialised, dignified care required in these circumstances. Management stated the home has been able to offer accommodation to other bariatric care recipients as a result of the equipment purchase, supporting the home's philosophy of care in addressing individual needs.
- In order to improve the quality, variety and texture of meals available to care recipients, the home has upgraded the processes involved in the production and range of texture modified food and fluids. Improvements include increasing the range of thickened desserts available, the use of natural thickeners and the availability of texture modified barbequed food. Such improvements mean all care recipients can enjoy the same meals including barbequed meals, along with those care recipients not requiring alternative textured meals. Staff and care recipients stated the improvements to meals have enhanced care recipient satisfaction with the dining experience offered at the home.

### 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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with the legislation relevant to health and personal care. In relation to this Standard, there are established systems to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absences of care recipients.

## 2.3 Education and staff development

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

### ***Team’s findings***

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills.

Examples of training and education topics relevant to Standard 2 include:

- Bariatric equipment training
- Palliative care
- Peritoneal dialysis management
- Infection control
- Pain management
- Dementia

## 2.4 Clinical care

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

### ***Team’s findings***

The home meets this expected outcome

Clinically appropriate care is provided to care recipients in accordance with individual preferences, health needs and health goals. An established admissions checklist outlines the process for assessment and care planning. Registered staff complete focused assessments and care plans in consultation with care recipients/representatives, staff and specialist services. Care plans are reviewed at regular intervals and following changes to health needs to ensure the currency of information and accurate communication with staff. Ongoing monitoring of variable clinical observations including weight and input and output records are recorded and monitored by registered staff for appropriate action. Clinical incidents are documented and collated to identify trends requiring further actioning and/or referral. The clinical care system is further evaluated through internal and external audits, care recipient feedback and surveys and the ongoing observation of staff practice. Care recipients/representatives are satisfied with the clinical care provided by the home.



## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

The specialist health care needs of care recipients are identified through assessments conducted by appropriately qualified and skilled registered staff on entry to the home and in response to changes in health care needs. Special health care providers are accessed as needed and the home is supported by a Nurse Practitioner employed by the Approved Provider. Care plans and treatment interventions are developed to reflect specialist instructions and individual preferences for care delivery. Clinical care pathways are developed in consultation with specialist services to ensure consistency in the delivery of specialist clinical care. Ongoing education is provided for clinical staff both internally and externally with the choice of topics reflective of the health care needs of care recipients. Care recipients/representatives are satisfied with the specialised care provided by the home and the support they receive for specialised nursing care needs.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

The home has access to a variety of allied health services to ensure the delivery of appropriate specialist care for care recipients. Referrals are made following review of assessments, changes in health care needs and evaluation of variations in clinical observations. Specialist allied health services conduct clinics at the home and allied health specialist are supported by trained assistants who complete treatment interventions and monitor outcomes for care recipients. Care plans reflect instructions and treatments developed in consultation with care recipients/representatives and staff and are reviewed as health care needs change and in line with regular planned health reviews. Care recipients/representatives are satisfied with the choice and access to other health specialists.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients medication is administered by registered staff in accordance with the home’s policies and protocols. Staff receive training provided by internal and external educators, pharmacy staff and through the home’s ongoing education program. The home is supported by a pharmacy client services representative who conducts reviews of medication charting and audits the medication system as well as acting as a resource for registered staff.

Variable dose medications are monitored and reported to the medical officer in accordance with documented management plans. Senior clinical staff review monthly incident data to evaluate the effectiveness of the medication system, identified trends in incidents are discussed at regular medication advisory meetings and via the registered staff meeting and newsletter. The home has safe storage for packed and non-packed medications, protocols for the safe management of controlled drugs in accordance with legislative requirements and scheduled internal reviews and audits. Care recipients/representatives are satisfied medication is administered safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

Registered staff conduct verbal and non-verbal pain assessment in conjunction with ongoing monitoring to identify and plan pain management interventions. Care plans include known triggers to pain, pain history and interventions individual to each care recipient. Effective non-pharmaceutical interventions for care recipients include massage, heat therapy, magnetic therapy, gentle exercise, repositioning and pressure area care. Staff receive education on pain management and pharmaceutical interventions and ‘as required’ medications are evaluated for effectiveness. The use of ‘as required’ pain medication is evaluated following each administration and changes to pain medication are monitored for ongoing effectiveness. Care recipients/representatives are satisfied care recipients’ pain is managed effectively and staff respond to identified pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure the end of life requests of care recipients are communicated and implemented to guide care interventions. Information is recorded reflecting end of life planning, substitute decision makers and individual requests for palliation. A palliative care pathway is completed to ensure clinical interventions are delivered in a planned

way and in consultation with medical officers and care recipients and representatives. Staff receive training on palliative care interventions, specialist equipment and grief and loss and the home is supported by internal and external health specialists.

Stores of equipment and stock are available to provide comfort measures including mouth and eye care, pressure relief and manual handling equipment and continuous infusion devices for pain relief. Representatives are satisfied with the home's approach to end of life care and that comfort and dignity is reflected in care provided.

## **2.10 Nutrition and hydration**

*This expected outcome requires that "care recipients receive adequate nourishment and hydration".*

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

The home meets this expected outcome

Following assessments conducted to review the dietary needs and preferences of care recipients, a diet profile is developed and communicated to the kitchen. Ongoing weight monitoring is recorded monthly and reviewed by registered staff for unplanned fluctuations in weight. Referrals are made to appropriate specialist services including dietitians and speech therapists and strategies developed to ensure appropriate provision of nutritional and hydration is provided. Individual strategies to maintaining nutrition and hydration needs are reflected in care planning and include special diets, thickened fluids, nutritional supplements and modified cutlery and crockery to support independence. Following reviews by allied health services the home updates centrally held dietary data employed to communicate dietary needs to the kitchen and servery staff. Care recipients/representatives are satisfied with the meals and drinks provided by the home and the interventions employed to maintain adequate nutrition and hydration.

## **2.11 Skin care**

*This expected outcome requires that "care recipients' skin integrity is consistent with their general health".*

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

The home meets this expected outcome

Clinical assessments are conducted to identify care recipients at risk of skin impairment and those with a history of skin injury. Registered staff incorporate known diagnosis and medical conditions impacting skin health into care planning and interventions including diabetes, oedema and impaired nutritional intake. Strategies for maintaining skin health include the use of pressure relieving devices, exercise groups, review of nutritional and hydration needs, regular repositioning and hip and limb protectors. Care staff review hair and nail care during planned care and report changes to skin conditions to registered staff. Wound care protocols outline processes for ongoing review and monitoring of wound care with complex wounds reviewed by clinical specialists as needed. Evaluation of the skin care system is through review of the incidence of skin tears, rashes and wounds. Monthly reporting outlines analyse of trends and evaluation of interventions by staff. Care recipients/representatives are satisfied with the skin care provided to residents.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a structured approach to the management of continence needs, including established assessments, support by contracted representatives and key staff to coordinate the review, ordering and delivery of continence aids. Following assessments conducted by registered staff, individual care plans are developed and include timed toileting, continence aids and bowel management interventions. Ongoing monitoring ensures appropriate interventions in response to changes in continence. Staff have access to additional continence aids and document additional use to ensure reassessment. Care plans capture specialist continence interventions including catheter care and the occurrence of infections are monitored through monthly trending. Care recipients/representatives are satisfied with the continence management delivered by the home

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home employs a combination of assessment and consultation with representatives and specialist services to develop care plans for challenging behaviours. Following a period of transition behaviour assessments and monitoring are conducted to identify triggers and interventions for behaviour management. Care planning incorporates social and biographical information to guide staff in individual approaches to each care recipient. Specialist behaviour management services are engaged to consult on individual care recipients and pharmacy staff review the use of medications in the management of challenging behaviours. The lifestyle staff provide a focused activity program for the dementia specific wing of the home, the program is designed to engage individual care recipients’ meaningful activities while decreasing the impact of challenging behaviours. Staff receive training on dementia care and correct reporting procedures. Care recipients/representatives are satisfied with the management of behaviours of concern and the discreet and supportive nature of staff interventions.

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

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

### **Team’s findings**

The home meets this expected outcome

Physiotherapy staff complete assessments identifying impairment to mobility and dexterity and outlining instructions for individual care recipients’ manual handling requirements. Care planning is developed to reflect individual goals for mobility and dexterity and is reviewed following changes to health needs and rehabilitation from injury. Physiotherapy assistants complete care interventions under the supervision of the physiotherapist and report changes in care needs as appropriate. A falls prevention program includes both individual and group

exercise programs. Monthly trending of incident data identifies care recipients at high risk of injury/falls and care recipients requiring additional interventions and/or referral. The Physiotherapist, supported by an Occupational therapist, reviews the appropriateness of mobility equipment and aids. Care recipients/representatives are satisfied with the level of support and assistance provided to maintain care recipients' mobility and dexterity levels.

## **2.15 Oral and dental care**

*This expected outcome requires that "care recipients' oral and dental health is maintained".*

### **Team's findings**

The home meets this expected outcome

The oral and dental needs of care recipients' are identified through assessment and monitoring of oral health during entry to the home and then on an ongoing basis. Dental services are available following referral and in accordance with care recipients' preferences. Care recipients have access to specialist services for both natural teeth and denture care and the home has processes for ensuring replacement of toothbrushes and equipment. Staff assist care recipients with daily cares and meal assistance. Care recipient/representatives are satisfied care recipients receive assistance and support to maintain oral health and are assisted to access dental services.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

Initial assessments identify impairments in vision, hearing, taste and taste. Care plans are developed to capture the aid required to assist with sensory loss and the level of assistance required from staff. Physiotherapy staff conduct heat/cold assessments prior to the use of heat packs and equipment and podiatry services review sensation and effective foot care. Food likes and dislikes are captured in response to changes in taste. The activity program enhances sensory stimulation through activities such as cooking, music, massage and gardening. Care recipients/representatives are satisfied with the assistance from staff in managing any assistive aids.

## **2.17 Sleep**

*This expected outcome requires that "care recipients are able to achieve natural sleep patterns".*

### **Team's findings**

The home meets this expected outcome

Each care recipient is assessed on entry to the home to establish individual sleep patterns, settling routines and personal preferences to achieve effective sleep. Environmental consideration including lighting, temperature and reduced noise levels are actioned to assist care recipients to achieve affective sleep. Strategies to management interruptions to sleep include drinks and snacks, repositioning and attending to toileting/continence requirements and general comfort measures. Medication interventions are administered according to the

care recipient's attending medical officers' orders. Care recipients are able to sleep comfortably and are satisfied with the support provided by staff.

## Standard 3 – Care recipient lifestyle

**Principle:** Care recipients 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 improvements in relation to this Standard include:

- Following a review of care philosophy and values within the organisation, the home has embarked on a cultural change to embrace the ‘Eden Alternative’ philosophy. Eden registration, achieved in January 2015, recognises the home’s achievements in providing person centred, values driven care and so improving the lives and satisfaction of care recipients. Initiatives such as increased community involvement, themed coffee shop days and welcome packs for new care recipients made by current care recipients have been implemented. Ongoing training in the program continues to encourage staff to engage in and suggest further care strategies to support the growth and continued success of the program.
- As a result of a successful exercise group staff have introduced Tai Chi classes to further engage and increase the mobility and dexterity of care recipients. Additional training has been provided to the leisure and lifestyle staff and care recipients have provided positive feedback about the program.
- Following a review of leisure and lifestyle program offered in the secure area of the home, activities staff are now rostered on seven days per week, offering care recipients increased leisure and lifestyle support. Management have advised positive feedback from care recipient/representatives has been received about the increase in lifestyle staff hours and the benefits gained from an increase in activities available for care recipients.

### 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 care recipient lifestyle”.*

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to Standard 3 Care recipient lifestyle. In relation to this

Standard, the home has systems to ensure reportable and non-reportable events are managed according to legislative requirements.

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

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

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

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills.

Examples of training and education topics relevant to Standard 3 include:

- Eden Alternative training
- Community Services Co-ordination
- Reportable assaults

### **3.4 Emotional support**

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

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

The home meets this expected outcome

On entry to the home care recipients are welcomed by key staff and the client support officer who acts to facilitate the entry process. Information is provided outlining the processes of the home and key personnel and each new care recipient receives a welcome gift developed by the care recipients of the home. Family and friends are encouraged to visit the home and participate in activities of daily life and celebrations held at the home. Lifestyle staff gather information related to social and biographical history to identify dates/events of significance and individual emotional needs. The home's Chaplain visits new care recipients and supports care recipients and their representatives during transition to the home and then on an ongoing basis. The client support officer monitors adjustment to life at the home and continues to act as a support. Care recipients are introduced to the community of the home and encouraged to personalise their space. Care recipients are satisfied with their adjustment to the home's environment and the emotional support offered by the staff at the home.



### **3.5 Independence**

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

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

The home meets this expected outcome

The home is active in providing a living environment that supports care recipients to maintain their independence. Pathways, appropriate furniture and access to external garden areas allow care recipients to move freely and safely throughout the home as desired. Appropriate equipment such as mobility aids and continence aids are provided to further support independence and the lifestyle staff assist care recipients to participate in leisure activities, to do their shopping and to maintain links within the community and with family and friends.

Care recipient meetings provide an opportunity for care recipients to discuss issues and voice suggestions and/or concerns. Feedback can be addressed through the home's comments and complaints process and via regular focused surveys. Care recipients/representatives are satisfied with the support provided to enable an optimal level of independence.

### **3.6 Privacy and dignity**

*This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".*

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

The home meets this expected outcome

Information on privacy, dignity and confidentiality is provided on entry to the home through the resident agreement and handbook. The home provides care in accordance with the approved provider's philosophy of care which includes respecting privacy and dignity. Annual education incorporates the home's expectation of supporting privacy and dignity and management monitor staff practices through observation and feedback from care recipient/representatives. The home provides additional lounges and common areas for visits by friends and family and staff ensure the use of privacy curtains in shared rooms. Care recipients/representatives are satisfied staff provide care in a respectful and courteous manner and ensure confidentiality is maintained.

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

*This expected outcome requires that "care recipients 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

Assessments completed by lifestyle staff identify care recipients' preferences for activities and individual interests. The lifestyle team develop the monthly lifestyle program to reflect the religious and cultural needs of care recipients and include events and activities in the wider community. Copies of the monthly activity calendar are made available to all care recipients/representatives and support care recipients' to pursue individual and group activities of interest. Care recipients are encouraged to share their cultural and social history with other

care recipients and staff through reminiscence, cooking special meals and sharing skills with those interested. The home's lifestyle program includes group activities and one-on-one interactions, planned outings and organised entertainment at the home. The lifestyle program is supported by volunteers and has an active pet program with residential pets incorporated into care planning and utilised to provide comfort and companionship.

Lifestyle staff are supported to access ongoing education, attend conferences and the home maintains memberships with industry bodies who act as resources in the development and implementation of the lifestyle program. Programs are evaluated by review of activity participation, feedback at meetings and one-to-one interaction with care recipients and the lifestyle team. Care recipients/representatives are satisfied with the leisure and activity programs offered by 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

The specific cultural and spiritual needs of care recipients are reflected in care planning and the delivery of clinical care and the lifestyle program. Documentation reflects religious preference and cultural backgrounds and explores individual care recipients' previous and current participation in culturally specific customs and celebrations. The home accesses culturally and linguistically specific care through outside organisations that in turn provide one-on-one support for care recipients at the home. Lifestyle staff are aware of staff who may assist with translation and have resources including communication tools to support care recipients from a culturally and linguistically diverse background. Care recipients at the home are supported by a variety of religious denominations and are supported to attend internal and external services in accordance with preference. The home's resident chaplain provides ongoing social and spiritual support to care recipients is an active member of celebrations at the home and supports care recipient/representatives and staff during palliation. Care recipients/representatives are satisfied care is supportive of spiritual and cultural needs.

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

*This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient 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

Care recipients are encouraged and supported to make decisions about activities of daily living and health care. Individual care recipient requests are incorporated into care planning, choice of food, activities of daily living and social interactions. Information about internal and external complaint mechanisms is provided to care recipients in a variety of languages on entry and through access to posted information and brochures. The home has information about external advocacy services and invites representatives to provide further information at care recipients meetings. Care planning is completed in consultation with care recipients/representatives through case conferencing and one-on-one meetings. Care recipient/representatives are

satisfied individual choices are actioned and respected in lifestyle and care delivery at the home.

### **3.10 Care recipient security of tenure and responsibilities**

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

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

The home meets this expected outcome

Care recipients/representatives receive information about the home that includes security of tenure and rights and responsibilities. The home's client support officer provides information and follow up with new care recipients and their representatives and acts as a resource during the completion of the resident agreement and admissions process. Care recipients/representatives receive a handbook that further outlines information on key personnel and local processes. Health related changes of room are negotiated with care recipients/representatives and documented through progress notes. Ongoing information is provided through one-on-one meetings, care recipients meetings and displayed on noticeboards as the need arises. Changes in legislation that impact security of tenure are communicated in writing to care recipients/representatives and annual financial reporting is provided via corporate office. Care recipients/representatives are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

**Principle:** Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, 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 improvements in relation to this Standard include:

- Upgrades to the home’s living environment which have recently been undertaken include installation of an internal sprinkler system, improving fire management at the home. A new nurse call bell system and individual digital enhanced cordless telecommunication phones for each care staff member has also been introduced. The use of individual phones enables staff members to be in immediate communication with each other and improves monitoring of care recipient requests for assistance, reducing the time taken for staff to address care recipient needs.
- New furnishings and curtains have also been purchased and painting of some living areas has been completed. Care recipients and representatives expressed satisfaction with the home like environment that the improvements have created.
- An upgrade of the secure unit’s courtyard area has included the installation of a large covered area and artificial grass along with painting and decorating. Management showed us an area prepared for a mural soon to be included, adding to the visual enjoyment of the area for care recipients and their representatives. Management, staff and care recipient/representatives gave us positive feedback as to the increased comfort and the care recipient’s usage of the area.

### 4.2 Regulatory compliances

*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 systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems.

In relation to this Standard the home has a food safety program and processes for monitoring workplace health and safety requirements and fire safety.

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

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

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

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills.

Examples of training and education topics relevant to Standard 4 include:

- Food safety
- Hand hygiene
- Work place health and safety
- Fire safety
- Emergency action plans

### **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 care recipients' care needs".*

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home has policies, processes, practice protocols, and education to ensure the environment is maintained in a safe and comfortable way consistent with care recipients' needs. Care recipients are encouraged to personalise their rooms; and dining and lounge areas are furnished to provide a home like environment to support care recipients' lifestyle needs. Monitoring processes include audits, checklists and visual inspections of the environment and equipment and the reporting and investigation of hazards. Maintenance requests forms are logged and actioned in a timely manner. Staff report incidents which are logged, investigated and changed processes are discussed with relevant staff. Delegated staff and external providers maintain the environment via programmed preventative maintenance and cleaning processes. Care recipients/representatives are satisfied the home ensures a safe and comfortable environment according to the care recipients' needs and preferences

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

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

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

The home meets this expected outcome

The home is actively working to provide a safe working environment that meets regulatory requirements through its policies, procedures and practice protocols, monitoring mechanisms, maintenance and education processes. The home has workplace health and safety (WHS) representatives across all departments who under the guidance of the Manager Health and Safety and Infection Control Officer monitor WHS systems through the use of audits, the identification and actioning of hazards, infections and investigation of incident data. Identified deficits are discussed and actions are taken to minimise the risk of potential and actual hazards related to the physical environment, chemicals, equipment and infection. Education processes include completion of identified competencies, information for safe work practices and reporting mechanisms to maintain a safe working environment. Staff are aware of reporting maintenance issues, hazards and incidents and the safe use of chemicals.

#### **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

Fire, security and safety systems are maintained through policies, processes and practice protocols, programmed maintenance by qualified personnel and educational processes. Monitoring processes include audits and visual inspections for the identification and reporting of risk, potential and actual hazards related to fire, security and other emergencies. The homes fire, security and emergency systems and processes are monitored by the Facilities and Projects Manager and WHS representatives. Educational processes include information that is provided at orientation and annually through mandatory training and ongoing education relating to emergency and disaster procedures, safety and security procedures.

Care recipients/representatives and staff are satisfied with the safety and security of the physical environment.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program that includes regular inspections of the home and evaluation and observation of staff practice. Staff receive education and instruction on correct infection control processes and the home provides personal protective equipment and sufficient colour-coded cleaning supplies to minimise the incidence of infection. Regular pest control services are provided and there are processes for the disposal of general, clinical and sharps waste. Processes are in place to ensure the health of resident pets and the

maintenance of their living environment. The food safety program and laundry practices support the infection control program. Care recipients' infections are identified, treated and analysed for trends. An outbreak management plan and sufficient stores of equipment including outbreak kits and spills kits are available at the home to ensure appropriate action in the event of an outbreak.

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

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

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

The home meets this expected outcome

Hospitality services are provided in a way that enhances care recipients' quality of life and the working environment for staff. Catering services are provided to meet care recipients' dietary needs and preferences, which are identified on entry and on an ongoing basis. A dietitian approved menu provides guidance for the provision of meal and beverage services. Care recipients have input into the current menu through care recipient meetings and directly to management and catering staff. Cleaning of care recipients' rooms and communal areas is done in accordance with the cleaning duty lists and staff are instructed in the use of personal protective equipment, general cleaning equipment and chemicals. The laundry service operates off site with laundry collected and returned five days per week. Management has provided a washing machine and dryer to enable care recipients to wash their own clothing if they choose, under the direction of the care staff. The effectiveness of hospitality services is monitored through meetings, audits and surveys. Care recipients/representatives are satisfied with the catering, cleaning and laundry services provided.