Australian Government

Australian Aged Care Quality Agency

# Blue Care Toowoomba Aged Care Facility

RACS ID 5817
256 Stenner Street
TOOWOOMBA QLD 4350

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

Following an audit we decided that this home met 41 of the 44 expected outcomes of the Accreditation Standards and would be accredited for two years until 06 December 2017.

We made our decision on 14 October 2015.

The audit was conducted on 08 September 2015 to 10 September 2015. The assessment team's report is attached.

The assessment team recommended that the home did not meet five expected outcomes. We considered additional information including a detailed submission from the approved provider and the actions taken by the home since the re-accreditation audit and found the home does meet expected outcomes 2.5 Specialised nursing care needs and 2.6 Other health and related services.

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

**ACTIONS FOLLOWING DECISION**

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of Most recent decision concerning performance against the Accreditation Standards.

# Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 19 November 2015 concerning the home's performance against the Accreditation Standards is listed below.

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

| Expected outcome | Quality Agency's latest 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

| Expected outcome | Quality Agency's latest 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

| Expected outcome | Quality Agency's latest 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

| Expected outcome | Quality Agency's latest 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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# Audit Report

**Blue Care Toowoomba Aged Care Facility 5817**

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

## Introduction

This is the report of a re-accreditation audit from 08 September 2015 to 10 September 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:

- 39 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.8 Information systems
- 2.3 Education and staff development

- 2.4 Clinical care
- 2.5 Specialised nursing care needs
- 2.6 Other health and related services

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 September 2015 to 10 September 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

## Assessment team

| | |
|---|---|
| **Team leader:** | Jackie Southwood |
| **Team members:** | Dee Kemsley<br>Sharon Dart |

## Approved provider details

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

## Details of home

| | |
|---|---|
| **Name of home:** | Blue Care Toowoomba Aged Care Facility |
| **RACS ID:** | 5817 |

| | |
|---|---|
| **Total number of allocated places:** | 207 |
| **Number of care recipients during audit:** | 175 |
| **Number of care recipients receiving high care during audit:** | 145 |
| **Special needs catered for:** | N/A |

| | |
|---|---|
| **Street/PO Box:** | 256 Stenner Street |
| **City/Town:** | TOOWOOMBA |
| **State:** | QLD |
| **Postcode:** | 4350 |
| **Phone number:** | 07 4636 9519 |
| **Facsimile:** | 07 4636 9501 |
| **E-mail address:** | D.Hart@bluecare.org.au |

## Audit trail

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

## Interviews

| Category | Number |
|---|---|
| Integrated Service Manager | 1 |
| Assistant Integrated Service Manager | 1 |
| General Manager | 1 |
| Clinical Nurse | 2 |
| Registered Nurse | 3 |
| Enrolled Nurse | 5 |
| Assistants in Nursing/Personal Carers | 2 |
| Human Resource Manager | 1 |
| Learning and Development Coordinator | 1 |
| Care recipients/representatives | 20 |
| Administration Officer | 1 |
| Support service staff | 5 |
| Dietitian | 1 |
| Work Health and Safety Advisor | 1 |
| Chaplain | 1 |
| Food Safety Supervisor | 1 |
| Maintenance Manager | 1 |
| Diversional Therapy staff | 3 |

## Sampled documents

| Category | Number |
|---|---|
| Care recipients' files | 23 |
| Personnel files | 10 |
| Medication charts | 23 |

## Other documents reviewed

The team also reviewed:

- Activity calendars

- Building certification report
- Care recipient residential agreement, information handbook and packet
- Chemical register, safety data sheets and risk assessments
- Clinical assessments and monitoring charts
- Clinical incident data
- Comments and complaints documents
- Completed audits
- Continuous improvement action plan
- Controlled drug register
- Diabetes management
- Dietary preferences, profiles, forms and supplements list
- Electronic communications
- Emergency equipment inspection records
- Emergency management plans and fire drill records
- Enteral feed regime
- Equipment temperature monitoring records
- Exempt mandatory reports
- Feedback forms
- Fire detection equipment and fire panel inspection records
- Fire evacuation lists
- Food authority licence, safety plan, food safety supervisor certificates and associated records
- Food safety manual
- General, kitchen and laundry cleaning schedules
- Handover notes
- Home's re-accreditation self-assessment
- Incident and hazard data
- Lifestyle staff qualifications

- Mandatory training records
- Menus
- Minutes of meetings
- Newsletters
- Occupier's statement
- Operations manuals
- Outbreak briefs
- Policies and procedures
- Position descriptions
- Programmed maintenance schedule
- Quality Framework documents
- Service reports
- Supplier contracts and credentials
- Training records
- Wound management charts

## Observations

The team observed the following:

- Activities in progress and activity calendar on display
- Allied health specialists attending to care recipients
- Catering, cleaning and laundry operations in progress
- Charter of care recipients' rights and responsibilities displayed
- Chemical, equipment and supply storage areas
- Cleaners' trolley and cleaner store
- Clinical handover in process
- Communication boards with complaint and advocacy brochures and posters displayed
- Daily menu on display
- Emergency lighting and fire/smoke doors in operation

- External assembly points identified by signage
- Fire equipment, inspection tags and emergency evacuation diagrams
- Information boards
- Interactions between staff and care recipients and representatives
- Internal and external living environment
- Kitchen, kitchenettes and dry/cold food store areas
- Laundry
- Manual handling and mobility assistive devices
- Meal and beverage delivery and service
- Medication administration and storage
- Safety data sheets displayed
- Secure suggestion boxes
- Short group observation
- Staff work practices
- Swipe card access to secure areas

# 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

Blue Care Toowoomba (the home) actively pursues continuous improvement and uses an organisational quality management system to identify opportunities for improvement, to implement quality improvement initiatives and to monitor the home's performance against the Accreditation Standards. Feedback is sought from care recipients, representatives, staff and other stakeholders about the delivery of care and services and their satisfaction. This feedback and results of monitoring areas of care and service delivery assists in identifying opportunities for improvement. The home uses a quality framework to monitor improvement initiatives, with actioning responsibility allocated to the home's managers or key personnel depending on the initiative. Meetings, analysis of clinical indicators and incidents, action on feedback received and audits are conducted to monitor the home's performance.

Examples of improvement initiatives related to Standard 1, Management systems, staffing and organisational development, implemented by the home include:

- As a strategy to improve staff skills and knowledge, a Learning and Development Coordinator has been appointed to oversee and coordinate staff training and professional development for staff in the region, including staff at the home. This has resulted in an enhanced education and staff development program for management and staff.

- As a strategy to improve organisational recruitment and employment of staff, including at the home, a new electronic recruitment system has been implemented across the organisation and at the home. This new system assists managers to access information related to potential staff and to manage the employment process for selected staff. Management reported this has improved recruitment and retention of staff.

### 1.2 Regulatory compliance

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

#### *Team's findings*

The home meets this expected outcome

Systems are in place to identify and ensure compliance with relevant regulatory requirements. The organisation has established links with external organisations and bodies to ensure they are informed about any changes in regulatory requirements. The organisation has a process to review advice it receives and determine appropriate actions. Where necessary relevant documentation is updated and staff members are informed. Management has developed a range of systems to ensure compliance including mandatory training, procedures to guide staff and to monitor designated tasks are completed and registers to monitor the currency of qualifications and certificates. In addition, management monitors feedback mechanisms and conducts audits and surveys. The organisation and management are aware of the regulatory responsibilities in relation to police certificates and the requirement to provide advice to care recipients and their representatives about re- accreditation site audits and has systems to ensure these responsibilities are met.

### 1.3 Education and staff development

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

#### *Team's findings*

The home meets this expected outcome

The home has recruitment procedures and position descriptions to ensure new staff have the appropriate knowledge, skills and qualifications for their role. New staff are required to complete a regional and site specific orientation course that covers the organisation's key policies and mandatory skills and they are supervised/supported during initial shifts. The home has an education and training program that is based on organisational requirements, continuous improvement activities or the needs of individual staff members. Training is provided in face to face sessions, through an electronic learning platform, through attendance at conferences or as a component of staff meetings. The competency of staff in key tasks such as medication management, manual handling and hand washing is assessed. The organisation has an ongoing performance monitoring process. Care recipients and representatives are satisfied with the performance of management and staff. Examples of recent training attended by staff relevant to this standard include conflict management and incident reporting.

### 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

The home has an organisational system to manage comments and complaints. Care recipients/representatives have access to internal and external complaints and advocacy processes and are advised of the process and contact information in the 'care recipient handbook', the residential agreement and brochures. Feedback forms are available to care recipients and secure suggestion boxes are available for anonymous submission of complaints. The complaints process is discussed at care recipient and staff meetings and complaints are incorporated into the continuous improvement system. The comments and complaints register is logged, monitored and reviewed by designated personnel to ensure complaints are actioned, evaluated and closed out. Feedback is provided through individual or group meetings, noticeboards, electronic communication, memoranda, letters and newsletters. Care recipients/representatives are aware of complaint processes and are satisfied with staff response to their concerns.

### 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 documented their philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents and is displayed at the home.

### 1.6 Human resource management

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

#### *Team's findings*

The home meets this expected outcome

The home has established processes to ensure there are sufficient skilled and qualified staff to ensure it delivers services in accordance with the Accreditation Standards and the home's philosophy of care. Management monitors care recipients' level of care needs, care recipient/staff feedback, staff availability and skill mix to ensure adequacy of staffing across the home. Registered staff members are onsite 24 hours a day to guide staff in the delivery of care. The home has established relief processes and management receives corporate human resource management support. New staff members are aware of the requirements of their positions through position descriptions, orientation processes, mentor support, 'buddy' shifts and ongoing education sessions. Key personnel conduct probationary and annual staff

performance appraisals to ensure education needs are identified and staff are aware of their performance requirements. Care recipients/representatives are satisfied with staff's skill levels and responsiveness of staff to care needs and preferences.

### 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 processes to monitor stock levels and reorder stock are effective. Goods such as clinical goods are managed by senior care staff or allied health team members while others such as chemicals are managed by external service providers. Adequate stock quantities are maintained and goods are stored securely and appropriately. The need for new equipment is monitored by senior staff. Regular reviews and assessments are generally undertaken with the assistance of medical officers, allied health professionals and specialists to identify residents' equipment needs. The home has an effective maintenance program.

Care recipients and/or their representatives are satisfied with the availability of goods and equipment and the home's maintenance program.

### 1.8 Information systems

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

#### *Team's findings*

The home does not meet this expected outcome

Clinical information systems are not effective in demonstrating care needs are being met. Information in relation to allied health referrals does not demonstrate action has been initiated. Care plans do not consistently reflect care recipients' current care needs. A deficit in electronic software or user application has created gaps in information systems.

### 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 organisation has processes to ensure that externally sourced services are provided in line with the home's needs and service requirements. Contracts for the provision of external services by preferred suppliers are coordinated by the home using standardised agreements. Information is made available to management to enable ongoing performance monitoring by key staff. Feedback is provided where performance is not to the required standard.

Management, care recipients/representatives and staff are satisfied with the provision of current external services.

## 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 and management systems.

During this accreditation period the home has implemented initiatives that have improved the quality of care and services. Recent examples related to health and personal care include, but are not limited to the following:

- Subsequent to feedback from management and staff, an end of life care pathway and advance care planning have been implemented in the home. These new processes allow for increased input from care recipients and their families in regard to respecting care recipients' wishes relating to end of life care. We observed these processes have been utilised recently for care recipients receiving palliative care.

- Subsequent to feedback from staff, the system for ordering medical stores has been reviewed and has now been consolidated. As a result, ordering of clinical stock is now more efficient and this consolidation has reduced the risk of over ordering of clinical stock. Dietitian staff now has the responsibility for ordering and maintaining supplies of supplements and thickened fluids.

### 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 to identify and ensure compliance with relevant regulatory requirements.

Relevant to this standard, management are aware of the regulatory responsibilities in relation to specified care and services, nurse registrations, reporting responsibilities and medication management. There are systems to ensure these responsibilities are met.

### 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 does not meet this expected outcome

Deficits in relation to the documentation and assessment of clinical care, specialised nursing care needs and referral processes continue to occur. While the home has an overarching education and staff development system education has not been targeted at improving the skills of registered staff. Education that has been provided has not been well attended by registered nurses. Management at the home have identified registered staff require additional support and education in relation to health and personal care, however, this has not been provided to date.

### 2.4 Clinical care

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

#### *Team's findings*

The home does not meet this expected outcome

Clinical supervision is not effective in ensuring timely evaluation, monitoring and review of residents' clinical care needs. Care recipient care plans are not reflective of their individual needs and preferences and/or are not updated in line with residents' changed care needs. Care directives are not consistently followed and ongoing monitoring has not been effective in identifying and addressing this.

### 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 does not meet this expected outcome

Specialised nursing care needs in relation to care recipients' diabetes management is not consistently documented and/or provided as directed. Clinical staff do not have a shared understanding of care recipients' individual diabetes management needs and of the home's expectations with regards to the provision of care, including documentation and reporting requirements.

### 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 does not meet this expected outcome

Referral mechanisms are not effective. Care recipients are not consistently referred to appropriate health specialists in accordance with their assessed needs and/or are waiting extended periods of time to have their clinical needs reviewed. Health specialists are not consistently indicating they have reviewed the care recipient or provided staff instructions for ongoing care.

### 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

Registered nurses and enrolled nurses administer care recipients' medications. Registered nurses are available onsite 24 hours per day, seven days per week for consultation regarding administration of 'as required' (PRN) medication. Care recipient medications are supplied in sachet packs and individual containers delivered to the home on a weekly basis and/or as required. Medications are stored securely and registered staff are aware of procedural and legislative requirements relating to the safe and correct administration and storage of medications and controlled drugs. Care recipients' medical officers review care recipients' medications at least three monthly and a clinical pharmacist conducts regular care recipient medication management reviews. The home has processes to assess and review care recipients who wish to self-administer their medication. Evaluation of the medication management system is conducted through monitoring of medication incidents, medication advisory committee (MAC) meetings, observation of staff practice and the auditing processes. Care recipients/representatives are satisfied care recipients' 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

Care recipients' pain management needs are identified and assessed on entry to the home, and monitored on an ongoing basis. The physiotherapist and occupational therapist further assesses care recipients' complex pain management needs and interventions are recorded on care plans to guide the provision of care. Strategies to manage care recipients' pain include the provision of heat packs, massage, heat/medication rubs, regular repositioning and one-on-one intervention with the chaplain, psychologist and diversional therapy team. Medication measures include PRN medication, regular prescribed oral pain relief and topical slow-release pain relief patches. Effectiveness of pain management strategies is assessed and monitored

by registered staff with any changes being generally recorded in care recipients' progress notes or pain assessment charts and referred to the physiotherapist and/or medical officer for further review. Care recipients/representatives are satisfied care recipients' pain is managed effectively and staff respond to requests for assistance if care recipients experience 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 provide care and comfort for terminally ill care recipients. Care recipients' end-of-life wishes are discussed with the care recipient/representative on entry to the home or as the care recipients' health status changes. An end-of-life care pathway is completed through consultation with the care recipient and family members, clinical staff, medical officer and allied health specialists as identified. Care recipients are supported to remain in the home during the palliative phase of care and family are able to visit and/or stay with care recipients during this time. Spiritual support is offered and provided according to care recipients' preferences and the Chaplain is available to provide support to care recipients/representatives and staff. Specialised clinical supplies and equipment are available to assist care recipients to remain as free from pain as possible. Staff are aware of the care needs and measures required to provide comfort and dignity for terminally ill care recipients.

### 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

Care recipients' dietary requirements are identified and assessed on entry to the home including their personal likes, dislikes and medical dietary needs. Strategies to support care recipients' nutrition and hydration needs are incorporated into their care plans and communicated to all staff, including catering staff. Care strategies include assistance with meals, provision of dietary aids, regular beverage rounds and the provision of thickened fluids and modified texture diets as required. Care recipients are routinely weighed on entry to the home and then monthly. The CNs monitor care recipients' weights and variances in weight are analysed for causative factors. Strategies to manage weight loss include clinical review, provision of fortified diets, provision of supplements and generally referral to the medical officer and/or speech pathologist for further review as identified. A dietitian is consulted for care recipient review and follow-up as required. The effectiveness of nutrition and hydration management is evaluated through observation of staff practice, review of weights, the audit process and feedback from staff and care recipients. Care recipients/representatives are satisfied the home provides adequate nourishment and hydration for care recipients.

### 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

Care recipients' skin integrity and the potential for compromised skin integrity are assessed on entry to the home. Maintenance and/or preventative strategies are implemented as appropriate. Strategies include the use of aids/equipment such as pressure relieving devices for example air mattresses, limb and heel protectors and gel socks, application of moisturising creams and regular repositioning. Wounds and treatments are monitored via wound management charts, with registered staff providing wound care. Review of more complex wounds are regularly undertaken and generally referred to the medical officer and/or external wound specialist as required. The incidence of injury/skin tears is captured and analysed for trends and/or triggers and interventions are implemented as identified. Staff receive education in manual handling at orientation and annually with the view to ensuring care recipients' skin integrity is not compromised in any way. The effectiveness of skin care is evaluated through analyses of clinical indicators, the audit process, staff observation and feedback. Care recipients/representatives are satisfied care recipients receive care and assistance to maintain their skin integrity.

### 2.12 Continence management

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

#### *Team's findings*

The home meets this expected outcome

Care recipients' continence status is assessed on entry to the home with urinary and bowel assessment charts commenced to identify patterns. Care recipients' individual continence programs are developed and are detailed on care plans. A daily bowel record is maintained for each care recipient which staff monitor and action as identified. Bowel management strategies include the provision of prunes and pear juice, increased fluids are encouraged and aperients are administered as prescribed. Care plans record strategies to promote and manage care recipients' continence needs including regular toileting programs, assistance with personal hygiene and provision of appropriate continence aids. Continence link nurses in conjunction with registered staff, assist to monitor care recipients' ongoing continence aid use for appropriateness and ensure continence supplies are ordered and distributed. Staff have an understanding of care recipients' individual toileting schedules and continence needs. Care recipients/representatives are satisfied with the level of assistance and aids provided to manage care recipients' continence needs.

### 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 needs of care recipients with challenging behaviours are identified during the initial assessment phase on entry to the home and on an ongoing review basis. Behavioural assessments identify the types of behaviours exhibited, possible triggers and management strategies. Strategies implemented to manage challenging behaviours are individualised and may include provision of a secure environment, participation in group activities, one-on-one interactions, redirection and medication review as required. Care recipients are also referred to mental health specialists for further review as the need is identified. The home has processes to assess and authorise the need for care recipient restraint including environmental and individual physical restraint. Staff have an understanding of managing care recipients with challenging behaviours and interact with care recipients in a manner that encourages positive outcomes. Care recipients/representatives are satisfied the activities and behaviours of other care recipients do not infringe on care recipients' life at the home.

### 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

An assessment in relation to each care recipient's specific mobility, transfer and therapy needs is conducted by the physiotherapist on entry to the home and/or generally as their care needs change. Individualised mobility care plans are developed which include transfer and manual handling instructions. Care recipients and staff are instructed in the use of mobility and transfer aids and staff undergo mandatory manual handling training on an annual basis. Care recipients at risk of falls are assessed and identified and this is recorded on their care plans. Strategies to manage and/or minimise falls include the provision of sensors, provision of low-low beds with fallout mats, provision of hip protectors, observation by staff and reviewing the environment and care recipients' medication. Care recipient falls are documented on incident forms and are monitored further with changed mobility care needs including increased falls generally referred to the medical officer, physiotherapist and/or podiatrist for further review. Care staff assist with individual walking programs and the sports physiologist coordinates exercise programs. 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

Care recipients' history and preferences relating to the management of their oral and dental health is identified on entry to the home. This includes the level of assistance needed and is documented on care recipients' care plans. Care staff monitor care recipients' ability to self-manage their oral care and assist when required. They inform registered staff of any concerns which initiates further referral as appropriate. Registered staff, in consultation with the care recipient/representative, co-ordinate and arrange dental referrals when a need is identified. A dental clinic at the local base hospital is available to attend to care recipients' more complex needs. The home maintains stocks of equipment and products to meet care recipients' oral hygiene needs. Care recipients/representatives are satisfied with the level of support provided to assist care recipients with the maintenance of oral hygiene and their access to dental health 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

Assessment of care recipients' sensory needs and/or losses occurs on entry to the home or as care needs change. Care interventions reflect care recipients' identified sensory needs and personal preferences in order to guide the provision of assistance by staff. Care staff provide support with activities of daily living and assist care recipients to manage assistive devices such as spectacles and hearing aids, including cleaning, care and replacing of batteries, to maximise sensory function. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the care recipient/representative and medical officer. Clinical staff coordinate external appointments when required with any changes being incorporated into the care recipient's care plan. Care recipients/representatives are satisfied with the assistance provided by staff to identify and manage the care recipients' sensory care needs and preferences.

### 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 about their usual sleep patterns, settling routines and personal preferences are documented to form part of their individualised care plan. Night routines maintain an environment that is conducive to sleep. Staff implement support and comfort measures which may include for example, a settling routine, provision of supper and snacks, lighting and temperature adjustment, minimising noise, attending to repositioning,

continence, hygiene and pain management needs. Medication interventions are administered according to the care recipient's attending medical officers' orders. Staff are aware of care recipients' sleep and rest patterns and personal preferences and check on care recipients overnight. 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 and management systems.

During this accreditation period the home has implemented initiatives that have improved the quality of care and services. Recent examples in resident lifestyle include, but are not limited to the following:

- Subsequent to an organisational initiative, a new model of personalised care has been implemented. This new model of care ensures that individualised care is driven by care recipients' preferences. Training has been provided to staff and the new model of care is discussed at staff meetings. This has resulted in improved opportunities for choice and decision making for care recipients.

- An identified room has been remodelled to accommodate a private sitting area and work space for use by care recipients to support lifestyle choices. This new space is used by care recipients to sit quietly or to use computer equipment. This has received positive feedback from care recipients and staff.

### 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 to identify and ensure compliance with relevant regulatory requirements.

Relevant to this standard, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and resident agreements. There are systems to ensure these responsibilities are met.

### 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 1.3 Education and staff development for an overview of education and training processes.

Examples of recent training attended by staff relevant to this standard include mandatory reporting and consumer protection.

### 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

The home provides information and support to care recipients on entry and as needed after admission to assist their adjustment to the new environment at the home. Information is gathered to identify care recipients' lifestyle preferences, personal history and an assessment of their emotional needs is conducted. Information related to their emotional support requirements is shared with relevant staff and additional requirements for support are identified as needs arise. Staff, a psychologist, social worker, volunteers, ministers of religion and the home's Chaplain support care recipients who are having difficulty adjusting to their changed circumstances and as critical events occur. Care recipients are given additional assistance to maintain external connections, meet other care recipients within the home, make friendships and participate in the lifestyle of the home at a pace that is suitable to them. Care recipients are satisfied with the support they receive and the care shown by staff.

### 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 supports care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Care recipients' preferences and abilities are assessed on entry by registered nurses, the physiotherapist and the occupational therapist and risks are identified and addressed. Staff assist care recipients to achieve maximum independence, pursue activities of interest, maintain friendships and connections and have an awareness of individual care recipient's preferences and limitations. Care recipients with special needs are provided with appropriate equipment and support with provision made to access the community for services, appointments or special events.

### 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

Care recipients' privacy and dignity needs are identified and respected and the preferences of each care recipient are communicated to staff. Staff have an understanding of maintaining care recipients' privacy, dignity and confidentiality and are required to sign a confidentially agreement on commencement of employment. Staff ensure privacy and respect are provided when recording care recipients' personal information. Information is stored electronically and in hardcopy. Computer based files are password protected and hard copy documents are stored in secure locations. Staff are aware of strategies to maintain care recipients' privacy and dignity when providing care recipient care. Care recipients/representatives are satisfied with the level of privacy and respect for dignity provided by staff at the home.

### 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

Care recipients' social history, current and past leisure interests and lifestyle preferences are identified on admission to the home. Lifestyle staff utilise information from care recipients/representatives to develop activity programs and to stimulate care recipients' physical, emotional, intellectual, creative, spiritual and social skills. Care recipients are encouraged and supported by staff to participate in a range of activities both individually and as a group. Care recipients' choice not to attend is respected and barriers to participation are managed with appropriate strategies. Lifestyle staff develop a monthly activity calendar that is distributed to care recipients and displayed on noticeboards. Care recipients provide feedback individually and in meetings resulting in adjustment of the program. Lifestyle care plans are reviewed three monthly by the registered nurse with input from the lifestyle staff.

Care recipients are provided with a variety of activity opportunities of interest to them and are satisfied with the support provided by the staff.

### 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

Care recipients' cultural and spiritual needs and preferences are identified and information is communicated to staff to ensure these preferences are reflected in the delivery of care, leisure pursuits and in the provision of meals and beverages. The home recognises and celebrates a variety of traditional and religious events throughout the year consistent with care recipients'

preferences and care recipients are assisted to attend. A Chaplain conducts regular religious services and care recipients are supported to attend services of their preference within or outside the home. The Chaplain is also available for private meetings with care recipients and families/representatives as requested and when critical events occur. Care recipients are satisfied their cultural and spiritual needs are respected and staff assist them to maintain their choices and traditions in accordance with their preferences

### 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

The home encourages care recipients to participate in decisions about the services and care they receive and exercise choice regarding their lifestyle preferences. Registered nurses conduct an assessment as needed to ensure care and service needs are understood by care recipients. Care recipients give consent as required for procedures and processes such as displaying their photograph in documents or in a public area. Assessment tools are in place to assist the registered nurse to assess a care recipient's capacity to make choices and decisions as needed. Care recipients' preferences for care, lifestyle and routines are identified on entry and reviewed on a regular basis. Care recipients' enduring power of attorney or information about alternative decision-makers is requested on entry and as needed and this information is available to relevant staff. Care recipients have opportunity to express their preferences through daily interactions with staff, care recipient meetings and the comments and complaints process. Staff provide opportunities for choice and utilise strategies to incorporate choice into care recipients' daily care routines and leisure interests. Care recipients/representatives are aware of their rights and responsibilities, have access to information about internal and external complaints processes and are satisfied with their ability to be involved with decision making.

### 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 have security of tenure and understand their rights and responsibilities. The Charter of Care Recipients' Rights and Responsibilities is displayed in the home and is provided in the residential agreement. There are organisational processes to provide information to care recipients/representatives regarding security of tenure and their rights and responsibilities through agreements/contracts, posters, handbooks and other correspondence. Care recipients are also provided with information regarding specified care and services, the terms and conditions of their tenure, care and services available to them, fees and charges and information about advocacy and dispute resolution services. Care recipients/representatives are consulted should any changes in care recipients' care needs necessitate a room transfer or transfer to an alternative home. Care recipients/representatives

are aware of their rights and responsibilities and are satisfied that their tenure at the home is secure.

## 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 and management systems.

During this accreditation period the home has implemented initiatives that have improved the quality of care and services. Recent examples in living environment include, but are not limited to the following:

- As a strategy to enhance the external environment of Rose Cottage, an outdoor area used by care recipients and their families has now been fenced. This has resulted in improved security and safety outcomes for care recipients and families.

- As a strategy to enhance fire safety for everyone at the home, a fire safety advisor portfolio has been implemented. This portfolio contains duties such as observing the environment for issues of concern and reviewing and guiding staff practice. This has received positive feedback from management and staff.

### 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 systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to this standard, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### 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 1.3 Education and staff development for an overview of education and training processes.

Examples of recent training attended by staff relevant to this standard include fire and evacuation, manual handling, work health and safety and infection control.

### 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

The home has organisational policies, processes, flowcharts and education to ensure the environment is maintained in a safe and comfortable manner 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 and visual inspections of the environment and equipment and the reporting and investigation of incidents and hazards. Incidents reported by anyone at the home are logged, investigated and corrective actions are discussed with relevant staff. Where the need for restraint has been identified, assessment and authorisation is documented and monitoring is undertaken. Delegated staff and external providers maintain the environment by utilising programmed routine and 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, monitoring mechanisms, maintenance, observation of staff practice and education processes. Management and staff have access to an organisational occupational health and safety (OHS) advisor and OHS issues are discussed at relevant staff meetings. Monitoring systems include audits, identification and actioning of hazards 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. Occupational health and safety education is

provided at orientation, annually thereafter and as needed. Forms concerning safe work practices and reporting mechanisms to maintain a safe environment are available to staff electronically and from key personnel. Staff are aware of the process to report 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, procedures, programmed maintenance by qualified personnel and education 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. Emergency equipment is inspected as required by qualified contractors, evacuation diagrams are managed by an external contractor and fire drills are conducted regularly. Education processes include information that is provided at orientation and annually or as needed thereafter relating to emergency and disaster procedures and safety and security processes. 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 processes to manage infection control in the areas of clinical, lifestyle, catering, cleaning and laundry practices. The CNs in conjunction with the AISM oversees the infection control program. Infection control policies are available to guide staff practice including outbreak management guidelines and supplies. Infections are documented and monitored by registered staff and action taken as needed. Staff are provided with infection control education at orientation then annually, or as needed. Care recipients are administered influenza vaccinations annually by their medical officer with consent and staff are encouraged to be vaccinated. The home has a food safety program and safe food practices are followed by catering, lifestyle and clinical staff. The home provides hand washing facilities, anti-bacterial hand gel dispensers, sharps containers, outbreak/spill kits and personal protective equipment for staff and has processes to manage waste and pest control. The effectiveness of infection control measures is monitored through review of infection statistics, audits and observation of staff practices. Staff are aware of the colour- coded equipment, the use of personal protective equipment and the principles used to prevent cross infection.

### 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

There are processes for the provision of catering, cleaning and laundry services that enhance care recipients' quality of life. Meals are cooked fresh at the home and meet care recipients' identified dietary needs and preferences. The home has a seasonal, four week rotating menu and care recipients may choose alternatives to the main meals. The menu is a standard organisational menu that is reviewed by a dietitian. Meals and beverages are provided at set times and supper is also available as required. Staff follow food safety protocols, have access to the home's food safety manual and staff have access to a food safety supervisor as needed. Kitchen and general cleaning schedules and coloured coded catering, cleaning and laundry equipment and procedures are available to minimise infection risks. Care recipients' personal laundry is managed at the home five days a week and linen is managed by an external service provider. There are processes to ensure sufficiency of linen and recovery of lost personal clothing items. Management monitor the quality of catering, cleaning and laundry services through observation by senior personnel and through the home's quality system including care recipient feedback and audits. Care recipients/representatives are satisfied with catering, cleaning and laundry services provided by the home.