



**Australian Government**

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**Australian Aged Care Quality Agency**

**Carindale Lodge**

RACS ID 5481  
79 Foxglove Street  
MOUNT GRAVATT EAST QLD 4122

**Approved provider: Queensland Rehabilitation Services Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 08 September 2017.

We made our decision on 16 July 2014.

The audit was conducted on 10 June 2014 to 11 June 2014. 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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**

**Carindale Lodge 5481**

**Approved provider: Queensland Rehabilitation Services Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 10 June 2014 to 11 June 2014 submitted to the Quality Agency.

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

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

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

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The 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 June 2014 to 11 June 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

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

## Assessment team

<b>Team leader:</b>	Kimberley Reed
<b>Team member:</b>	Felette Dittmer

## Approved provider details

<b>Approved provider:</b>	Queensland Rehabilitation Services Pty Ltd
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## Details of home

<b>Name of home:</b>	Carindale Lodge
<b>RACS ID:</b>	5481

<b>Total number of allocated places:</b>	39
<b>Number of residents during audit:</b>	39
<b>Number of high care residents during audit:</b>	34
<b>Special needs catered for:</b>	Not applicable

<b>Street/PO Box:</b>	79 Foxglove Street
<b>City/Town:</b>	MOUNT GRAVATT EAST
<b>State:</b>	QLD
<b>Postcode:</b>	4122
<b>Phone number:</b>	07 3343 1222
<b>Facsimile:</b>	07 3849 4897
<b>E-mail address:</b>	<a href="mailto:mcasagrande@bigpond.com.au">mcasagrande@bigpond.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	6
Registered and care staff	8
Lifestyle coordinator	1
Physiotherapist	1
Residents/representatives	10
Hospitality staff	3
External Hospitality Management	2
Administration staff	1

### Sampled documents

Category	Number
Residents' clinical files	8
Residents' administration files	2
Medication charts	10
Personnel files	4

### Other documents reviewed

The team also reviewed:

- Action plan nutritional supplements
- Activity calendar
- Activity evaluation sheet
- Audit schedule, tools and report
- Blood glucose level monitoring chart
- Care management system – electronic
- Cleaning schedules and logs
- Clinical assessment tools
- Comments and complaints folder

- Communication book
- Controlled drug register
- Dietary requirements spreadsheet
- Duties lists
- Emergency evacuation flip charts and diagrams
- Emergency response plan
- Equipment and food temperature logs
- Evacuation list
- Fire/smoke detection and firefighting equipment inspection/maintenance logs
- Fluid balance chart
- Food allergy list
- Food safety plan
- Gardening, cleaning and maintenance schedule
- Improvement log
- Incident form
- Infection register
- Maintenance system – electronic and paper-based forms
- Messages – electronic
- Minutes of meetings
- Newsletter – organisation's
- Nursing agency staff orientation checklist
- Pest sighting log
- Plan for continuous improvement
- Policies and procedures
- Position descriptions
- Reportable incidents file (including register)
- Resident incident information status log
- Resident information pack



- Resident surveys
- Residential care agreement
- Residents' handbook
- Risk assessment form
- Roster
- Safety data sheets
- Service agreement
- Single meal feedback form
- Staff compliance report – includes mandatory education, police certificate dates
- Staff handbook
- Summary care plan
- Training register of attendance
- Volunteer handbook/agreement
- Weight register
- Workforce management system – electronic
- Wound care documentation

## **Observations**

The team observed the following:

- Activities in progress
- Administration of medication
- Equipment and supply storage areas
- Firefighting equipment, inspection tags and signage
- Handover processes
- Interactions between staff and residents
- Internal and external living and work environments
- Residents' noticeboard
- Short group observation
- Storage of medications

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

Carindale Lodge (the home) has a framework of multiple mechanisms to assist in the active pursuit of continuous improvement – the home's system works in tandem with the Approved Provider's organisational continuous improvement system. Improvement information is identified, implemented, monitored and evaluated through the audit program, various meetings, incident and hazard reports, comments and complaints process and maintenance requests. Feedback on improvements is communicated through meetings and via staff/resident memoranda, noticeboards, electronic mail and messaging. Residents, representatives and staff are satisfied improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- A web-based care management system commenced roll-out in February 2014 following an organisational review of clinical governance throughout the homes in the organisation. Management envisage the process will be completed within 18 months with intermittent review and updating of the system. To date, management and staff report the electronic system facilitates comprehensive data capture and recording; provides a timely reporting mechanism, and increases accountability of clinical care.
- Following the Manager commencing at the home, role-specific standardised interview and telephone reference check questions have been introduced. Since the introduction of this initiative the interview process has been standardised to ensure equity in the process, and increased clinical governance.
- An integrated short messaging service has been introduced when needing to replace staff on unplanned leave. Staff are able to receive notification of a shift vacancy and respond in a timely manner. Management and staff report that, since the introduction of this system six months ago, there is increased capacity for communication with more staff; improves efficiency of workforce management; facilitates equity in the opportunity for additional work hours, and ensures a full complement of staff each shift.

## 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 implemented systems to identify regulatory requirements and systems to manage compliance with relevant regulations. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks, key government departments and line managers. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. There are systems to monitor and ensure compliance; to notify residents and their representatives of the re-accreditation audit, and to ensure all relevant personnel have a current police certificate.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The home provides an education program for management and staff based on identified needs, legislative, organisational and advisory requirements. Rostering strategies, self-directed learning packages and organisational and external specialists are used to improve access to education and training opportunities. Staff have an obligation to attend mandatory education and their attendance is monitored by key personnel; measures are taken to action non-attendance at mandatory training. Management monitor the skills and knowledge of staff using audits, competency assessments and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations. Examples of information topics relevant to Standard 1 include Accreditation Standards, electronic record management, management of social media and continuous improvement.

## 1.4 Comments and complaints

*This expected outcome requires that “each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms”.*

### **Team’s findings**

The home meets this expected outcome

Information regarding internal and external complaints processes is provided in the resident handbook, the resident agreement and on display in the home. Residents/representatives are encouraged to make verbal complaints one-on-one with management and/or staff – there is also the option of completing a feedback form. Forms can be placed in the comments/suggestion box in the home or handed to staff. All general complaints are logged and outcomes monitored. Confidential complaints are actioned and monitored by the home’s Manager or Clinical Manager. Comments, compliments and complaints from residents, representatives and other interested parties are assimilated into the continuous improvement

system. Residents/representatives and staff are satisfied with the internal and external comments processes.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The home's mission, vision and values are documented and displayed in the home for residents/representatives and visitors. They are reflected in policies and procedures of human resource management and care, and underpin information provided at interview and induction, and in staff and resident handbooks.

### **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 recruitment and selection processes for employing staff which identifies their skills and qualifications. A process of orientation, ongoing education and training needs supports staff to acquire and/or maintain the skills and knowledge required to perform their roles effectively. Staff skills are monitored through performance reviews, competency assessments, and incident management, suggestions for improvement, and comments and complaints. Staffing hours are adjusted and reviewed in consultation with staff to meet resident needs. The home has processes for replacing staff on planned leave or unexpected staff absences. Residents/representatives are satisfied there are sufficient staff who understand their needs, and are responsive to their requests and care needs.

### **1.7 Inventory and equipment**

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

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

The home meets this expected outcome

Staff and residents/representatives are satisfied with the availability of goods and equipment at the home and that the equipment is well maintained. There are processes for the ordering of goods with quality checked on delivery. Stock is rotated and use-by-dates are monitored as appropriate. There are processes to monitor the condition of equipment and to repair or replace as required. New equipment is tested prior to purchase to ensure it is appropriate to the needs of the home and, if purchased, relevant training provided. Equipment is maintained according to the existing maintenance schedules or in response to a maintenance request from staff or residents/representatives

## **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

There are systems to enable staff and management to access sufficient and reliable information for appropriate decision-making. Policies, procedures and forms are reviewed regularly. Confidential information is stored securely on computer files or in locked cabinets/rooms, and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as a back-up system for computer records with access to residents' and staff records being restricted. Information necessary for staff to perform their roles is available and regular briefings, distribution lists, and electronic or paper message systems keep staff informed. Meetings are held regularly to support information sharing. Case conferences, satisfaction surveys and auditing processes monitor effectiveness; notice boards and personal communication opportunities are used to inform residents of daily activities. The archiving process is managed by administration staff with archived records stored securely off site; there is a file culling schedule with redundant files destroyed securely. Staff and residents/representatives are satisfied communication of information is timely and management regularly correspond with residents/representatives to seek their input into improving communication 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

Service agreements are established and managed by corporate office and outline the home's requirements on site and the quality of the service to be provided. Performance of external service providers is monitored and feedback is obtained from staff and residents or their representatives. External service providers are informed of the home's work health and safety processes and requirements. Staff have access to the contact details of key service providers if required after hours or in an emergency. Staff, residents/representatives are satisfied with the quality of external services provided.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

The home has a continuous improvement system in relation to residents' health and personal care. Refer to Expected outcome 1.1, Continuous improvement for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- An electronic medication system was introduced in October 2013 for all packed and unpacked medications and is designed to eventually link in with the electronic care management system in use. Registered staff and medication competent care staff have received training in the system. The system has been reviewed with amendments tailored to the home/residents' requirements. Management and staff report this initiative increases safety of medication administration; more timely identification of medication incidents, and is more responsive to pharmacy updates.
- A five week skin integrity trial was conducted during March-April 2014 following the occurrence of a “high number of wounds”. Specific regime and topical skin care products were involved as well as training provided in the products, their usage and skin integrity. As a result of the success of the trial, the skin products are on order and once received will be part of regular care provision. Management report (and trial data demonstrates) skin integrity is improved; increases resident comfort and health outcomes; is considered by the home as “best practice”; has financial benefits, and increases staff knowledge.
- The need for a registered nurse on the afternoon shift was identified due to increased resident acuity and resident and representative feedback – previously a registered nurse was providing coverage across both co-located homes. Since the introduction of the registered nurse on 3 March 2014, there has been increased clinical governance at the home; an increase in resident/representative satisfaction, and increased responsiveness to residents' needs.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for monitoring nursing and allied health practitioner registrations and systems for storage, checking and administration of medications in accordance with regulatory requirements.

Registered nurses assess, plan and evaluate resident medication and clinical care needs. Staff receive information and education on policy and procedures for unexplained absences of residents, and notifiable infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The home provides management and staff with a learning and development program to enable the maintenance and improvement of clinical skills. Education in clinical issues is derived from changing resident needs and through continual review of training needs. Staff are assisted to attend external tertiary education. Refer to Expected outcome 1.3, Education and staff development, for details on the home’s overall system. Examples of information topics relevant to Standard 2 include continence management, skin and wound care, pressure area care and medication competencies.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Residents’ clinical needs are assessed on entry to the home through interviews with residents and their representatives, assessment information and discharge summaries as provided. Interim care plans are formulated which guide staff practice until individualised care plans are established. Completion of identified assessment tools guide staff in the development of care plans. Registered staff review care plans every three months following input from staff across all shifts. Care staff are knowledgeable of individualised resident requirements, and their knowledge is consistent with care plans. Information relating to residents’ health status is discussed at shift handover and recorded in progress notes.

Incident reports are created following interruptions to the delivery of clinical care. Incident reports are reviewed by registered staff initially and sent electronically to the home’s Clinical

Manager for further review. Incident reports remain active until resolution. Reassessment occurs if indicated; changes are actioned, and care plans are amended as required.

Residents are satisfied with the clinical care provided by staff.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to support the specialised nursing care needs of residents. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, wound management, oxygen therapy and pain management. Registered staff assess the initial and ongoing specialised nursing care needs, and establish residents’ preferences. Care plans and management plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered nurses are onsite or available 24 hours a day, and oversee and assess specific care requirements. Residents are satisfied with the quality of care provided at the home and the support received with specialised care needs.

## **2.6 Other health and related services**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to support referral to other health and related services where residents’ health needs dictate. Residents’ needs and preferences are assessed on entry to the home and on an ongoing basis. Residents are supported and encouraged to access other health professionals and health services including podiatry, dietetics, audiology, optometry, physiotherapy, pathology, psychology, palliative care, speech pathology and dental services. Some services are provided on site and assistance for residents to attend external appointments is facilitated when necessary. Specialists’ reports are received, information is documented in progress notes and changes are made to care plans and care guidelines as required. Residents are satisfied with the range of and access to allied health specialists.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ medication needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and individually dispensed items for medications that are unable to be packed. Registered staff administer medications and care



staff who have completed competencies assist residents with their medication. Policies and procedures guide staff in ensuring residents' medication is managed safely and correctly.

Medications are stored securely and records of controlled medication are maintained. Those medications required to be stored at specific temperatures are stored within refrigerated confines and are generally monitored for appropriate storage temperatures. Medication incidents capture information related to medication errors and staff practice is reviewed following incidents. Medication charts contain information to guide staff in the administration or assistance required when administering medication to residents. Residents indicated they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

The pain management needs of residents are identified through initial assessments on entry to the home using focus tools with provisions for non-verbal assessments as required. Pain strategies are implemented as required and include medication, massage, heat packs, gentle exercise and pressure relieving devices. Medication measures include regular prescribed oral pain relief and patches. The use of pain relief is monitored for effectiveness and 'as required' pain relief is recorded and monitored for frequency of use. Pain management strategies are reviewed regularly, and as required, to ensure the interventions for pain are current and changes are communicated to staff as required. Residents are as free from pain as possible and are satisfied with the care they receive to minimise pain.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

Palliative care strategies and wishes are discussed with residents/representatives on entry to the home or at a time which is suitable. Information such as enduring power of attorney and advance health directives are located in the resident records if required. The home is supported by local palliative care services as required. Specific care instructions are communicated to staff using care planning guidelines, end of life pathways, handover processes and progress notes. Staff have access to palliative care resources such as specialised bedding, syringe drivers, mouth care products and pain relief to ensure appropriate care provision. Residents' families are encouraged and supported to stay at the home during the palliation phase. Staff are aware of the care needs and measures to provide comfort and dignity for terminally ill residents.

## 2.10 Nutrition and hydration

*This expected outcome requires that “residents receive adequate nourishment and hydration”.*

### **Team’s findings**

The home meets this expected outcome

Residents’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected in care plans and dietary profiles to guide staff practice. Residents’ dietary requirements are reviewed regularly and as required. Catering staff are alerted to changes in resident diets and fluid requirements. Residents are weighed in accordance with their individual requirements and changes in weight are monitored by the registered staff to support changes in diet, implementation of supplements and/or referral to the Dietitian and Speech Therapist if required. Strategies implemented to assist residents to maintain adequate nourishment and hydration include assistance with meals, specialised cutlery and dietary supplements. Residents generally receive nutritional supplements as directed.

Residents are satisfied with the quantity of food and fluid received.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Residents’ skin integrity is assessed on entry to the home and planned interventions are included in the residents’ care plan to guide staff practice. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate, including moisturisers, pressure relieving mattresses and assistance with personal hygiene. Skin care needs are reviewed during hygiene routines, reassessed regularly and changes communicated in wound documentation, care plans and progress notes. Wound care is managed by registered staff and is delivered in accordance with directives. Staff have an understanding of factors associated with risks to residents’ skin integrity. The incidence of injury/skin tears is captured on incident reports and interventions are implemented as appropriate. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents are satisfied with the management of their skin integrity.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Residents’ continence needs are assessed on entry to the home and on an ongoing basis. Residents’ continence programs are assessed and developed by the registered staff in consultation with care staff trained in continence management. Care plans direct staff practice and ensure individual resident’s preferences are met. Staff have an understanding of

continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months.

Individualised bowel management programs are developed and include medication and other natural methods. Residents are satisfied with the assistance by staff to maintain their continence.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

Residents are assessed on entry to the home and actual or potential indicators for challenging behaviours are identified. Staff monitor and chart challenging behaviour to enable assessment by the registered staff and the development of care plans that identify risks, triggers and the effectiveness of interventions. Staff are knowledgeable of individual resident needs and risks. Staff support residents in maintaining their abilities and interests as well as providing distraction and one-on-one support when they are unsettled. The effectiveness of strategies used by various staff members to assist residents with challenging behaviours is discussed during handover processes and communicated in progress notes.

Residents are satisfied with the way challenging behaviours are managed; staff are discreet and supportive in their interventions.

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

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ mobility, transfer and dexterity needs and falls risks are identified on entry to the home. Referral to physiotherapy services occurs following entry to the home and when there are identified issues relating to mobility. Care plans are developed and reviewed regularly and as required. Staff provide assistance to residents with exercise and range of movement activities. Mobility aids such as hoists, wheelchairs and wheeled walkers are provided if required. Incident forms are utilised to record the incidence of falls and actions are taken to reduce the risk of further falls, for example the provision of walking aids. Staff are provided with mandatory training in manual handling techniques. Residents are satisfied with the assistance provided to maintain mobility and maximise independence.

## **2.15 Oral and dental care**

*This expected outcome requires that “residents’ oral and dental health is maintained”.*

### **Team’s findings**

The home meets this expected outcome

Residents’ oral and dental care needs are assessed on entry to the home and care strategies are developed including consideration for resident preferences. The level of assistance required maintaining oral and dental hygiene is determined and this information is included in the residents’ care plan to guide staff practice. The effectiveness of care plans are reviewed regularly and as care needs change. Dental services are provided onsite or residents are assisted to attend their preferred dental service. Resources such as mouth care products are utilised to meet residents’ oral hygiene needs. Residents are satisfied with the assistance given by staff to maintain oral and dental health.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Residents’ care needs in relation to senses such as hearing, vision, speech and communication are assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies address identified needs and personal preferences including reference to the use of assistive devices. Residents identified with impaired sensory function have specific care planning guidelines to assist staff in their daily care. The lifestyle program includes activities to stimulate residents’ senses such as cooking. Audiology and optometry specialists are accessed as required to identify and address identified concerns and/or provide ongoing management. The environment at the home supports the needs of residents with sensory loss by the use of specific storage areas. Staff assist residents to clean and fit sensory aids. Residents are satisfied with the care and support offered to minimise the impact of any sensory loss.

## **2.17 Sleep**

*This expected outcome requires that “residents are able to achieve natural sleep patterns”.*

### **Team’s findings**

The home meets this expected outcome

Residents’ preferred sleep and rest patterns are identified on entry to the home. Focus tools are utilised by staff to monitor sleep patterns and triggers for sleep disturbances such as pain or toileting needs are identified. This information is recorded on care plans to guide staff practice. Staff at the home maintain a quiet environment to assist residents to settle and remain asleep. Resident’s medical officers are consulted if interventions are considered to be ineffective. Residents are satisfied with the interventions by staff to assist them to achieve their desired sleep and rest patterns.

## Standard 3 – Resident lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The home has a continuous improvement system in relation to residents’ lifestyle. Refer to Expected outcome 1.1, Continuous improvement for details on the home’s overall system.

Examples of recent improvements relating to resident lifestyle include, but are not limited to:

- The Manager identified the meal announcement over the public address system provided an opportunity for improvement, and that “most staff are uncomfortable with public speaking”. A script was developed for use when inviting residents to the dining room for meals with the breakfast time announcement including the day of the week and date. This initiative has been added to staff orientation; a message generated on the electronic workforce management system, and is monitored by the Manager. The Manager and residents report the announcement script provides for a more dignified style of announcement, and provides an opportunity to orientate residents to the current date and day.
- The resident noticeboard has been moved from the downstairs activity room to a centralised position by the lift. It now includes day and date information and the name of the registered nurse on duty. This has improved communication through improved access, and provides a daily orientation resource for residents.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to resident lifestyle. Residents and/or their representatives are provided with a resident agreement and resident information pack, including a handbook. The resident information resources detail information relating to resident security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and residents’ rights. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

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

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

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

The home meets this expected outcome

The Lifestyle Coordinator, volunteers and care staff support residents in relation to their leisure and lifestyle needs. Education in leisure and lifestyle issues is derived from changing resident needs and through review of training needs. Staff are assisted to attend external education and are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system. Examples of information topics relevant to Standard 3 include advocacy services, elder abuse and mandatory reporting, and resident privacy.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home has processes to ensure residents are supported in adjusting to their new home and on an ongoing basis. Residents are provided with information about available services prior to entry as well as orientation to the home and their room on entry. Care plans are developed with strategies to assist residents emotionally such as one-on-one visits and activities to assist with adjustment to the home. The maintenance of social, cultural and community links is encouraged by the home as is the inclusion of items of personal significance in residents' rooms. Ongoing emotional support needs are monitored through staff interactions with residents, care plan reviews and surveys. Residents are satisfied with the support received from staff during their settling in period and with the ongoing support provided by staff and management.

### **3.5 Independence**

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

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

The home meets this expected outcome

Residents are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. Assessment processes identify residents' previous interests and lifestyle as well as their current interests and abilities. The information assists with development of care plans that maximise individual resident's opportunities to maintain independence. The home's lifestyle options offer a range of activities designed to maximise residents' physical strength and independence and include exercises and outings to local shops and banks. Residents are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Care outcomes are monitored through resident/representative feedback, observation and regular care plan

evaluation. Residents are satisfied with the support and encouragement given by staff to enable them to remain as independent as possible.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home maintains a supportive environment that protects residents' privacy and dignity. Entry processes provide residents with information about their rights, including their right to privacy; staff are informed of their responsibility to respect residents' privacy and dignity and to maintain confidentiality regarding aspects of residents' care requirements and personal information. Established administrative processes protect residents' personal information.

Staff are knowledgeable and demonstrate respect for residents' privacy and dignity and individual preferences while providing care and services. Outcomes of care are monitored through resident feedback, audits and observation of staff practice. Residents are satisfied staff are respectful of their privacy and dignity when caring for them.

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

*This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

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

The home meets this expected outcome

The home offers residents lifestyle options that incorporates a range of interests and activities. Social and nursing care assessments are completed for each resident, capturing information that assists with determining residents' individual participation levels. The home offers one-on-one options (including listening to music and reminiscing) for residents who choose not to be involved in group activities. Group activities are designed around residents' preferences and suggestions and are held throughout the day following resident requests.

Care staff facilitate activities following the support and assistance by the Lifestyle Coordinator. Resident participation is monitored through entries in activity records and feedback gained through individual discussions and meeting forums. Residents are assisted to participate in activities of choice and are satisfied with the lifestyle options offered at the home.

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

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

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

The home meets this expected outcome

Residents' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. Religious services are held weekly and residents are assisted and encouraged to attend services as desired. Celebrations are held to mark days of cultural and

religious significance, with the catering service provider able to provide special meals on these occasions. Staff are aware of resident's individual spiritual needs and beliefs.

Residents' cultural and spiritual needs are monitored through resident/representative feedback and survey processes. Residents are satisfied their cultural and spiritual needs and preferences are respected and supported.

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

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

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

The home meets this expected outcome

Residents are provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Residents and their representatives are encouraged to be actively involved in these activities. Residents' choices are identified through initial and ongoing assessment processes, surveys, comments and complaints processes and daily contact between staff and residents. Staff respect and accommodate residents' choices, encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to attend/contribute to resident activities.

Registered staff assess individual resident choices against risk indicators and the rights of other residents. Opportunities for residents to exercise their decision making rights are monitored through care plan evaluations, resident feedback and surveys. Residents are satisfied with choices offered in matters relating to the care and services they receive.

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

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

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

The home meets this expected outcome

Management demonstrate residents have secure tenure within the home and understand their rights and responsibilities. On entry to the home residents are provided with information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Residential care agreements are offered to all residents and include details regarding security of tenure and care and services provided. Residents and/or representatives are consulted where changes may require a move within the home or to another home. Staff are informed of resident rights through orientation and ongoing training with resident satisfaction monitored through surveys and feedback. Residents are satisfied they have appropriate access to information regarding their rights and feel secure in their tenure.



## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1, Continuous improvement for details on the home’s overall system.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- In response to the amount of unclaimed laundered personal items and “missing” clothing and manchester items, a Hospitality Service manager is on site to manage the process as all items are laundered off site. An imprest system has been introduced and an “emergency supply of linen” is now held to ensure continuity of supply of towels, sheets, blankets and table cloths. With the Hospitality Service manager on site, this enables a reduction in missing and unclaimed laundry, and ensures adequate supply of manchester items available to staff.
- An electronic maintenance system was introduced in March 2014 and during the roll-out period is running concurrently with the paper-based system. Staff report a maintenance log can be generated while using the electronic clinical system, and staff have received training to promote and support its use. The online system provides for a timely response to a maintenance request; ensures preventative maintenance attended to in a timely manner; enables trends to be identified and analysed, and enables work planning to be modified in response to identified needs.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has an audited food safety program, and has systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

### **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

Management generally has systems to monitor and enhance the skills and knowledge of staff in relation to the physical environment and safe systems. In conjunction with the mandatory safety education program, staff are afforded the opportunity to attend in-service and external courses or information sessions conducted by specialist educators. The mandatory training sessions include food safety, fire and disasters, chemicals, workplace health and safety, and infection control. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

### **4.4 Living environment**

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".*

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

The home meets this expected outcome

The home is co-located on a sloping suburban block with a residential home for people with higher support needs. Residents are accommodated on one level in single en-suited rooms – there is an activity room underneath which is accessed via a lift. The living environment and resident safety and comfort needs are assessed and reviewed through regular staff meetings, audits, incident and hazard reports, and the maintenance program and staff observation. The environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for residents' needs.

Handrails are in place throughout the home and concrete walkways facilitate resident mobility outside. The external environment consists of outdoor areas/patios with garden furniture. Maintenance is managed by the Maintenance Manager. The maintenance team implements the reactive and preventative maintenance programs on buildings, grounds, infrastructure and equipment, and maintains the gardens. The home minimises the use of restraints – if utilised for the safety of residents, appropriate authorisation and monitoring is undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken by staff and staff have access to emergency telephone numbers in the event of a security breach. Residents/representatives are satisfied with the maintenance, safety and comfort of residents' living environment.

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

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

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

The home meets this expected outcome

Management of the home have implemented a safety system to meet regulatory requirements. The home's safety system is coordinated currently by an organisational work health and safety

practitioner with expressions of interest called for an on-site work health and safety practitioner. Processes enable notification and control of hazards; managing exposure to risks; reporting and investigation of staff incidents; management of chemicals; regular safety and environmental audits, and the rehabilitation of injured staff to support their return to work. Staff receive education on their responsibilities in relation to work health and safety in a safe working environment.

#### **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

There are processes to identify and minimise risks associated with fire, security and other emergencies through regular fire system inspections and auditing of the environment as well as practices. Emergency and evacuation procedures are documented and available to guide staff practice along with a resident evacuation list which is updated when there is an entry or overnight exit (temporary or permanent) of a resident. A preventative maintenance program for fire systems, equipment and signage are completed by an external provider. A role is designated to being the fire warden on site. Environmental and maintenance audits are conducted to monitor emergency systems and equipment and deficiencies are actioned accordingly. Evacuation diagrams are located across the site and exits are clear of obstructions. All staff participate at orientation and annually thereafter in a mandatory education program which includes evacuation training in response to fire and other emergencies, and are made aware of lock up procedures for security. Staff have access to an emergency response plan and to resources specifically for use during a severe weather event or power outage. Residents are informed of the fire, security and emergency procedures. There are procedures to ensure night time security of residents and staff.

#### **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 infection control program that monitors the incidence of infections experienced by residents in the home. The program is managed by clinical staff and is based on best practice infection control guidelines. The home has processes to identify infection symptoms, to refer residents to medical officers for review and to monitor treatment strategies for effectiveness. Infection data is collected, collated and analysed for trends.

Residents and staff are supported and encouraged with influenza immunisation. Procedures are available to guide management and staff in the event of an infection outbreak. Staff are trained in infection control including hand washing, cleaning, safe food handling and effective laundry practices. There are processes to manage pests and to minimise risks of cross infection.

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

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

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

The home meets this expected outcome

Residents/representatives are generally satisfied with the standard of the catering, cleaning and laundry services provided by the home. Residents' dietary needs are assessed and along with their allergies, likes, dislikes and preferences are recorded. Catering services are operated by an external contractor according to the home's food safety plan. A four week rotating seasonal menu is planned with dietetic consultation prior to implementation. Meal alternatives are provided; special items are made for individual residents on request, and specific food, drinks and snacks are provided. Laundry services are provided off site using specialised equipment and practices to minimise risk of cross infection. Cleaning services are carried out by trained staff using appropriate cleaning and waste disposal practices and according to schedules suitable to residents. Staff complete work and cleaning schedules to ensure duties are carried out as required. General services are monitored by the home and contractor via regular, random and targeted audits, observation of staff practice and through resident feedback in meetings, surveys and complaints mechanisms.