



**Australian Government**

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**Australian Aged Care Quality Agency**

**Dr E A F McDonald Nursing Home**

RACS ID 5448  
Beale Street  
OAKLEY QLD 4401

**Approved provider: Queensland Health**

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 07 June 2018.

We made our decision on 30 April 2015.

The audit was conducted on 24 March 2015 to 25 March 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

<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**

**Dr E A F McDonald Nursing Home 5448**

**Approved provider: Queensland Health**

### **Introduction**

This is the report of a re-accreditation audit from 24 March 2015 to 25 March 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 24 March 2015 to 25 March 2015.

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

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

## Assessment team

<b>Team leader:</b>	Desma-Ann van Rosendal
<b>Team member/s:</b>	Louize Fulton

## Approved provider details

<b>Approved provider:</b>	Queensland Health
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## Details of home

<b>Name of home:</b>	Dr E A F McDonald Nursing Home
<b>RACS ID:</b>	5448

<b>Total number of allocated places:</b>	71
<b>Number of care recipients during audit:</b>	68
<b>Number of care recipients receiving high care during audit:</b>	68
<b>Special needs catered for:</b>	Residents living with dementia related conditions

<b>Street/PO Box:</b>	Beale Street
<b>City/Town:</b>	OAKEY
<b>State:</b>	QLD
<b>Postcode:</b>	4401
<b>Phone number:</b>	07 4691 4888
<b>Facsimile:</b>	07 4691 4833
<b>E-mail address:</b>	<a href="mailto:Matthew_Boyd@health.qld.gov.au">Matthew_Boyd@health.qld.gov.au</a>

## Audit trail

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

### Interviews

Category	Number
Acting Director of Nursing	1
Education Manager	1
Acting Nurse Manager	1
Officer Manager	1
Manager Operational Services	1
Clinical nurse consultants	2
Infection control representative	1
Registered nursing staff	3
Care staff	6
Wardsman	1
Work health and safety representative	1
Care recipients/representatives	10
Volunteers	3
Manager Operational Services	1
Building and Engineering Maintenance Services Manager	1
Recreation Officer	1
Recreation assistants	2
Occupational Health and Safety/Fire Safety Coordinator	1
Operational services officers	4
Head Cook	1
Cook/kitchen hand	1
Acting Quality Officer	1

## Sampled documents

Category	Number
Care recipients' files	7
Summary/quick reference care plans	7
Medication charts	12
Personnel files	2

## Other documents reviewed

The team also reviewed:

- Audits and reports
- Cleaning schedules
- Clinical incident management system
- Clinical monitoring charts
- Comments and complaints register
- Communication books, appointment diaries and electronic correspondence
- Controlled drug registers
- Criminal history checking system
- External service agreements
- Fire and evacuation plan
- Fire safety inspection, testing and maintenance records
- Flow charts
- Food safety plan and external food auditor's report
- Food temperature monitoring records
- Incident/hazard reports and analysis
- Infection control surveillance forms
- Lifestyle documentation, activity evaluations and calendars
- Maintenance request logs
- Mandatory and role specific training records and competency assessments
- Mandatory reporting register



- Meeting minutes
- Memoranda
- Newsletter
- Occupier's statement
- Performance appraisal development agreements
- Pest control records
- Plan for continuous improvement
- Policies and procedures
- Preventive maintenance schedule
- Purchase requisition system
- Quality improvement activity reports
- Recreation officer reports
- Refrigerator, freezer and dishwasher temperature monitoring records
- Resident agreement
- Resident behaviour management reviews
- Resident information handbook
- Resident satisfaction surveys
- Residential care agreement
- Restraint authorisations
- Risk assessments and risk register
- Roster, allocation sheet and leave planner
- Safety data sheets
- Self-assessment
- Specialist referrals and associated correspondence
- Staff signature register
- Work guidelines
- Wound assessment, management plans and evaluation records

## Observations

The team observed the following:

- 'Feedback' box and feedback forms
- Accreditation information on display
- Activities in progress
- Charter of Residents' rights and responsibilities on display
- Cleaner's trolley and colour coded cleaning equipment
- Emergency evacuation diagrams and assembly areas
- External complaints and advocacy brochures and posters
- Fire blankets, hydrants, booster pumps, extinguishers, and sprinkler system
- Fire panel
- Hand hygiene facilities
- Handover processes
- Individual resident dietary preference/needs whiteboard
- Internal and external living environment
- Meal and beverage service
- Notice boards and notices on display
- Personal protective equipment in use
- Philosophy statement on display
- Sharps and waste disposal
- Short group observation
- Staff interaction with care recipients and representatives
- Staff practices and equipment in use
- Storage and administration of medications
- Visitors/contractors sign in/out book

## 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

The home actively pursues continuous improvement by seeking feedback from staff, residents and representatives through consumer feedback forms, meetings, surveys and an open-door policy with management. The home reviews its processes across the four Standards through internal audits and results are benchmarked. Opportunities for improvement and solutions are discussed at staff and resident forums and improvement opportunities and objectives are captured on a continuous improvement action plan.

Resident, staff and clinical data is collected and reviewed on a regular basis through the clinical incident management system and discussed at relevant meetings. Residents and staff indicated that management are responsive to suggestions for improvement.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 management systems, staff and organisational development include:

- The shift handover process has recently been changed from a 'hospital' system whereby staff discuss each resident's clinical status in front of other residents in shared rooms, to a new system in which clinical handover occurs between staff in a private space such as the treatment room. Staff report this new process ensures resident privacy and confidentiality is maintained during handover.
- It was identified through an external audit that nurse follow-up was not occurring after staff made progress note entries and vital information was difficult to locate in an emergency. A project was subsequently undertaken by the home's leadership team to streamline the filing system. As a result, the older style manila folders have recently been replaced with a hard cover lever arch folder for each individual resident. A clear photograph of the resident is fixed on the spine of the folder with their name as well as drug alerts and resuscitation alerts, as appropriate. The contents are divided into relevant sections and coloured stickers are used in the progress notes to alert staff about 'as required' medication and behavioural incidents. A lockable metal cupboard has been purchased to house the new folders in the nurses' station in both East and West Wing and a new system has been implemented whereby placing a folder on the top shelf alerts senior staff of the need for follow-up action for that resident. Management said the new system is working well.

## 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

Queensland Health has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The home receives regular updates of legislative and regulatory requirements from the Darling Downs Hospital and Health Service (DDHS) via email and at senior staff meetings. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Management has developed a range of systems to ensure compliance including mandatory training, procedures to guide staff, checklists to ensure designated tasks are completed and registers to monitor the currency of qualifications and certificates. Management are aware of the regulatory responsibilities in relation to police certificates and has systems in place 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

Management ensure staff have the required knowledge and skills to perform their roles effectively through recruitment procedures, job specific orientation and work guidelines in each area. Orientation occurs on the first day of employment and new staff are accompanied on ‘buddy’ shifts. The home supports ongoing education for all staff and the ongoing skills and knowledge needs of staff are monitored through performance appraisals, audits and staff and resident feedback. Staff attend annual mandatory training including manual handling, fire safety, infection control and mandatory reporting. Management coordinate in-house education sessions and staff have access to televised educational programs relevant to the four Aged Care Standards.

In relation to Standard 1 Management systems, staffing and organisational development, staff have recently attended education sessions on ‘Code of conduct’ and documentation.

## 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 a comments and complaints system that captures comments, suggestions and complaints from residents, staff and other interested parties. Information relating to internal and external complaint mechanisms is provided through the residents’ information package on

admission, resident handbook, discussions at resident meetings and in brochures/posters displayed at the home. Consumer feedback forms used for written complaints/suggestions are readily available and management has an open door policy for those wishing to use a less formal approach. Comments and complaints are considered and acted on according to the home's complaint management policy and procedures. Residents/representatives and staff are aware of the comments and complaints processes and indicated they are able to raise issues and concerns with management if/when required.

## **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 vision, purpose and values statements reflect those of the Darling Downs Hospital and Health Service and are documented in the resident handbook and the staff orientation booklet and work instructions.

## **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's staffing levels and skill mixes are determined by management in accordance with residents' current care needs, their health and well-being status and operational needs of support and administrative services. The home follows Queensland Health policy and procedures for recruitment and selection. New staff are assigned to 'buddy' shifts and printed duties lists are available to guide staff. Management has mechanisms to ensure coverage for all shifts and a registered nurse is rostered on site or on call at all times. Management obtain feedback from residents/representatives and staff to monitor sufficiency of staffing across the service types. Staff indicated that under normal circumstances they have sufficient time to complete their required duties. Residents confirmed they are satisfied with the responsiveness of staff and adequacy of care and services.

## **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 has processes in place to ensure that suitable goods and equipment appropriate for the delivery of services are available to meet residents' needs. Key staff from each area submit regular orders to ensure stock is maintained within preferred limits and according to budget. Food supplies, cleaning products and continence aids are obtained through preferred

external suppliers and inventory and equipment is stored appropriately to ensure accessibility and prevent damage. A preventive maintenance program ensures equipment is serviced on a regular basis and requirements for additional or replacement equipment are identified through staff feedback and resident care needs. Staff demonstrated that quality service delivery is maintained in relation to routine and specialised health and personal care, resident lifestyle, catering, housekeeping, cleaning and resident and staff safety. Residents and staff reported that the home provides sufficient and appropriate goods and equipment to meet their needs.

## **1.8 Information systems**

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

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

The home meets this expected outcome

The home has established processes to identify and record key information and changes to resident care, quality improvement, administration, financial, human resource and maintenance. The organisation's intranet system provides management and staff access to current information on the processes and general activities and events of the home via internal email, memos and meetings for staff and there are newsletters for residents/representatives and staff. The home maintains electronic and paper based records, information is securely stored, access to information is based on designation and computer based information is password protected. Monitoring of the information management system occurs through internal auditing processes and staff feedback. Communication processes between staff are effective in ensuring that they receive information relevant to their role.

Staff and management analyse a range of clinical and management data and this information is discussed at meetings. The home is guided by organisational policies and procedures to guide staff practice. Residents and staff are satisfied that information is communicated effectively either verbally or in writing.

## **1.9 External services**

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

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

The home meets this expected outcome

The home identifies external service requirements based upon resident, operational and legislative requirements. The organisation has a register of external suppliers and there are contracts in place for the supply of products and services including chemicals, continence aids, pharmacy, pest control, plumbing, electrical, food and fire safety. The home obtains staff and resident feedback and uses internal auditing processes to monitor the performance of external service providers. Management liaise with external providers to address any dissatisfaction with services or supply of stock. Residents and staff expressed satisfaction with the quality of services provided by external service providers.

## 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 system and processes.

In relation to Standard 2 Health and personal care, the home collects and analyses information about resident incidents and other clinical data to identify opportunities for improvement.

Examples of recent improvements related to Standard 2 Health and personal care include:

- An internal audit identified that 'discard by' dates and/or 'date opened' were inconsistently recorded on medications including bottles of eye-drops and tubes of medicated creams. In response the home has recently implemented a new system whereby a label is affixed to the bottle or tube and staff record the 'date opened' and/or 'discard by' date as appropriate. We observed the new system to be working well.
- Following incidents in which some male residents experienced difficulty in locating the exact position of the toilet seat, research by staff at the home identified that a solid colour such as dark blue against a white background is more easily identifiable for residents with dementia or dementia-related conditions. The home's bathrooms are white and a trial of the use of dark blue toilet seats in one bathroom of the home's secure unit proved successful. Subsequently, the home installed dark blue toilet seats in all bathrooms throughout the home. Management said that residents have provided positive feedback about the new seats and staff report improved hygiene for the bathrooms.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory Compliance for information about the home's regulatory compliance systems.

In relation to Standard 2 Health and personal care, the home demonstrated that specified care and services are provided as per the *Quality of Care Principles 2014*, and it meets the various laws and guidelines, which govern medication management practices. The home has a system

to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absences of care recipients is monitored and maintained.

### **2.3 Education and staff development**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about management and staff knowledge and skills.

In relation to Standard 2 Health and personal care, staff have recently attended education sessions on schizophrenia, cerebrovascular disease, insulin therapy and recognising and managing sleep disorders.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

There are systems and processes to assess residents’ care needs on entry to the home and on an ongoing basis. Registered nurses (RNs) develop care plans utilising information gathered from assessments and residents/representatives’ input with evaluation undertaken three monthly or as required. Daily care needs are evaluated, monitored and reviewed by the Clinical Nurse Consultants (CNCs) and RNs through the handover process, review of progress notes and clinical incident data with changes communicated to staff and care plan adjustments made as required. Communication and referral between external and allied health professionals for residents’ care needs is appropriate and timely. Staff demonstrate an understanding of individual resident care needs and preferences and are satisfied with the communication processes utilised to inform them of resident clinical care changes. Residents are satisfied the clinical care they receive is appropriate to their needs and preferences.

### **2.5 Specialised nursing care needs**

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

#### **Team’s findings**

The home meets this expected outcome

Residents’ specialised nursing care needs are identified through assessment and care planning processes conducted on entry to the home and as required. Registered staff support the CNCs in the provision of specialised nursing care and assistance is sought from specialist health services as required. Specialised care services currently being provided include blood glucose monitoring and diabetes management, management of complex wounds, oxygen therapy, catheter care and warfarin management. Ongoing monitoring of care needs is generally conducted through observation, discussion with residents, review of residents’ records and feedback from staff and health professionals. Visiting medical officers, allied



health practitioners and specialist services are contacted if additional support is required for individual residents. Residents who receive specialised nursing care are satisfied with the care they receive.

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

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

### **Team’s findings**

The home meets this expected outcome

Residents’ allied health needs are identified on entry to the home and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home including physiotherapy, occupational therapy, podiatry, dietetics, speech pathology and dementia specialists with regular assessments undertaken for individual residents as required. Registered staff initiate referral for medical and allied health reviews. The outcome of the referrals are documented appropriately and retained in residents’ records. Staff demonstrate an understanding of the circumstances to refer residents for re- assessment by other health specialists and are aware of the referral process. Residents are referred to appropriate health specialists in accordance with their needs and preferences.

## **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

The home has systems and processes to identify residents’ initial and ongoing medication management needs. Residents’ medications are administered from their original packaging. Registered staff assist residents to take their regular medications whilst registered nurses administer ‘as required’ medications as ordered by the medical officer. Registered staff are responsible for the ordering of unpacked medications and notifying pharmacy of changes to residents’ medications. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Resident medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Residents are satisfied their 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

Residents with pain are identified on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as use of heat packs, soft tissue massage and exercise/movements are implemented for residents to ensure they remain as free as possible

from pain. Staff outlined pain management strategies for individual residents. Progress note entries show that action is taken in response to residents' reports of pain. The effectiveness of pain management strategies is evaluated. Residents are satisfied with the way their pain is managed.

## **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

Residents' end of life requests are collected in consultation with the resident and their representatives when appropriate. Copies of information such as enduring power of attorney and advance health directives are located in residents' records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. A volunteer (pastoral care) and representatives from local churches provide pastoral care support to the resident/representative as requested. Care plans are developed in consultation with residents/representatives and form part of the resident's pain management interventions. Residents/representatives are satisfied staff are caring and respectful of their wishes and preferences in ensuring residents' care needs are met.

## **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

Residents' nutrition and hydration needs including likes, dislikes, cultural requirements, allergies and assistive equipment devices required are identified on entry to the home through the completion of a dietary assessment. The information gathered is used to develop the resident's dietary care plan and inform the kitchen, to ensure appropriate meals are provided to all residents. Residents are weighed on entry then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist residents to maintain adequate nourishment include the provision of texture-modified diets, dietary supplements and referral to a dietitian and/or speech pathologist as required. Residents are satisfied with the quality and sufficiency of food and fluids provided.

## **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

Residents' skin integrity needs are assessed on entry to the home and on an ongoing basis. Care plans are developed to guide staff practice and staff receive education in promoting

healthy skin using moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines, reassessed every three months and changes are communicated in daily handover sessions, care plans and progress notes. Registered staff manage wound care and the home receives support from an external wound specialist if required. The home has sufficient supplies of wound and skin care products to ensure effective skin care management when required. Residents are satisfied with the skin care provided.

## **2.12 Continence management**

*This expected outcome requires that “care recipients’ 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. Care plans guide staff practice and ensure individual residents’ preferences are met.

Education is provided and networks with continence care services support the implementation of continence care strategies. 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 and as required.

Changes to continence regimes are communicated to staff through the communication book, during handovers, in records of continence aid use and progress notes. Residents reported staff support their privacy when providing continence care and are satisfied with the care they receive in relation to continence management.

## **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

Residents with challenging behaviours are assessed on entry to the home and care plans are developed in consultation with the resident (if appropriate), their representative/s and health professionals when necessary. Ongoing monitoring of the resident occurs with care plan evaluation and amendment undertaken when resident needs change and/or at the scheduled three monthly reviews. The home has processes to consult with residents/representatives and their medical officer should the use of a restraint as an intervention be considered and are able to consult with external mental health services if required. Staff are aware of interventions to manage residents with challenging behaviours. Residents/representatives are satisfied with the way challenging behaviours are managed.

## **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

Processes including initial and ongoing assessments by the physiotherapist and registered staff identify individual residents’ specific mobility, transfer and therapy needs. Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Following assessment by the physiotherapist, residents are assisted to trial and select mobility aids appropriate to their needs; care staff initiate passive exercises with residents during daily care routines and facilitate individual exercise programs in conjunction with the physiotherapist. Care outcomes are monitored through regular care plan evaluations, investigation and analysis of resident falls and resident feedback. Residents are satisfied with the level of support and assistance provided to maintain optimum levels of mobility and dexterity.

## **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

Residents’ dental history is assessed on entry to the home, including determining their preferences relating to management of their oral care. Care plans are developed to guide staff practice and effectiveness of care is reviewed every three months or as care needs change. Referral to dental services occurs and assistance is provided to access services when required. Resources such as mouth care products are available to meet residents’ oral hygiene needs. Amendments to care are communicated through handover sessions, progress notes and care plans. Residents are satisfied with the assistance given by staff to maintain their oral and dental health.

## **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

Residents’ care needs in relation to senses is assessed on entry to the home and when care needs change. Care plans are developed to guide staff practice; strategies are in place to address identified needs and personal preferences. Care staff assist residents as required, including the removal and management of aids. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in consultation with the resident/representative and medical officer. Staff are educated on individual care requirements and the maintenance of sensory aids and demonstrated awareness of environmental controls required to support residents with sensory impairment. Residents with sensory impairment are satisfied with the care assistance provided by staff.

## 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

Initial and ongoing assessment processes identify residents’ sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help residents achieve and maintain natural sleep. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Ongoing assessment, planning and evaluation processes and resident feedback monitor the effectiveness of care interventions. Staff are aware of individual resident’s sleep/rest patterns and personal routines and provide additional support for residents with disturbed sleep. Residents report they are able to achieve sufficient rest 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 system and processes.

In relation to Standard 3 Care recipient lifestyle, resident surveys, meetings, suggestions and feedback are used to identify opportunities for improvement. Residents and their representatives are supported and encouraged to provide feedback.

Examples of recent improvements related to Standard 3 Care recipient lifestyle include:

- A survey identified that leisure and lifestyle activities cater mainly for women despite the relatively high number of male residents at the home. Following the suggestion of a resident, the home has recently commenced a regular barbeque for men only. The event is held in the outdoor gazebo area and residents are joined by members of an older men’s network. Management said that the residents who gain satisfaction from meeting other fellows and sharing a drink with ‘mates’ enjoy the event.
- As a result of damage by flood waters the garden area at the front of the home required re-establishment. In consultation with residents, management liaised with local community groups, high school children and local businesses who donated funds, materials and labour to recreate garden beds, paths and paved areas. Two raised garden beds have also been established as part of the project and management said the residents who tend the garden beds find the activity meaningful and purposeful. Residents we interviewed expressed satisfaction with the garden renovations and said they enjoy going for walks/outings along the paths.

### **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 regulatory compliance systems.

In relation to Standard 3 Care recipient lifestyle, management and staff are aware of their responsibilities with regard to reportable assaults, privacy, security of tenure and residents’ rights and responsibilities.

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

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

#### ***Team’s findings***

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about management and staff knowledge and skills.

In relation to Standard 3 Care recipient lifestyle staff have recently attended sessions concerning reportable assaults, ‘creativity and dementia’ and ‘gay, bisexual and transgender ageing strategies’.

### **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 has processes to ensure residents are supported in adjusting to their new home and on an ongoing basis. Prior to or on entry the resident and their representative receive an information pack and resident handbook explaining the services offered and their rights and responsibilities. Residents and their representative/s are oriented with a tour of the home, assisting them to meet staff and residents. In consultation with the resident/representative, recreation staff commence a detailed assessment of the resident’s lifestyle that captures social, cultural and spiritual histories. Lifestyle care plans are developed and document preferences and strategies to assist residents in enjoying life at the home. Residents are satisfied with the emotional support provided.

### **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

Residents are encouraged and supported to maintain their independence at a level that is appropriate to their individual needs and abilities. The lifestyle program offers a range of activities designed to maximise residents' independence and includes exercise programs and outings. Residents are assisted and encouraged to maintain friendships and participate in the life of the community within and outside the home. Residents are encouraged to use aids such as hearing aids and walking frames to maintain their independence. They are also encouraged to participate in decisions about their physical, intellectual, spiritual, financial and social care. 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 care recipient's right to privacy, dignity and confidentiality is recognised and respected".*

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

The home meets this expected outcome

There are systems to support residents' privacy and dignity. Residents' privacy, dignity and confidentiality wishes and preferences are identified and documented in care plans.

Information on residents' right to privacy is contained in the resident handbook and explained to residents during their initial entry to the home. Information is stored and archived securely and handover is conducted in a confidential manner. Staff practices maintain residents' confidentiality and staff are discreet when managing care needs. 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 "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

The home offers residents a lifestyle program that incorporates a wide range of activities of interest to them. A leisure and interest profile is completed for each resident, capturing information that assists with their individual participation levels. The home offers one to one options for residents who choose not to be involved in group activities. Group activities are designed around residents' preferences and suggestions. A copy of the monthly activities calendar is provided to residents and is displayed in communal areas throughout the home. Resident participation and level of interest is monitored and evaluated. Review of the activity program occurs through observation, surveys, resident feedback and regular meetings.

Residents are assisted to participate in activities of choice and are satisfied with the lifestyle program 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 on entry to the home and a care plan developed in consultation with the resident/representative. Staff and volunteer services provide emotional support, religious services are held regularly on site and attendance at external religious observances is encouraged and facilitated. Celebrations are held to mark days of cultural and religious significance, with the kitchen able to provide refreshments on these occasions, as well as catering for the specific cultural requirements of individual residents as required. Staff receive information to increase their awareness of cultural and religious considerations when providing personal care. 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 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 rights of each resident/representative to make decisions and exercise choice and control over lifestyle and care planning are recognised and respected. The home uses consultative processes to actively obtain information from residents and representatives including surveys, meetings, suggestions and one to one communication. Monitoring processes include personal care and activity plan reviews, and evaluation of feedback through the continuous

improvement system. Staff encourage and assist residents to participate in choice and decision making about the services provided to them. Residents/representatives are satisfied with their participation in making choices and decisions about issues that affect residents' daily life.

### **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

Residents have secure tenure within the residential care service and understand their rights and responsibilities. On entry to the home residents are provided with a handbook which details information relating to their rights and responsibilities, feedback mechanisms and privacy and confidentiality. Resident agreements are offered to all residents and include details regarding security of tenure and documents care and services provided.

Residents/representatives are consulted where changes may require a move within the 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:** 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 system and processes.

In relation to Standard 4 Physical environment and safe systems, audit and survey results, corrective and scheduled maintenance and reporting systems are used to identify opportunities for improvement.

Examples of recent improvements related to Standard 4 Physical environment and safe systems include:

- It was identified by staff that residents lying on a crumpled sheet are more likely to develop pressure area sores. As a trial, the home purchased fitted (pocket) sheets to place on the bed beneath all residents in one wing. Following the success of the trial, all residents’ beds have now been fitted with ‘pocket’ sheets and documented feedback indicates residents prefer the new style sheets. Management said it is too early to fully evaluate the new system.
- Following an incident involving a resident who climbed a tree and left the secure area of the home, trees on the perimeter boundary were pruned or removed. Management said that prior to the incident, some trees had already been assessed as in danger of falling onto the building, and that their removal has improved safety for all residents.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, there is a system in place to ensure staff attendance at annual mandatory fire safety training. The home has an accredited food safety program and is now a ‘smoke free’ site in accordance with recent changes to State government legislation.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about management and staff knowledge and skills.

In relation to Standard 4 Physical environment, staff attend annual training on manual handling, fire safety, chemical safety and food safety knowledge. Recent education sessions include driver safety, occupational violence and infection control ('bare below the elbows').

### **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

Residents are accommodated in shared rooms and are encouraged to personalise their own areas. There is easy and safe access to clean and well-maintained communal, private, dining and outdoor areas including enclosed verandas. A preventive maintenance program, incident reporting system and maintenance requests ensure the safety and comfort needs of residents are met. Regular work health and safety inspections and risk assessments are conducted and discussed at staff/management meetings. There are organisational processes to guide staff in the use of restraint should this be required. Accidents and incidents are reported and strategies implemented to prevent recurrence whenever possible. Regular cleaning programs are in place and care recipients expressed satisfaction with the maintenance and comfort of the living environment.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. New staff attend orientation sessions covering a range of occupational health and safety topics including manual handling and staff complete annual mandatory education sessions. The home is aware of recent legislative changes relative to occupational health and safety and there are organisational policies and specific work instructions. Maintenance is conducted on buildings and equipment to ensure safety and useability, and staff are guided on the use of equipment and chemicals. Reporting of risk and potential and actual hazards related to the physical environment, chemicals or dangerous goods, equipment and systems of work are discussed at regular meetings. Chemicals are stored securely and material safety data sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard

reporting processes and their role in maintaining a safe environment, and indicated satisfaction with management's response to safety issues.

#### **4.6 Fire, security and other emergencies**

*This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".*

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

The home meets this expected outcome

Management and staff are actively working to minimise fire, security and emergency risks. Independent fire safety inspections occur at regular intervals and maintenance records confirm regular checks by an external contractor of fire safety installations. Fire detection systems provide an immediate alert to the local fire service and fire extinguishers, hydrants and blankets are inspected regularly. Evacuation diagrams and procedures are displayed and there are clearly marked emergency exits free from obstruction leading to the emergency assembly areas. Guidelines for the management of other emergencies are in place. The home conducts initial training for all staff in fire, security and emergency procedures as part of the orientation process. Staff attend fire and emergency safety training on a regular basis, have access to current resident mobility lists and understand their role in the event of an emergency or evacuation.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. The program is managed by an infection control representative (in consultation with the Nurse Manager) and is based on infection management, staff training and the use of practices that minimise risk of cross infection. Residents with a suspected infection are referred to their medical officer for review and treatment. Records are maintained for each infection and each month reports are prepared for review and analysis. Infections are discussed at registered nurse meetings and strategies to address trends in infections are implemented. The home has policies and work instructions to guide staff in infection control practices and outbreak management. There is a vaccination program for residents and staff. Staff receive training in infection control practices including hand washing. There are processes and practices to minimise the risk of cross infection including hand hygiene, a food safety program and laundry and cleaning services.

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

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

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

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment. Residents expressed satisfaction with the variety of food and drink offered and with the quantity, availability and frequency of meals and snacks. Cleaning

services provide regular and frequent cleaning of residents' rooms, the general living environment, common areas, staff areas and equipment. Cleaning staff demonstrated they use colour coded cleaning equipment such as mops and buckets, which are regularly cleaned and use personal protective equipment in accordance with health and hygiene standards. The laundry service is scheduled to provide sufficient frequency of service for linen and personal items and residents confirmed their satisfaction with the service provided. Management seeks feedback about hospitality services from residents through regular meetings and satisfaction surveys. Residents advised they have the opportunity to provide feedback on all hospitality services at meetings and through one-on-one consultation with staff and management.