



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Emmerton Park Aged Care Facility**

RACS ID 8006  
2-10 Seniors Drive  
SMITHTON TAS 7330

**Approved provider: Emmerton Park Inc**

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 05 September 2018.

We made our decision on 14 July 2015.

The audit was conducted on 10 June 2015 to 11 June 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 care recipients, 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:

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.

<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: Care recipient lifestyle

**Principle:**

Care recipients 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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 Care recipient security of tenure and responsibilities	Met

### 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.

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

**Emmerton Park Aged Care Facility 8006**

**Approved provider: Emmertton Park Inc**

### **Introduction**

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

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 10 June 2015 to 11 June 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>	Gayle Heckenberg
<b>Team member:</b>	Cassandra Van Gray

## Approved provider details

<b>Approved provider:</b>	Emmerton Park Inc
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## Details of home

<b>Name of home:</b>	Emmerton Park Aged Care Facility
<b>RACS ID:</b>	8006

<b>Total number of allocated places:</b>	61
<b>Number of care recipients during audit:</b>	60
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	N/A

<b>Street:</b>	2-10 Seniors Drive
<b>City:</b>	Smithton
<b>State:</b>	Tasmania
<b>Postcode:</b>	7330
<b>Phone number:</b>	03 6452 9400
<b>Facsimile:</b>	03 6452 3571
<b>E-mail address:</b>	<a href="mailto:admin@emmertonpark.com.au">admin@emmertonpark.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	3
Clinical/care/lifestyle staff	10
Care recipients/representatives	9
Hospitality and environment/safety staff	4

### Sampled documents

Category	Number
Care recipients' clinical and lifestyle files	12
Care recipient incident reports	6
Medication charts	6
Dietary requirement forms	6
Hazard and incident forms	7
Continuous improvement forms	10
Comments and complaints	8
Residential agreements	7
Contractor contracts	4
Personnel files	8

### Other documents reviewed

The team also reviewed:

- Activity program
- Allied health and specialist referrals and recommendations
- Archive folder, schedule and records
- Audit schedule and audits
- Clinical stock impress list
- Comment and complaint register
- Confidentiality agreement

- Continuous improvement logs
- Contractor log books
- Disaster management plan
- Drugs of addiction register
- Emergency plan
- Employee development assessments
- Infection control logs, resource folder and guidelines
- Lifestyle participation forms
- Mandatory reporting folder
- Medication incident report log
- Medication refrigerator temperature record form
- Meeting minutes
- Menu
- Police certificate and statutory declarations and registers
- Policies and procedures
- Preventative and reactive maintenance records
- Pride 'n' Care report
- Professional registrations
- Protective assistance information (restraint)
- Care recipient and staff vaccination records
- Care recipient final wishes forms and advanced care plan information
- Care recipient of the day information
- Care recipient survey
- Risk assessments
- Rosters
- Shift replacement form
- Staff and care recipient handbooks
- Staff recruitment and orientation documentation



- Staff training documentation
- Statistics and data
- Third party food safe certificate and report
- Vision, mission, philosophy, values and quality commitment statements.

## **Observations**

The team observed the following:

- Activities in progress
- Charter of care recipients' rights and responsibilities
- Cleaning in progress
- Cleaning trolley and store room
- Equipment and supply storage areas
- Evacuation floor plans
- Fire and emergency equipment
- Form 56 building certificate
- Infection control sanitising units and stations
- Interactions between staff and care recipients
- Internal and external complaints brochures
- Internal and external living environment
- Kitchen
- Laundry
- Meal and refreshment services
- Medication round and safe storage of medications
- Outbreak boxes
- Pets
- Photographic signage and sensory kit
- Short observation in the main dining room
- Spill kits
- Surveillance monitoring screen.

## 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 across the Accreditation Standards. Mechanisms for identifying improvements include continuous improvement forms, stakeholder feedback, audits, surveys, media releases and industry forums. Continuous improvement documentation outline actions, person responsible and outcomes. Matters are discussed at 'Bring on Accreditation Group meetings'. Management evaluates and communicates improvements to stakeholders through meetings, memoranda and notices. Care recipients, representatives and staff are aware of quality improvement processes and are satisfied ongoing improvement occurs within the home.

Examples of improvements implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified an opportunity to better inform prospective Board members of their responsibilities by developing an information pack. The pack includes the origin and history of the home, function and governance requirements. Management stated the pack has assisted in attracting Board members and providing them with an enhanced knowledge of their role.
- As a result of an optional staff survey, management became aware staff were not always informed of changes occurring in the home. In response to this matter an email function was introduced. Management stated this initiative has proved to be an efficient way to communicate on matters of importance.
- Staff indicated they were not fully aware of the home's comments and complaints system and processes. As a result the home introduced a review of staff knowledge during their annual employee assessment. Management stated staff now have enhanced skills and knowledge when dealing with related matters.

## 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 is a member of a peak industry body and engages and subscribes to a range of regulatory compliance related services. Additional information is gained from State and Federal Government communication, and attending industry conferences, forums and meetings. Regulatory compliance is a standing agenda item at most meetings with relevant documentation updated as required. There are systems to ensure all employees and volunteers have current police certificates and statutory declarations. Changes are reported to staff through meetings, education, memoranda and notices, as required. Care recipient and representative notification of changes occurs through meetings, notices and mail.

## 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’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identify topics for education from feedback during annual employee development assessments, as a result of audits and care recipient incident outcomes and based on specific health care needs. A range of internal and external education opportunities are offered and staff access additional topics via a televised program. Management support student placement and career progression. Staff attend mandatory training sessions on employment and on an annual basis and complete competencies relevant to their roles. Management record training attendance electronically, provide staff with individual training reports and usually evaluate training presentations and programs. Care recipients stated staff are knowledgeable and skilled when providing their care, lifestyle and services.

Examples of education relating to Standard 1 Management systems, staffing and organisational development include:

- My Aged Care changes in 2015 webinar
- recruitment and identifying signs of addiction in potential employees
- solution focused supervision.

## 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 comments and complaints systems, processes and procedures that are accessible to all stakeholders. Feedback is encouraged through the completion of paper based forms and 'post cards', audits, surveys, one to one discussions and attendance at meetings. Stakeholders receive information regarding internal and external comments and complaints processes on entry and through the care recipient agreement, handbook, and internal and external brochures displayed throughout the home. The home maintains a complaints register which is monitored and actioned on a routine basis. Management respond to complainants in a timely manner and maintain confidentiality of individual complaints. Care recipients, representatives and staff stated they are aware of the internal and external complaint processes and are satisfied management address complaints appropriately.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation has documented statements outlining their vision, mission, philosophy, values and commitment to quality across all services. These statements are recorded in a wide range of stakeholder information and are on display in the home.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has sufficient appropriately skilled and qualified management and staff to deliver care recipient care, lifestyle and service needs and preferences. Staff recruitment and performance management processes occur with support from human resource personnel. Commencing staff participate in an induction and orientation program and work with experienced staff members. Staff have access to position descriptions to guide them in their roles. Management and key staff monitor staffing levels and skill mix through stakeholder feedback and consultation, reviews of care recipient needs and preferences, and audit analysis. The home has access to a casual pool of staff, across all occupations to support periods of planned and unplanned absences. The home does not utilise the services of employment agency registered nursing staff. Care recipients and representatives stated they are satisfied there are sufficient, appropriately skilled staff to meet care recipient 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

The home has systems to ensure appropriate goods and equipment are available for the delivery of quality care, lifestyle and service. Management and designated staff organise the purchase and replacement of inventory and equipment, budget allocations, authorised purchase orders and established ordering processes and procedures. Management and staff identify inventory and equipment needs through frequent visual checks, audits, care recipient needs and preferences, and feedback received at meetings. New equipment is trialled and evaluated on site. Staff are provided with training, as required. Supplies are stored safely in secure areas and staff rotate stock. Equipment preventative and reactive maintenance programs are established. Care recipients, representatives and staff stated they are satisfied with the availability of appropriate goods and equipment.

## 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

Management use effective communication systems across all services of the home. A website, regular meetings and forums, minutes, newsletters, handbooks, broader community information sessions and notices inform stakeholders of current information. Care recipient and staff information is stored securely. There is a formal archive and document destruction procedure. Electronic documentation and communication systems have regular back up.

Staff are provided with information in order for them to perform their roles in a professional manner. Policies and procedures are generally reviewed to ensure material remains contemporary and relevant. Care recipients stated they receive communication on a regular basis to keep them informed.

## 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 engages a number of external services across a range of clinical and non-clinical areas. Senior management monitor contractor performance on a routine basis and provide feedback regarding the quality of goods and services. Contracts contain appropriate insurances and licensing certification. A list of preferred providers is available and senior staff can access internal and external support and assistance outside business hours. Care recipients, representatives and staff stated they are satisfied with the type and range of external services provided by the home.

## 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 a description of the home's continuous improvement system.

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

- As a result of a staff initiative the home has introduced a palliative care team. The aim of the team is to support care recipients and their representatives during palliation. Staff were approached to join the team, which meet with specialised services on a two monthly basis to discuss matters. Analysis also occurs to identify any improvements. Management stated this initiative has provided enhanced support to all stakeholders.
- Management identified the opportunity to introduce a 'Pride 'n' Care' team, with a focus on care recipients living with dementia. A registered nurse heads up the team. Improvements include new signage, enhanced living environment and staff and community education. Management stated this initiative has provided a better understanding of the 'journey care recipients are on'.
- Care related staff identified the opportunity for a more targeted approach to their training. In conjunction with the North West medical school. Staff now participate in simulated patient training, including real life scenarios.

### 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 and processes.

All registered nursing staff have current professional registrations. Registered nursing staff perform care and medication management activities within their scope of practice. The home has systems to record and manage instances of unexplained care recipient absence.

## 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 in relation to the education system, processes and program.

Examples of education relating to Standard 2 Health and personal care include:

- basic foot, skin and nail care
- blood thinning medications and monitoring machine testing
- chronic care coordination training
- medications in aged care.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients receive appropriate clinical care. On entry to the home an interim care plan provides information to staff on care recipients’ health care needs. Staff generally complete charts and assessments to assist in development of care plans and provide information to guide staff practices. An evaluation of care plans occurs using a resident of the day approach on a monthly basis. Staff contact medical practitioners, specialists and allied health professionals routinely and conduct case conferences regularly. Support is available to nursing staff by providing access to policies, guidelines, resources and equipment. Care recipients stated they are kept informed and consulted regarding their clinical care.

## 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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Consultation occurs with medical practitioners regarding medical directives, referrals to specialists and for any recommended treatments. Specialist information is documented on care plans to provide staff with current details. Visiting specialists include a speech pathologist, wound consultant and diabetic educator.

Management ensure nursing staff have access to specialised equipment and resources. Staff complete relevant training and competencies to support their clinical practice. Care recipients stated they are satisfied with the treatments they receive by nursing staff and visiting specialists.

## 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

Care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences. Onsite visiting health services include physiotherapy, occupational therapy and dementia advisory and mental health specialists. The local hospital provides further services to support the home when necessary. Staff discuss recommended treatments with medical practitioners and care plans reflect current information. Care recipients stated they are supported by the home to access specialist services as required.

## 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

Management and staff demonstrate there are systems to ensure care recipients’ medication is managed safely and correctly. A local pharmacist provides the home with individual multi dose blister packs and nursing staff administer medications according to medical practitioner instructions using an electronic administration program. All medications have secure storage. Nursing staff access the home’s medication policies and guidelines to support their practice and complete annual medication competencies. Medication charts reflect current photographs, allergies and special instructions for administration. Staff report medication incidents as they occur and management log, follow up, analyse and resolve all incidents in a timely manner. Quarterly medication advisory committee meetings discuss adverse events, pharmacy anomalies, medication errors and audit results. Care recipients stated they are satisfied with their medication management.



## 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

Management and staff ensure all care recipients are as free as possible from pain. A physiotherapist and staff complete an assessment to monitor individual pain experiences and the measures that are successful in providing pain relief. Care plans reflect treatments offered including heat therapy, massage, skin stimulation, distraction methods, exercise and repositioning. Evaluation of care recipients’ pain management occurs when pain medications are commenced, when new pain is experienced and after the administration of ‘as required’ medications to determine their effectiveness. Medical practitioners are consulted regularly regarding pain relief measures. Care recipients stated they are satisfied their pain is managed in an effective and timely manner.

## 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

Management and staff ensure the comfort and dignity of terminally ill care recipients is maintained. On entry to the home there are opportunities to discuss and complete final wishes forms and advanced care plans. As care recipients enter the palliative phase, an onsite staff palliative care team meet to discuss individual requests, cultural and spiritual aspects of care, pain relief and other comfort measures. Volunteers who have received palliative care education assist with one to one emotional support for care recipients and family members. Communication with the medical practitioner and an external palliative care consultant occurs for further advice. Staff access palliative care equipment and resources for minimising pain and discomfort. The palliative care team conduct an ‘after death audit’ to reflect on care recipients’ end of life preferences, if these requests were met and to determine how the home’s approach to palliative care can be improved in the future.

## 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

The home has systems to ensure care recipients receive adequate nourishment and hydration. Staff complete an individual dietary profile to identify menu choices, personal preferences, allergies and special requirements including cultural and religious aspects. Care plans advise staff on additional information regarding the preferred location for meals and assistance required. Meals, refreshments and supplements are available and offered throughout the day. A risk management approach and monthly weights ensure the monitoring of unplanned weight loss or gain. Consultation from a speech pathologist occurs with any changes to dietary needs

communicated to the kitchen. Care recipients stated they are satisfied with the meal and refreshment services offered by the home.

### **2.11 Skin care**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. An initial assessment and a risk rated tool are completed on entry to the home. A care plan provides staff with details on equipment, resources and the assistance required from staff when applying comfort measures. Nursing staff complete wound assessments, dressing and progress records to ensure continuity of their approach to wound management. A visiting wound specialist will attend the home if required. Qualified staff attend to regular foot care and when necessary input from the local podiatrist for further advice occurs. The incident reporting system monitors skin tears, pressure areas and wounds with information analysed and discussed at regular meetings. Care recipients stated they 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

Management demonstrates there are systems to ensure care recipients’ continence is managed effectively. Staff record information on charts and an assessment to identify individual toileting patterns, assistance by staff required and the type of continence aids necessary. Care plans reflect equipment and resources used for additional care needs and reflect personalised programs. Staff forward infection information to management each month for follow up on actions and treatments implemented. Infection results are discussed regularly at quality and staff meetings. The home’s preventative approach to bowel management includes offering fresh fruit, promoting a high fibre diet and using fruit mixtures. Staff complete bowel management information daily. Care recipients stated they are satisfied with the response by staff when attending to their continence management needs.

### **2.13 Behavioural management**

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Individuals diagnosed with cognitive impairment and responsive behaviours live within the general population of the home. Prior history information, charts and a range of assessments identify behaviours of concern and care plans assist staff with strategies to implement. The home’s Pride ‘n’ Care team meet regularly to promote and discuss ways of supporting care recipients in their living environment and to assist staff with

further strategies that uphold respect and dignity for individuals. Staff report behaviour related incidents as they occur and have an understanding of mandatory reporting guidelines. Consultation occurs with the medical practitioner, dementia advisory services and mental health specialists to obtain further advice when required. Care recipients stated they are not impacted on by individuals experiencing challenging behaviours.

## **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

Management demonstrates optimum levels of mobility and dexterity are achieved for all care recipients. Nursing staff and a physiotherapist use assessments and a falls risk tool to identify mobility, transfer needs, functional ability, dexterity and individuals who may frequently fall. Care plans provide information on a range of strategies, equipment and aids used to maximise independence and ability. Walking, exercise and remedial massage contribute to the wellbeing of care recipients’ mobility program. Staff report falls as they occur and the home has a policy for completing neurological observations. All incidents are forwarded to senior nursing staff for further actions and follow up with results discussed at quality and staff meetings. Care recipients stated they are satisfied with the support they receive at the home to maintain their mobility.

## **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

Management and staff demonstrate care recipients’ oral and dental health is maintained. Staff gather prior history information and conduct an oral and dental assessment to identify gum, teeth and mouth problems. Care plans contain details on the frequency of oral care and any staff assistance required. The home provides assistance for attending dental appointments when necessary and a visiting dentist will provide services for urgent consultations. Treatments are provided for mouth and gum problems in consultation with the medical practitioner. Mouth care products are replaced on a routine basis. Care recipients stated they are satisfied with the assistance they receive to attend to their oral and dental care needs.

## **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

Care recipients’ sensory losses are identified and managed effectively. Assessments and a sensory kit identify concerns with communication, speech, vision, hearing, taste, touch and smell. Care plans inform staff on strategies to use when communicating and the physical assistance necessary for the care, application, cleaning and storage of vision and hearing

aids. The home supports attendance to appointments involving the optometrist, audiologist and eye specialists. A variety of sensory items are provided including large print and coloured signage, talking books, large television screens, time pieces with voice function, large game markers and computer keyboards with large letters. Care recipients stated they are satisfied with the support staff provide with their sensory aids.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Management and staff assist care recipients to achieve natural sleep patterns. Staff gather prior history information and conduct an assessment to identify factors that may contribute to individuals not achieving restful sleep. Care plans contain details on preferences for rising and retiring times, room temperature, lighting and comfort measures. Staff encourage care recipients to participate in an afternoon sleep to prevent over tiring. Alongside offering sedatives to assist with sleep staff offer alternatives consisting of warm drinks, snacks, heat therapy, music and massage. Care recipients stated the environment at night is quiet and they sleep well.

## 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 a description of the home’s continuous improvement system.

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

- The home’s palliative care team identified an opportunity to introduce a palliative care volunteer support group. Volunteers participated in training to enable them to support care recipients during palliation. A series of end of life brochures and information books were also sourced and displayed. Management stated the volunteers have provided enhanced support to all stakeholders during this phase.
- A representative approached the home with the view of introducing a care recipient choir. The choir consists of mobile and chair fast care recipients, many with cognitive impairments, and community members. The choir meets on a weekly basis and have performed at a range of external events. Management stated care recipients look forward to the activity.
- Identified through a suggestion raised at a staff meeting, the home has introduced a ‘Sundowners’ program. Leisure and lifestyle staff hours were expanded to include a 4pm to 8pm shift, seven days a week. Management stated the program has provided a more settled environment with less challenging care recipient episodes.

### 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 and processes.

Care recipients and representatives receive information regarding privacy and confidentiality on entry to the home. The care recipient handbook and agreement includes information regarding rights and responsibilities. The home has systems to record and manage instances of elder abuse.

### **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 in relation to the education system, processes and program.

Examples of education undertaken relevant to Standard 3 Care recipient lifestyle include:

- cultural and linguistic diversity project forum-improvement and healthy ageing
- end of life care with dignity and support
- Montessori for age care workshop
- palliative care volunteer training.

### **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

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. On entry to the home care recipients are supported to settle in by leisure and lifestyle staff. Lifestyle staff complete documentation and observe individuals for changes to ensure the home is meeting their emotional needs and preferences. Clergy and lay persons are available to provide ongoing emotional support. Care recipients are encouraged to bring items to personalise their rooms. Private areas are available for care recipients to support them to maintain ongoing relationships. Care recipients stated they are satisfied with the way staff support and make them feel welcome to their new home and on an ongoing basis.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home actively assists care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the local community. Processes include consultation with care recipients and representatives and incorporation of strategies into lifestyle plans which support physical, social, and cultural independence. There is a range of individual and group activities to maintain each individual's mobility and dexterity. Mobility aids, sensory support and staff assistance also promotes independence. Lifestyle staff aid care

recipients to maintain links with the community through outings and visitors attending the home. Care recipients stated they are supported to maintain their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information on rights and responsibilities is included in orientation material and the care recipient handbook. Staff knock and wait for a response prior to entering rooms and address care recipients by their preferred names. Care recipient information is only accessible to authorised staff via secure care documentation locations. Staff were observed being respectful during their interactions with all stakeholders. Care recipients and representatives stated staff interact with care recipients in an appropriate manner.

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

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities and to provide input into the home's lifestyle program. Staff assist care recipients and representatives, where appropriate, to identify leisure and activity of interest to them.

Lifestyle plans are reviewed on a regular basis and in response to care recipient changing needs and preferences and generally contain current details. The lifestyle programs offer a range of outings, group and individual activities reflecting social, emotional, physical and spiritual and cultural needs and preferences. Australian holidays, events and cultural celebrations and a volunteer program add to the diversity of activities. Care recipients and representatives stated they are satisfied with the range of activities offered by the home.

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

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

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

The home meets this expected outcome

The home ensures staff value and foster the individual interests, customs, beliefs and cultural backgrounds of care recipients. Staff identify cultural and spiritual needs through consultation with care recipients and their representatives. Clergy visit and provide support based on individual preferences including attendance at internal and external church services and one to one spiritual support. The home celebrates cultural and religious events and days of significance throughout the year. Care recipients and representatives stated there are

opportunities to engage in activities associated with their cultural and spiritual beliefs and they are satisfied with the support provided.

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

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

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

The home meets this expected outcome

The home supports care recipients to exercise choice and control over their lifestyle. Staff support care recipients to identify their preferences on entry to the home and on an ongoing basis. Staff document and regularly review individual choices regarding care, lifestyle and services. Care recipients are encouraged to express their wishes through attendance at meetings, surveys and feedback processes. Information regarding complaints and advocacy services are available to all stakeholders. Staff, care recipients and representatives stated the home supports care recipients to make choices and decisions about their daily routine, lifestyle and service options.

### **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

Management ensure care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. Prior to and on entry to the home discussions occur and written information is provided to assist care recipients and representatives understand their tenure and financial details. A handbook and further conversations regarding the home's approach to care, lifestyle and services is provided.

Residential agreements include information related to tenure, relocation circumstances and complaints resolution. Care recipients stated they enjoyed living at the home and feel secure in their living environment.



## **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 a description of the home’s continuous improvement system.

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

- Staff identified the need for infection control trolleys to support care recipients in their rooms. Two trolleys were purchased and fitted with equipment and personal protective supplies. Management stated this initiative has resulted in enhanced infection control practices.
- Care recipients identified excessive noise emanating from the use of the staff car park door. The home modified the door and erected signage. Management stated there is now less disruption to care recipients.
- Identified at a ‘Bring On Accreditation Group’ meeting, care recipient pathology specimens were previously stored in a thermal storage container. Management purchased a small refrigerator which now ensures correct and consistent temperature monitoring.

### **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 systems and processes.

The home has achieved compliance with the appropriate fire, emergency and food safety certification 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 in relation to the education system, processes and program.

Examples of education undertaken relevant to Standard 4 Physical environment and safe systems include:

- annual mandatory manual handling training
- infection control outbreak precaution trolley
- mandatory fire training
- safe knife handling.

### **4.4 Living environment**

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

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

The home meets this expected outcome

Management are actively working to provide a safe and comfortable environment consistent with care recipients' care needs and preferences. Care recipients are accommodated in single rooms with their own ensuite. Care recipients and visitors have access to communal lounges and garden areas. The home is secure, clean and free from clutter with comfortable noise levels, temperature and ventilation. Maintenance of buildings, grounds and equipment occurs through scheduled servicing and preventative and reactive maintenance processes. Regular inspections, audits and feedback mechanisms are used to monitor the living environment. Care recipients and representatives stated they are satisfied the home provides a comfortable and safe 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 working to provide a safe working environment that meets regulatory requirements. There are documented procedures in relation to safe work practice and staff are aware of their responsibilities through orientation processes, education and meetings. The home has appointed designated staff who conduct inspections and environmental audits and

generally review and monitor staff incidents and hazards. Equipment and hazardous material is stored safely and there are processes to ensure electrical equipment is tested and tagged on a routine basis. Chemicals are stored safely with current material safety data sheets. Staff stated they are satisfied management create a safe work environment and are responsive to any issues raised.

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

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

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

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond to a range of internal and external emergencies. All staff are required to complete mandatory fire and emergency training during orientation and on a routine basis. Evacuation maps are on display and exits are clearly signed and free from obstruction. There are effective processes to maintain current evacuation lists and emergency evacuation packs.

Qualified external contractors maintain fire equipment and there are processes to monitor the maintenance of essential services equipment. There are measures in place to maintain secure access to the home and to prevent unauthorised intrusion. Care recipients and representatives stated they are satisfied the home provides a safe and secure environment.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management demonstrates there is an effective infection control program. Senior personnel oversee the home's infection control monitoring processes and records relevant information on a routine basis. Policies and guidelines assist staff with their practices regarding infection surveillance and outbreak management. A monthly infection log is completed by nursing staff and forwarded to management for follow up and the resolution of infections. Discussions and analysis of infection data occurs at meetings to identify trends. Staff access appropriate stocks of personal protective equipment and participate in infection control education during orientation and annually. There is a documented pest control program. Care recipients stated staff regularly wash their hands and wear protective equipment.

#### **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

Care recipient catering requirements are prepared fresh daily on site, seven days a week. The home operates a six week rotational menu which has been reviewed by a nutrition service.

Documentation held in the kitchen generally reflects care recipients' likes and dislikes and dietary needs and preferences. Meal satisfaction occurs through one to one feedback, meetings, audits and surveys. The home provides cleaning services, seven days a week and staff perform their duties in line with documented schedules. Care recipient personal items and towelling are laundered internally whilst linen is laundered externally.

There are provisions for labelling and prompt return of care recipient items. Care recipients and representatives stated they are satisfied with the catering, cleaning and laundry services provided by the home.