



**Australian Government**

---

**Australian Aged Care Quality Agency**

**Guildford Village**

RACS ID 7204  
34 Swan Street East  
GUILDFORD WA 6055

**Approved provider: Pu-Fam Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 October 2018.

We made our decision on 14 September 2015.

The audit was conducted on 04 August 2015 to 05 August 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

<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



**Australian Government**

---

**Australian Aged Care Quality Agency**

# **Audit Report**

**Guildford Village 7204**

**Approved provider: Pu-Fam Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 04 August 2015 to 05 August 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 04 August 2015 to 05 August 2015.

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

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

## Assessment team

<b>Team leader:</b>	Cristian Moraru
<b>Team member:</b>	Ann-Marie Phegley

## Approved provider details

<b>Approved provider:</b>	Pu-Fam Pty Ltd
---------------------------	----------------

## Details of home

<b>Name of home:</b>	Guildford Village
<b>RACS ID:</b>	7204

<b>Total number of allocated places:</b>	30
<b>Number of care recipients during audit:</b>	29
<b>Number of care recipients receiving high care during audit:</b>	18
<b>Special needs catered for:</b>	Care recipients living with dementia

<b>Street:</b>	34 Swan Street East
<b>City:</b>	GUILDFORD
<b>State:</b>	WA
<b>Postcode:</b>	6055
<b>Phone number:</b>	08 9279 7755
<b>Facsimile:</b>	08 9378 1116
<b>E-mail address:</b>	<a href="mailto:fm@guildfordcarefacility.com.au">fm@guildfordcarefacility.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Clinical coordinator	1
Care staff	7
Administration assistant	1
Catering staff	1
Care recipients/representatives	9
Occupational therapist	1
Physiotherapist	1
Cleaning staff	1

### Sampled documents

Category	Number
Care recipients' files and care plans	7
External services agreements	3
Residential agreements	2
Medication profiles	5
Personnel files	2

### Other documents reviewed

The team also reviewed:

- Activities program
- Archived records
- Care recipients' information package and handbook
- Cleaning checklists and duty list
- Continuous improvement plan
- Drugs of addiction register
- Duty lists

- External services reports and inspections, emergency management agreement and currency of credentials matrix
- Family conferences register
- Human resources matrices and orientation checklist
- Incident and accident reports and summaries
- Internal and external audits and surveys, including action plans and monthly summary reports
- Meeting schedule and meeting minutes
- Memoranda and newsletters
- Menu, dietary preferences forms and daily dietary/catering requirements forms
- On-line orders for surgical and clinical supplies
- Policies and procedures
- Preventative maintenance file
- Refrigerator temperature recordings
- Relatives' correspondence
- Staff rosters
- Staff training and evaluation file, and training matrix and calendar
- Vaccination records
- Work/maintenance/equipment/stock requests folder
- Wound management plans.

## **Observations**

The team observed the following:

- Activities in progress
- Availability and access to internal and external complaints mechanisms, and reporting mechanisms such as forms and brochures
- Availability of safety data sheets and infection diseases guidelines
- Equipment and supply storage areas
- Fire evacuation procedures and maps
- Interactions between staff and care recipients



- Living and physical environment
- Meals and tea services in progress
- Noticeboards and displayed information, including mission statement and activity program
- Short group observation in house three dining area
- Storage and administration of medications.

## Assessment information

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

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

**Principle:** Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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

There are active systems and processes to identify, plan and implement continuous improvement activities. Reporting and feedback mechanisms guide staff to identify opportunities for continuous improvement. Information from sources such as feedback forms, audits, hazard/incident reports, surveys and meetings is logged, analysed and actioned, and feedback given to stakeholders as required. Improvements requiring a structured approach are added to the continuous improvement plan, discussed at meetings and are generally evaluated for effectiveness. Staff and care recipients are provided with information regarding continuous improvement activities via meetings, noticeboards and newsletters. Staff and care recipients and/or their representatives confirmed they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

An example of a recent improvement in relation to Standard 1 – Management systems, staffing and organisational development is described below.

- The home reviewed its quality and compliance structure and the terms of reference to improve functionality in the area of developing solutions, ensuring compliance and promoting improvements. As a result, management remodelled the current policies and procedures manual to include expected outcomes under the Accreditation Standards to ensure the home's auditing system covers all aspects of aged care standards. The aim is that after completing 12 months of a structured audit schedule, the home will have completely self-assessed its structure and processes against all of the expected outcomes. A quality review committee was formed and meets monthly to analyse and action required items. This demonstrates the home has identified, quantified and addressed any risks in the form of non-compliances or deviations from accepted standards and expected outcomes.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from industry groups and government departments. Management updates policies and procedures as required and provides staff with information regarding changes through education, meetings and memoranda. The home monitors compliance through internal and external auditing programs, quality review and human resource processes. There are processes to monitor staff statutory declarations, police certificates and attendance of mandatory training. Fees and charges are communicated to care recipients and/or their representatives and set according to legislation, and care recipients and representatives have access to external complaints processes. Care recipients and representatives were informed of the re-accreditation audit via correspondence, newsletters and meetings.

## 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 staff training needs through feedback and appraisals, satisfaction surveys, audits, accident/incident reports and observation of work practices. Site orientation guides new staff, and mandatory and other training is accessed via internal, external and online mediums. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance.

Staff reported they have access to a variety of internal and external training and education opportunities.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Assessing the Standards
- Communication in the workplace
- Orientation process.

## 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

There are processes to ensure care recipients and representatives receive information regarding the internal and external comments and complaints processes through information packs, agreements, brochures and newsletters. The home provides care recipients and representatives with access to internal and external feedback mechanisms, including access which ensures confidentiality and anonymity. The feedback forms have a provision for evaluation and discussion of the resolution process with the complainant. Management measures the effectiveness of the complaint process via internal audits, surveys and monthly analyses of comments and complaints. Information regarding complaints and trends flows into the home's continuous improvement system as appropriate. Care recipients and representatives reported using informal processes with staff and management as ways of resolving issues, and are satisfied with their access to complaints processes.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home's vision, mission and value statement is consistently documented in relevant information packages and displayed around the home. The statement incorporates the commitment to quality service.

## 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 a system to manage human resources that include recruitment and orientation programs and staff training and development processes. Management reviews staff skills, allocation and levels requirements, and can adjust rosters and shift hours in response to the complexity of care recipients' care needs and operational requirements. Staff cover planned and unplanned leave through the home's pool of workforce staff and the organisation's agency staff. The home employs qualified personnel across all designation of staff in accordance with specified position descriptions, and duty lists are available for relevant shifts. Management monitors staff performance via feedback and reporting mechanisms, performance appraisals and supervision. Staff interviewed confirmed the adequacy of staff skills and reported they follow a protocol to contact registered nurses after hours and the organisation's co-located

health service for extra support at night. Care recipients and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided by staff.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes to ensure appropriate stocks of goods and equipment are available for quality service delivery. The home has ordering and stock management systems for goods, supplies and equipment. Therapy staff review the use of suitable aids and equipment for care recipients and make recommendations to purchase equipment to meet care recipients' needs. There are maintenance programs for relevant equipment, the buildings and grounds. Staff receive training for appropriate use of electronic, care and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their tasks. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment provided to care recipients.

## **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 management systems to allow for an effective flow of information including the collection, analysis and dissemination of information related to care recipients' care, business and operational matters. The home uses computerised information systems for the management of clinical, rostering and training information, and ordering goods. Management routinely collate, analyse/review and table relevant information from clinical records and indicators, monitoring and reporting mechanisms and operational processes. There are processes for the storage and management of records via archiving and maintaining security of information. Staff reported they have access to accurate information relevant to their roles, attend regular meetings/handovers and have access to feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information relevant to them, including activities and events of the home via a newsletter and posted information.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The home contracts externally sourced services in response to identified requirements and specify these in written agreements that set out obligations, compliance and criteria. The home's management monitors the level of

performance with external services through service records, evaluations and feedback mechanisms. Management meets periodically with externally sourced services and reviews agreements based on service provision and performance, and changes in the provision of externally services are made as required. Care recipients, representatives and staff reported satisfaction with externally sourced services, including grooming and therapy services.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients, representatives and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

An example of a recent improvement activity related to health and personal care is described below.

- Management identified the need to improve the home's medication system. As a result, a complete and fully integrated medication management system was implemented at the end of 2014. This included introducing an alerted medication administration feature and a prescription management and medication/chart reviewing capability. The changes assist staff to achieve an error free medication administration process. Management reported the system enabled better monitoring of medication management and reduced errors in relation to documentation.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

The organisation has systems and processes to identify regulatory compliance requirements in relation to care recipients' health and personal care. Registered nurses assess, plan and monitor care of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Medication is administered and stored in accordance with legislation. Staff demonstrated knowledge of regulatory compliance issues and reporting requirements, and stated they are informed of changes through meetings, memoranda and education. Care recipients and representatives reported care services for care recipients are received in accordance with specified care service requirements.

## **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 an overview of the home’s education and staff development system.

Examples of education and training related to Standard 2 – Health and personal care are listed below.

- ‘Back to basics’ (clinical observations refresher)
- Continence management
- Diabetes management
- Medication management and competency
- Oral care
- Palliative 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

The home has systems to ensure care recipients receive appropriate clinical care. The multidisciplinary team assesses care recipients’ clinical needs when they move into the home, using information from their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home’s policy and in consultation with care recipients and representatives via family conferences. There are processes to monitor and communicate care recipients’ changing needs and preferences, including regular review of care recipients by their general practitioners, six-monthly care plan reviews and shift handovers. Clinical audits are undertaken and clinical indicators are reviewed. The provision of clinical and personal care is reviewed and evaluated. Care recipients and representatives reported satisfaction with the clinical care provided to care recipients.



## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure a registered nurse identifies and reviews care recipients’ specialised nursing care needs. Care recipients’ specialised nursing care needs are assessed when they move into the home, documented in a specific nursing care plan and reviewed six monthly or as required. The home has a registered nurse Monday to Friday to provide care and direction for staff. The home’s manager, a registered nurse, is available to care staff via telephone after-hours. General practitioners and other health professionals are consulted as required. Examples of specialised nursing care include wound care, behaviour management and management of diabetes. Care recipients and representatives reported care recipients’ specialised nursing care needs are met.

## 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 a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs an occupational therapist and a physiotherapist to assess care recipients when they move into the home and develop therapy care plans that are reviewed annually and as required. A podiatrist visits the home regularly and attends to the needs of care recipients. A dentist visits the home annually, or more often if required, to assess care recipients’ dental needs and provide uncomplicated treatments onsite. Referrals are made to other health specialists as the need is identified including a speech therapist, dietician and the mental health team. Care recipients and representatives reported satisfaction with care recipients’ ongoing access to a variety of health specialists.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Under the direction of the registered nurse, competent care staff administer medications via a pre-packed system as per the general practitioners’ instructions. Specific instructions concerning the administration of care recipients’ medications and topical treatments are documented in their medication profiles and care plans. Medication audits and recorded medication incidents are used to monitor the system. An accredited pharmacist conducts reviews of care recipients’ medications and communicates findings to the general practitioners and the home. Care recipients and representatives reported care recipients’ medications are managed 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

There are systems to identify, implement and evaluate each care recipient’s pain management strategies to ensure they remain as free as possible from pain. The registered nurse reviews care recipients’ pain each weekday and competent care staff monitor their pain after hours. Annual pain assessments are conducted and care recipients with identified pain are assessed more frequently if required. Care recipients with ongoing pain are referred to the pain clinic, managed by the physiotherapist. Care plans are implemented and detail pain management interventions, including therapeutic massage conducted by the physiotherapist and other alternative therapies. Care recipients’ pain that is not managed by these interventions are referred to their general practitioners for review. Staff described their role in pain management, including identification and reporting of pain. Care recipients and representatives reported staff are responsive to complaints of pain and care recipients’ pain is managed appropriately.

## **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

There are systems to ensure the comfort and dignity of terminally ill care recipients. Care recipients or their representatives have the opportunity to complete an advanced care directive when care recipients move into the home or at any time throughout their residency. Care recipients’ general practitioners, the home’s clinical and allied health personnel and external palliative care specialists support care recipients during their palliation. Care recipients and representatives expressed confidence that, when required, staff would manage care recipients’ palliative care competently, including the maintenance of their comfort and dignity.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ nutritional status is assessed when they move into the home and on an ongoing basis, and their individual dietary requirements and preferences are conveyed to the relevant personnel. Care recipients’ care plans outline their dietary requirements, including the level of assistance required. The registered nurse monitors care recipients’ monthly weights, and where weight loss is identified care recipients are placed on a supplementary nutritional drink. Swallowing assessments are conducted and care recipients with identified swallowing deficits are ordered appropriately textured diets and fluids. Where required, care recipients are referred to a speech therapist or dietician for further review of their swallowing or weight loss/gain. The registered nurse directs care recipients’ nutritional management.

Care recipients and representatives reported they are satisfied with the menu and associated support provided to care recipients.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

The registered nurse conducts regular assessments of care recipients’ skin integrity and formulates care plans that state preventative skin care interventions. Care recipients’ skin is moisturised daily to maintain skin integrity and, where urinary or bowel continence is compromised, a protective barrier cream is used to protect their skin. The registered nurse attends to care recipients’ wounds and documents a wound review at each dressing change. Care staff monitor care recipients’ skin daily and report abnormalities to the registered nurse. The home records and collates information regarding skin related incidents to improve care.

Care recipients and representatives reported satisfaction with the home’s management of skin care.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate care recipients’ continence needs when they move into the home and on an ongoing basis. Care recipients’ urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of assessed needs. Staff use bowel charts to track bowel patterns and develop appropriate bowel management programs, and the registered nurse monitors the use and effect of aperients. Staff reported they have attended continence management training and discussed strategies

they use to assist care recipients maintain continence. Care recipients and representatives reported being satisfied with the management of care recipients' continence needs.

### **2.13 Behavioural management**

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

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

The home meets this expected outcome

Care recipients' behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for a care recipients' behaviours are identified and appropriate interventions are developed and documented in care plans. Effectiveness of behaviour management strategies is monitored via clinical indicators and observations. Care recipients are referred to therapy and mental health services when the need for further assessment of challenging behaviours is identified. Care recipients and representatives reported care recipients' challenging behaviours are well managed and the impact of the behaviours on other care recipients is minimised.

### **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

The physiotherapist and registered nurse assess care recipients' mobility, dexterity and associated falls risks when they move into the home and on an ongoing basis. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home's activity program that includes a range of group exercises and physical activities to improve independent movement. Care recipient's attendance at therapy sessions is monitored. A range of seating and mobility aids are available to assist care recipients to maintain mobility and independence. Incidents related to mobility and dexterity are recorded and collated data is discussed at continuous improvement meetings. Care recipients and representatives reported satisfaction with the home's management of care recipients' mobility and dexterity needs.

### **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

When a care recipient moves into the home, an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the care recipient's care plan. An annual dental examination is offered to care recipients and follow up treatment may be provided on-site, or arranged with family consultation. Staff were aware of care recipients' individual oral hygiene requirements, including their preferred dental hygiene equipment and routines. Care recipients and representatives reported satisfaction with the support provided to care recipients 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

The registered nurse assesses care recipients’ sensory abilities and needs when they move into the home and as required. Interventions for managing sensory losses are documented in care recipients’ care plans and are regularly reviewed by the registered nurse. The activities program includes activities to stimulate care recipients’ senses of smell, taste and touch. An optometrist visits the home annually and care recipients are encouraged to access this service. Care recipients are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. Care recipients and representatives reported satisfaction with the home’s management of sensory losses and needs.

## 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

The home has established processes to assist care recipients achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances. Interventions to assist care recipients establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on care recipients’ sleep including noise, confusion, pain and continence issues. Care recipients and representatives reported care recipients are satisfied with the support provided to achieve restful sleep at night.

## 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 an overview of the home’s continuous improvement system.

In relation to care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback from lifestyle and care activities is recorded and evaluated. Staff encourage and support care recipients and others to provide feedback and suggestions.

An example of a recent improvement activity related to Standard 3 – Care recipient lifestyle is described below.

- In response to a residential survey in 2015 regarding care recipients’ social isolation, management and therapy staff implemented a ‘community access’ program for identified care recipients. The occupational therapist identifies care recipients’ interests and plans activities with the support workers to engage care recipients with the community outside the home. Management reported, and documentation reviewed showed, better outcomes for socially isolated care recipients.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home displays the Charter of care recipients’ rights and responsibilities and includes this and other information about care recipients’ security of tenure in the residential care agreement and relevant information packages. The home subscribes to an external service that reviews the information provided to new care recipients to ensure it remains current and meets legislative requirements, including the residential agreement and handling of personal information. Staff are informed of changes relevant to care recipients’ lifestyle through training, memoranda and meetings. Staff sign a confidentiality agreement on employment and were observed to be mindful of care recipients’ privacy, dignity and confidentiality. There are established policies and procedures for the compulsory reporting of allegations of elder abuse. Care recipients and/or their representatives reported they are consulted in regards to making decisions about services, and are informed when changes in provision of care arise.

### **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 an overview of the home's education and staff development system.

Examples of education and training related to Standard 3 – Care recipient lifestyle are listed below.

- Dementia overview
- Elder abuse
- Provision of person-centred care.

### **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

Prior to moving into the home, care recipients and their families receive information about the home and services offered. On moving into the home, care recipients' needs and preferences are discussed and they are shown around the home and introduced to other care recipients and staff. Care recipients have increased monitoring in the early period and the occupational therapist assesses care recipients' emotional and social needs with input from care staff. Individual care plans incorporate information relating to the holistic requirements of the care recipient, including their emotional and social wellbeing. Care staff described strategies they use to provide emotional support, including allowing extra time for frail care recipients. Emotional support is included in the audits conducted. Care recipients are encouraged to personalise their rooms and to join in activities at the home and in the community, where appropriate. Care recipients and representatives stated representatives are encouraged to visit care recipients, and they are satisfied care recipients' emotional needs are met by staff at the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

Assessment of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they move into the home. Care plans identify the support care recipients

require to be as independent as possible, maintain friendships and participate in the life of the community. Therapy programs assist and maintain care recipients' communication and mobility levels, and the physiotherapist and occupational therapist provide specific equipment to maintain care recipients' independence. Care recipients are encouraged to maintain friendships, and regular bus trips are organised for care recipients to undertake activities outside the home. Care recipients and representatives reported care recipients are provided with assistance from staff 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

The home has processes to ensure care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and accessed by authorised personnel. Staff described ways they maintain confidentiality of care recipients' information. Staff approach and interact with care recipients in a respectful manner and the general practitioner treatments occur in the privacy of care recipients' rooms. Staff discussed strategies they use to maintain care recipients' privacy and dignity during personal care activities. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality is maintained and respected.

### **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 maintain their interests and activities when they move into the home. Information about their social and cultural history is obtained through assessments and social history forms, and their identified interests are used to develop individual therapy care plans. The occupational therapist develops and delivers a monthly activities program that incorporates special events, individual sessions and community outings. Feedback on the program is provided through care recipients' participation, suggestions, evaluation of individual sessions and surveys. Care recipients and representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

### **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

When care recipients move into the home their individual interests, customs and beliefs related to their cultural and spiritual life are identified and this information is documented in their care



plan. Specific cultural events are included in the activity program and staff support care recipients to attend these activities. Regular Catholic and Anglican services are conducted at the home and representatives from other religious denominations visit on request. Staff reported they use care plans to gain an understanding of care recipients' specific cultural and spiritual practices. Care recipients and representatives reported staff respect care recipients' customs, beliefs and culture.

### **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

There are processes to ensure each care recipient's lifestyle and service delivery choices and preferences are identified when they move into the home and incorporated into their care plan. In the event a care recipient's ability to confirm their choices and preferences declines, their representative acts on their behalf to ensure their choices are met. Care recipients and representatives participate in decision making about care and service delivery through family conferences, surveys, the problem and suggestion process and, where required, care recipient meetings. External advocacy services are consulted if care recipients experience issues that affect their well-being and cannot be resolved by the home's staff.

Staff described ways they support care recipients to make their own choices regarding activities of daily living and attendance at activities and events within and outside the home. Care recipients and their representatives confirmed they participate in decisions about the services the care recipient receives and they are able to exercise choice in relation to the care recipient's needs and preferences

### **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

There are processes to ensure care recipients have secure tenure within the home. Prior to care recipients moving into the home, care recipients or their representatives are provided with an information pack that includes an agreement, and access to independent sources of advice is available. Management ensures care recipients are protected from abuse through the provision of protocols for compulsory reporting and staff training. Staff described ways they promote care recipient's rights and responsibilities. Care recipients and representatives reported they are satisfied care recipients have secure tenure within the home.

## 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 an overview of the home’s continuous improvement system.

Examples of current or recent improvement activities related to the Standard 4 –Physical environment and safe systems are described below.

- Following a number of care recipients wandering away from the home in 2014, management decided to implement more effective measures. As a result, surveillance cameras were installed on all key-coded exits to monitor care recipients and visitors’ movements. Management reported the cameras assisted to identify when the gates were left unlocked by the visitors and no incidents of absconding have been reported since the cameras were installed.
- In response to service feedback, management reviewed the home’s catering services and engaged an external contractor to oversee the processes. Catering services audit results in May 2015 showed a significantly higher score than was achieved in 2014, which represents a better outcome and compliance. In addition, during the same period, the number of complaints related to catering services reduced significantly.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The management team ensures ongoing regulatory compliance in relation to physical environment and safe systems. Internal and external resources and statutory bodies inspect and audit the workplace and building, fire emergency preparedness and the catering environment. Management or delegates act on recommendations from audits, hazards and inspections as required. The home stores chemicals safely, facilitates mandatory training for staff and has infectious disease management information available. Staff advised they have attended relevant mandatory training. The catering service is subject to a food safety program to comply with legislative requirements and to provide guidance to staff.

### **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 an overview of the home’s education and staff development system.

Examples of education and training related to Standard 4 – Physical environment and safe systems are listed below.

- Chemical awareness
- Fire safety
- First aid
- Food safety and handling
- Infection control
- Manual handling competency.

### **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 and staff actively provide a safe and generally comfortable environment consistent with the care recipients’ needs. The home provides care recipients with single rooms with en-suite bathrooms in three separate houses. The internal living environment is equipped to assist care recipients with independence, comfort, privacy and security. Care recipients and their families have access to internal communal areas and courtyards for meals, social interaction and activities. Management monitors the safety and comfort of internal living environment relative to care recipients’ care needs via audits, cleaning schedules and corrective and preventative maintenance programs. Staff described ways they manage and report maintenance issues. Care recipients and representatives reported management work to provide a safe and comfortable 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

There are systems and processes to provide a safe working environment that meets regulatory requirements. Management, maintenance representatives and staff monitor the safety of the working environment using feedback/reporting mechanisms and audits.

Management implements remedial actions or improvements as required in response to accidents and safety and infection control risks. The home's meetings minute communication of information to staff regarding occupational safety and health as well as staff practices and environmental and equipment issues, and further communication with staff occurs via memoranda. Personal protective equipment and safety data sheets are available, and equipment and buildings are subject to routine and preventative maintenance. Staff reported they are aware of safety management processes through training and meetings, and management is active in providing a safe working environment.

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

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

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

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of fire emergency and security breaches. Approved professionals carry out regular inspections and testings of the home's fire systems and equipment, and the home has temporary emergency evacuation agreements with other aged care homes. The home displays fire emergency procedures in strategic locations and evacuation maps show orientation and information regarding exit routes and location of fire-fighting equipment.

There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Staff described the home's security systems and fire emergency procedures as effective and reported they practise evacuation drills. Care recipients and representatives receive information of what to do if they hear a fire alarm during the admission process, and displayed posters reiterate the procedures. Care recipients and representatives confirmed they feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program that includes policies and guidelines, registered nurse portfolio holder, preventative measures and management of care recipients' infections, and equipment and resources for the management of outbreaks. The home

monitors and reviews the infection control program through a system of collecting data on infections, undertaking relevant audits and observing staff practices. Nursing staff identify and manage care recipient's specific infections through an assessment process, treatments required and evaluations of management strategies. Equipment and signage is in use to lessen the risk of infection, and there are processes and facilities for cleaning and sanitising equipment and laundry items. Staff described examples of infection prevention strategies including vaccination programs, hand hygiene, containment of sharps and food temperature monitoring.

#### **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

The home provides catering, cleaning and laundry services that enhance the care recipients' quality of life and staff's working environment. The home informs care recipients about hospitality services and dining arrangements via the information handbook, noticeboards and meal choice ordering forms. An on-site external food caterer rotates a menu seasonally and weekly that takes in account care recipients' preferences and special dietary requirements.

The menu provides hot meal choices and alternatives, and changes to the menu occur in response to meal satisfaction surveys and feedback. Cleaning staff, who are guided by scheduled tasks and a duty list, provide detailed cleaning and multi-skilled care staff provide personal laundry services. The home's system to prevent loss of clothes is undertaken by multi-skilled care staff and includes a labelling machine and ad-hoc sorting processes.

External contractors provide flat linen laundry services weekly and window/floor cleaning as required. Hospitality services encompass the home's food and chemical safety programs and infection control requirements, and management monitors the home's systems via feedback, internal compliance checks and audits. Care recipients and representatives reported satisfaction with the catering and cleaning services, and generally with the laundry services.