# Kerrisdale Gardens

RACS ID 5383
Norwood Parade
Beaconsfield QLD 4740

**Approved provider: Good Shepherd Lodge 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 24 June 2019.

We made our decision on 06 May 2016.

The audit was conducted on 05 April 2016 to 07 April 2016. 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.

| Expected outcome | Quality Agency decision |
|---|---|
| 1.1 Continuous improvement | Met |
| 1.2 Regulatory compliance | Met |
| 1.3 Education and staff development | Met |
| 1.4 Comments and complaints | Met |
| 1.5 Planning and leadership | Met |
| 1.6 Human resource management | Met |
| 1.7 Inventory and equipment | Met |
| 1.8 Information systems | Met |
| 1.9 External services | Met |

# Standard 2: Health and personal care

**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.

| Expected outcome | Quality Agency decision |
|---|---|
| 2.1 Continuous improvement | Met |
| 2.2 Regulatory compliance | Met |
| 2.3 Education and staff development | Met |
| 2.4 Clinical care | Met |
| 2.5 Specialised nursing care needs | Met |
| 2.6 Other health and related services | Met |
| 2.7 Medication management | Met |
| 2.8 Pain management | Met |
| 2.9 Palliative care | Met |
| 2.10 Nutrition and hydration | Met |
| 2.11 Skin care | Met |
| 2.12 Continence management | Met |
| 2.13 Behavioural management | Met |
| 2.14 Mobility, dexterity and rehabilitation | Met |
| 2.15 Oral and dental care | Met |
| 2.16 Sensory loss | Met |
| 2.17 Sleep | Met |

## Standard 3: 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.

| 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 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.

| 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

**Kerrisdale Gardens 5383**

**Approved provider: Good Shepherd Lodge Ltd**

## Introduction

This is the report of a re-accreditation audit from 05 April 2016 to 07 April 2016 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 05 April 2016 to 07 April 2016.

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

| Team leader: | Bridgette Lennox |
|---|---|
| Team member/s: | Elizabeth White |

# Approved provider details

| Approved provider: | Good Shepherd Lodge Ltd |
|---|---|

# Details of home

| Name of home: | Kerrisdale Gardens |
|---|---|
| RACS ID: | 5383 |

| Total number of allocated places: | 62 |
|---|---|
| Number of care recipients during audit: | 57 |
| Number of care recipients receiving high care during audit: | 30 |
| Special needs catered for: | No |

| Street/PO Box: | Norwood Parade |
|---|---|
| City/Town: | Beaconsfield |
| State: | QLD |
| Postcode: | 4740 |
| Phone number: | 07 49632999 |
| Facsimile: | 07 4963 2900 |
| E-mail address: | ceo@gslmky.org.au |

# Audit trail

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

## Interviews

| Category | Number |
|---|---|
| Chief Executive Officer | 1 |
| Clinical Services Manager | 1 |
| Clinical Coordinator | 1 |
| Staff Development Officer | 1 |
| Quality Coordinator | 1 |
| Environmental Services Manager | 1 |
| Environmental Supervisor | 1 |
| Allied Health Manager | 1 |
| Information Technology Support Officer | 1 |
| Care recipients/representatives | 12 |
| Housekeeping Supervisor | 1 |
| Fire Safety Advisor | 1 |
| Registered/qualified staff | 3 |
| Care staff | 6 |
| Occupational Therapist | 1 |
| Lifestyle staff | 2 |
| Hospitality staff | 8 |
| Maintenance staff | 2 |

## Sampled documents

| Category | Number |
|---|---|
| Care recipients' files | 8 |
| Summary/quick reference care plans | 5 |
| Medication charts | 20 |
| Personnel files | 6 |

## Other documents reviewed

The team also reviewed:

- Audit schedules, audits and associated records

- Blood glucose level records

- Care recipient list

- Comments, compliments and complaints forms, register and associated records

- Communication records including memoranda, newsletters, diaries, communication books, electronic alerts and correspondence

- Controlled drug registers, drug return sheets, nurse initiated medications

- Duty lists

- Education records including calendars, matrix and attendance records, questionnaires and competencies

- Fire and equipment servicing records

- Fire, emergency and disaster management plans, booklets and guidelines

- Food safety plan and associated temperature monitoring records

- Handbooks/information for staff, care recipients and contractors

- Incident, accident and hazard forms, analysis and associated data

- Individual/group exercise and walking programs

- Maintenance records

- Menu, dietary information, dietary matrix and associated production lists

- Minutes of meetings, meeting schedule and agendas

- Monthly activity programs and activity evaluations

- Ordering and stock control records

- Pain assessments

- Palliative care pathway

- Police certificate and qualification records/matrix

- Policies and procedures

- Protocol for care recipients with weight loss

- Quality improvement forms, register and plan

- Roster and replacement records

- Safety data sheets, risk assessments and chemical register

- Self-assessment

- Strategic plan

- Surveys

- Wound and skin assessments and treatment sheets

## Observations

The team observed the following:

- Activities in progress and activity program displayed

- Administration and storage of medications

- Care recipients using mobility aids

- Catering, cleaning and laundry operations in progress

- Complaint and advocacy brochures and posters displayed

- Equipment and supply storage areas

- Fire equipment and evacuation diagrams

- Infection control equipment in use

- Interactions between staff and care recipients

- Internal and external living environment

- Meal and beverage service and dining experience

- Physiotherapy room and equipment

- Safety signage and guidelines

- Secure boxes for feedback forms

- Short group observation

- Staff work practices

# 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

Kerrisdale Gardens (the home) has systems and processes to identify, implement and evaluate continuous improvements through mechanisms including feedback forms, audits conducted across the four Accreditation Standards, reports and investigation of incidents and hazards, collection of key clinical indicator data and meetings. Improvements are logged and raised as agenda items at relevant meetings, actions are planned and monitored, before being evaluated through to completion. Stakeholders are provided feedback via correspondence, newsletters, notices and meetings. Care recipients/representatives and staff are aware of ways to raise improvement requests and to contribute to the home's continuous improvement.

Examples of improvements related to Standard 1 include:

- Management advised a review of the orientation program and resources has resulted in site specific and standardised information to be provided to all staff with associated competencies. For example, a customer service module and competency is now included in the orientation program to ensure all staff are aware of the expectations of management. Management advised care recipients/representatives have provided positive feedback regarding staff work practices and staff advised they are aware of their responsibilities in the delivery of services to care recipients.

- Management advised that as key senior personnel work across both Kerrisdale Gardens and the organisation's sister facility, a review of the audit schedule was required. This enables completion of audits to occur within recommended timeframes. Key staff advised this assists improved time management to meet their obligations.

**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 and processes to identify and ensure compliance with legislation, professional standards and industry guidelines. Changes in legislation are disseminated via updates of policies and procedures which are available to management and staff. The home provides information via electronic alerts, memoranda, newsletters, correspondence, meetings and education. Compliance with legislation and the Accreditation Standards is monitored through the audit system, performance appraisals and observation of staff work practices. Care recipients/representatives are notified of re-accreditation audits and the organisation has systems and processes to monitor currency of police certificates and designated personnel receive alerts for staff, volunteers and relevant service providers.

**1.3 Education and staff development**

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

*Team's findings*

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Recruitment processes ensure staff have the skills, ability and relevant qualifications to perform the role. Orientation processes include the provision of training specific to their roles by experienced staff and the completion of identified competencies. The home utilises internet seminars, self-directed learning and face to face education with associated competencies to provide a flexible learning environment for staff. Education is planned, scheduled, advertised and monitored for attendance. The need for further education is identified via monitoring processes including observation of staff practice, incident and hazard reporting, risk assessments, feedback from staff and care recipients/representatives and changes in care recipients' needs. Staff and management are encouraged and supported to undertake further education and formal qualifications utilising internal and external education processes. In relation to this Standard relevant education includes computer based modules for office, electronic communication systems training and documentation.

**1.4 Comments and complaints**

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

*Team's findings*

The home meets this expected outcome

Care recipients/representatives and other interested parties are aware of how to access the complaint mechanisms within the home. Management and key personnel provide opportunities for care recipients/representatives to voice concerns and management maintain an open door policy. Complaints information is available and discussed as a standing agenda

item at meetings. Complaints are captured through individual or group meetings and management provides either verbal or written feedback to the complainant until the complaint is closed. Changed processes or requirements to manage the complaint are communicated to relevant staff. External complaints information is displayed and available for care recipients/representatives to access.

## 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 values are documented and displayed throughout the home. The home invites stakeholders to workshops to review the organisations strategic plan and from this goals and objectives are developed which are reviewed regularly. Care recipients, staff and other stakeholders are informed about the home's philosophy, mission, values and commitment to quality through information handbooks and staff orientation processes.

## 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

There are appropriately skilled and qualified staff, sufficient to ensure services are delivered in accordance with the Accreditation Standards and the organisation's philosophy and objectives. The selection and employment of staff is based on required skills, experience and qualifications. Orientation processes include role specific information and completed competencies; new staff are supported by experienced staff during 'buddy' shifts. Staff skills are monitored through observation of staff practice, incident analysis and performance appraisals. A roster is maintained and reviewed to ensure there is sufficient staff to meet care recipients' needs. Staff state they have adequate time to complete their duties. Care recipients/representatives are satisfied with the timeliness of staff response to care recipients' requests for assistance.

## 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

Processes to ensure there are appropriate goods and equipment available for service delivery include key personnel being responsible for maintaining stock and ordering procedures. Equipment needs are identified by management, staff and health professionals based on the needs and preferences of care recipients. Equipment and stock for specialised health and

personal care, lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and/or reactive maintenance. Care recipients/representatives and staff are satisfied adequate stocks of goods and equipment are provided by the home.

## 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 utilises organisational processes to gather information through assessments, care planning, agreements, service contracts, staff recruitment and retention, comments and complaints, continuous improvement, meetings, and electronic and hard copy communications. Processes to ensure information is managed in a secure and confidential manner includes the secure storage and access to files. Electronic information is password protected and backed up as required. Clinical and administrative information is available to relevant individuals, which is reviewed and updated as required. Processes ensure information is disseminated via updates of policies and procedures, electronic alerts, memoranda, newsletters, meetings and education. The home collects and uses key information in relation to incident data, hazards, audits and survey data to monitor the delivery of care and services. Care recipients/representatives are satisfied with information and consultation processes and staff generally have access to relevant and current information to perform their roles.

## 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 systems to ensure external services are provided in a way that meets the home's service needs and quality goals. Processes ensure contract/service agreements and information provided remains current in regards to relevant licences, insurance details, registration certificates and police certificates, within the terms of their agreements. Service agreements are reviewed as required and feedback is sought to ensure consistent quality in service delivery processes. Care recipients/representatives and staff are satisfied with the quality of services provided by external suppliers.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

### *Team's findings*

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to this Standard, staff record adverse events and this information is analysed for trends. Care recipients/representatives and staff are satisfied that the organisation actively promotes and improves care recipients' health and personal care.

Examples of improvements related to Standard 2 include:

- The home has installed a wireless communication system whereby staff can verbally communicate to each other regarding all aspects of care and services required by care recipients. The wearable device enables all staff to verbally report and escalate information to alert registered staff of the current health status of care recipients; this then enables staff to prioritise and respond to emerging concerns as they arise. Management advised the home is currently upgrading the system to incorporate the ability for care recipients to verbally report concerns using the device. Care recipients are satisfied with the responsiveness and availability of staff.

- The home has a pharmacy store on the premises, which stocks over the counter medication only and provides care recipients and the local community with ability to order prescribed medication which is delivered as required. Care recipients advised the availability of the pharmacy provides them with the opportunity to "seek advice", and assists them to make their own decisions and maintain their independence. In addition, a private doctors' suite with treatment rooms and reception is also available. Management advised this enables care recipients to choose to make appointments with the visiting medical officer at the private practice.

- Specialised nursing education has been provided to clinical staff prior to the entry of a care recipient who requires a specific delivery method of medication. The medication ensures constant delivery of prescribed medications via an electronic pump to minimise the effects of the care recipient's current diagnosis. Relevant staff were trained by external specialists and trained staff provided training to other registered staff. The home developed a competency to be completed by all registered staff to ensure their awareness of the use of this equipment.

## 2.2 Regulatory compliance

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

### *Team's findings*

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with the legislation relevant to health and personal care. In relation to this Standard, there are established systems to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absence of care recipients.

## 2.3 Education and staff development

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

### *Team's findings*

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting care recipients' physical and mental health. In relation to this Standard relevant clinical education provided includes behaviour management, pain and medication management, nutrition and hydration and information relating to care recipients' specific diagnoses.

## 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 established systems and processes to support assessment, planning, delivery and evaluation of care recipients' physical and mental health care needs and interventions.

Clinical governance is provided by the Clinical Services Manager in collaboration with the Clinical Coordinator and registered staff. Care recipients and/or representatives are consulted regarding care needs and choices. Interim and comprehensive care plans reflecting identified needs, interventions, desired care outcomes, regular monitoring and evaluation time frames are documented in the home's electronic clinical database.

Registered nurse coverage is available 24 hours per day to ensure planned care is provided and changes in care recipient clinical status is actioned promptly. Clinical care outcomes are monitored through care plan evaluations, audits, analysis of clinical indicator data and care recipient/representative feedback. Staff demonstrate understanding of individual care recipient's needs and receive care directives via shift handover processes and via the home's

electronic clinical database, with practices supported through initial and ongoing education and training. Care recipients are satisfied with care provided to meet their health and personal needs and preferences.

## 2.5 Specialised nursing care needs

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

### *Team's findings*

The home meets this expected outcome

Care recipients specialised nursing needs are provided by appropriately qualified staff available on site 24 hours per day. Information from initial and ongoing assessments is reflected in comprehensive care plans and any special care needs documentation. Work instructions, flow charts and the organisational clinical manual guide staff in providing specialised care such as complex wound care, dementia care and palliative care and management of insulin dependent diabetes. Additional clinical expertise is accessed as required via specialist teams and/or individual external nursing specialists. The home monitors outcomes of specialised care through regular review/evaluation, care recipient feedback and consultation with individual care recipient's medical officer and external medical/nursing specialists as necessary. Staff maintain/enhance skill levels through professional development opportunities and access to clinical resource material. Specialist equipment and supplies are available as necessary. Care recipients are satisfied with care provided at the home and the support received with specialised nursing care needs.

## 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 have access to a range of health specialists according to their assessed needs and preferences. Initial and ongoing assessment processes identify individual care recipient's need for other health and related care, with services provided both internally and externally by medical and allied health professionals. Referrals are initiated by registered nurses and/or the care recipient's medical officer. Outcomes of referrals are documented and any care changes incorporated into relevant care plans. Effectiveness of care is evaluated through established evaluation processes and through care recipient feedback. Care recipients and/or representatives are satisfied with access to other health specialists and the choices available.

## 2.7 Medication management

*This expected outcome requires that "care recipients' medication is managed safely and correctly".*

### *Team's findings*

The home meets this expected outcome

The home has policies and procedures, appropriately qualified staff and ongoing monitoring systems to ensure safe and correct management of care recipients' medication. Initial medical

and nursing assessments identify individual care recipient's need for assistance and their ability to self-medicate if/when this is appropriate. Medication prescribing, dispensing and storage processes and practices are according to legislative and regulatory requirements. The electronic medication management system is used by the home's preferred external pharmacy service; medications are packaged in a multi-dose system with care recipients' medications reviewed regularly by their attending medical officer and by a visiting clinical pharmacist. Registered/qualified staff assist care recipients with their medications. Management monitor/evaluate medication management processes and practices through investigation/analysis of staff and pharmacy related medication incidents, audits, observation and discussion at relevant meetings. Any identified trends in medication errors are investigated in relation to process issues, with policy and/or practice amended if necessary. Staff education is provided by senior clinical staff and by an external pharmacist. Care recipients are satisfied with the assistance provided to manage their medication.

## 2.8 Pain management

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

### Team's findings

The home meets this expected outcome

Care recipients' pain management needs are identified through initial and ongoing assessment processes; use of verbal and non-verbal assessment tools enables planning of interventions appropriate for the type and intensity of pain. Individual pain management care plans reflect care recipients' personal preferences and interventions identified as effective in reducing pain. Pain management strategies include care recipient assessment by registered staff and the physiotherapist, with interventions such as positioning, gentle exercise, massage and heat therapy used in conjunction with administration of prescribed medication and provision of emotional support. Implementation of pain management practices involves all levels of staff, including physiotherapy aides. Monitoring and evaluation processes, including ongoing reassessment of pain identify when existing management strategies are ineffective, occurrence of new pain and/or the need for further health professional referrals. Care recipients and/or representatives are generally satisfied with the help and support provided to assist them/their relative to remain as free from pain as possible.

## 2.9 Palliative care

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

### Team's findings

The home meets this expected outcome

The home has ongoing review and evaluation systems to ensure provision of appropriate care and comfort for care recipients at the end of life. Initial and ongoing assessment processes, including discussion with care recipients and representatives enable preferences relating to palliative care to be identified. As care recipients clinical status changes, their needs, preferences and required care interventions are implemented and reviewed/amended regularly. An end of life pathway is used to document the palliative care requirements of dying care recipients. Monitoring processes ensure care recipients' physical, emotional and spiritual needs and preferences are identified and met. Staff receive palliative care education and are supported to provide care that respects care recipients' choices at the end of life, including any specific cultural/religious practices. Palliative care is enhanced by staff participation in

palliative care education and/or input from regional palliative care specialists. Staff are aware of interventions required to provide comprehensive care and comfort for dying care recipients and support for their families. Feedback from family members/representatives are satisfied with care provided to their relative and comfort provided to them.

## 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 receive nourishment and hydration according to their assessed needs and preferences. The home aims to enable meal/beverage services that provide positive social experiences as well as meeting nutritional needs. Initial and ongoing assessment and review processes identify dietary requirements including any food allergies and special dietary needs. This information is reflected in individual care plans. Established communication processes, including use of the electronic dietary management system, ensure current information is transferred to the preparation kitchen and to the home's dining areas where meals are served. Care interventions include provision of special utensils, assistance with meals, provision of thickened fluids, texture modified diets and nutritional supplements.

Referrals to a speech pathologist and/or dietitian are made as required. The home monitors care outcomes through regular recording/review of care recipients' weights, audits and care plan evaluations. Results show that deficiencies in care recipients' nutritional requirements/status and unplanned weight loss or gain are investigated and actioned. Staff are aware of processes to report/action concerns regarding care recipients' fluid and /or food intake. Care recipients and/or representatives are satisfied their/their relative's nutrition and hydration needs are being met.

## 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

Initial and ongoing assessment, review and evaluation processes identify care recipients' skin integrity status, the potential for skin breakdown and interventions aimed at maintaining skin integrity consistent with their general health. Care outcomes are monitored through regular care evaluations, audits and investigation of incidents involving breaks in skin integrity. Wound care processes include initial and ongoing assessment, regular review of progress towards healing and evaluation of specific care interventions. Specialist wound care advice is available through external services to assess wounds and recommend/evaluate treatment if required. Registered/qualified staff provide wound care with registered nurses undertaking weekly wound reviews to monitor/evaluate treatment regimens; nutritional supplements may be included to promote optimal healing. The incidence of pressure injuries/skin tears is captured and analysed for causative factors. Staff receive training in correct manual handling techniques and skin/pressure area care and demonstrate awareness of interventions necessary to maintain skin integrity, including use of pressure relieving equipment and regular repositioning. Care recipients and/or representatives are satisfied that skin integrity is consistent with care recipients' general health.

## 2.12 Continence management

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

### Team's findings

The home meets this expected outcome

Continence assessments for individual care recipients to identify the nature and level of any incontinence are part of entry processes. Information gathered is used to inform development of continence programs and care plans. Ongoing monitoring of care outcomes includes regular care plan evaluation, accessing care recipient feedback and audits. Complex nursing care needs such as indwelling catheter and stoma management are provided by appropriately qualified/trained staff. Increased incontinence prompts reassessment and investigation of potential causes. Review processes and ongoing staff training enable prompt detection of, and attention to, risk factors such as recurrent urinary tract infections and/or constipation. Individualised programs to manage/prevent constipation include measures such as regular monitoring of bowel patterns, dietary interventions and administration of prescribed medication. Sufficient supplies of appropriate continence aids are maintained.

Staff competencies are used to assess care and registered staff skills in assisting care recipients to manage their continence needs. Care recipients are satisfied with the level of assistance, aids and specialised care provided.

## 2.13 Behavioural management

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

### Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified; interventions are identified/implemented to minimise care recipients' challenging behaviours, manage the potential for these behaviours and to protect the safety and rights of the care recipient and others. Ongoing assessment, review and evaluation processes aid identification of triggers and effectiveness of interventions aimed at managing behaviours such as agitation, aggression and intrusion. Care plans reflect assessment information and input from representatives, the care recipient's medical officer and relevant external services if/when required. Prescribed medications are administered as necessary to prevent/manage challenging behaviours. The home promotes a restraint free environment, with alternative options investigated if restraint is considered necessary. Care outcomes are monitored through observation, regular care evaluations and recording/analysis of behaviour incidents. Processes are implemented to identify physical symptoms such as pain and infections as possible triggers for challenging behaviours and the need to address these in ongoing care. Staff receive education in dementia care, demonstrate understanding of interventions necessary to care for individual care recipients and of their responsibilities regarding mandatory reporting. Care recipients and/or representatives report they feel safe and secure in the home's environment.

### 2.14 Mobility, dexterity and rehabilitation

*This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all care recipients".*

***Team's findings***

The home meets this expected outcome

Processes including initial and ongoing assessments by registered staff and the physiotherapist identify care recipients' specific mobility, transfer and therapy needs. Care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Staff initiate passive exercises with care recipients during daily care routines and facilitate individual exercise programs and other supportive measures in conjunction with the physiotherapist and physiotherapy aides. Care recipients are assisted to trial and select mobility aids suitable for their needs. Use of appropriate manual handling techniques, implementation of strategies to prevent /minimise falls and monthly analysis of falls data assist care recipients to achieve and maintain optimal mobility. The physiotherapist and registered staff reassess care recipients' level of risk and care needs following falls and/or injury. Care outcomes are monitored through regular care plan evaluation, investigation/analysis of falls and care recipient feedback. Care recipients and/or representatives are satisfied with the level of support and assistance provided to maintain optimum levels of mobility and dexterity for care recipients.

### 2.15 Oral and dental care

*This expected outcome requires that "care recipients' oral and dental health is maintained".*

***Team's findings***

The home meets this expected outcome

Care recipients' oral and dental needs are identified through initial and ongoing assessments, review/evaluation processes and care recipient feedback. The level of assistance required to maintain care recipients' oral and dental health is included in individual care plans documenting the presence of dentures or care recipients' own teeth and specific care strategies. Oral hygiene is provided as part of daily personal care processes.

Outcomes of oral care are monitored through reassessment, regular care plan evaluation and through reports following referral to dental services. Oral care equipment and products are available to provide oral care for care recipients, including maintaining oral comfort for those at the end stage of life. Ongoing education and provision of clinical resource material guide staff practice relating to oral care. Care recipients expressed satisfaction with the level of support and assistance provided 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

Care recipients' sensory impairments and associated needs are identified through initial and ongoing assessment processes. Individual care plans, provision of assistive devices,

modification of the environment and assistance with activities of daily living support those care recipients identified with a range of sensory impairments/ loss. Care strategies and referral to relevant specialists are implemented as required. Care outcomes are monitored through care recipient feedback, observation, regular care evaluations and review of audit/incident data. Staff demonstrate awareness of individual care recipient's sensory impairments and the interventions required to assist them in managing the impact of these impairments. Care recipients and/or representatives are satisfied that staff are sensitive to care recipients' sensory losses and assist them as required.

## 2.17 Sleep

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

### *Team's findings*

The home meets this expected outcome

Initial and ongoing assessment processes identify care recipients' sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help them achieve and maintain natural sleep patterns. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Care recipient feedback and ongoing assessment, planning and evaluation processes monitor the effectiveness of interventions provided to assist care recipients achieve/maintain restful sleep. Staff are aware of individual care recipient's sleep/rest patterns and personal routines and provide additional support for those with disturbed sleep related to agitation, anxiety or recurrent pain. Care recipients said they are able to sleep comfortably and are satisfied with the support provided by staff.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

### *Team's findings*

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to this Standard, meetings and surveys are used to gather suggestions and feedback is regularly evaluated from lifestyle and care activities. Staff contribute to improvements to care recipient lifestyle with regular meetings and encourage and support care recipients and others to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- The home provides an integrated living environment whereby care recipients and/or their carers are supported by offering options to live in the multistorey complex with combined residential aged care home and independent apartments or in the independent living units. Management have also been able to assist care recipients who initially commenced living independently in the independent apartments and are able to remain in the apartment while receiving care provided by the home. Care recipients and their representatives provided positive feedback relating to this initiative, advising they are able to sustain their close relationships and bonds which are supported by management and staff.

- Management advised that in the planning stages of construction of the home, raised garden beds were considered to ensure care recipients have access to areas which would support their interests. Care recipients who have an interest in gardens have been allocated specific areas, which they tend as able, for example one care recipient advised how they maintain their interest in growing orchids. In addition, for those care recipients who require support, staff are available to assist with aspects of the gardening and some vegetables and herbs are utilised by the catering and/or activity departments. Care recipients are satisfied with the support provided by the home to maintain their own interests.

- Care recipients suggested a mail box would be appreciated to enable them to post their mail. A mail box was made available for care recipients for lodging their envelopes and staff ensure these are posted as required. Care recipients are satisfied with the responsiveness of management to their suggestions.

- Care recipients requested a telephone list of external providers' numbers (who attend the home) for example the hairdresser, doctor or the pharmacy. A telephone list has been provided and care recipients advised this enables them to contact or make arrangements with these providers and assists them to maintain their independence.

## 3.2 Regulatory compliance

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

### Team's findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with relevant legislation. In relation to this Standard, the home has systems to ensure reportable and non-reportable events are managed according to legislative requirements.

## 3.3 Education and staff development

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

### Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing training and management and staff demonstrate knowledge and skills relevant to their roles in the maintenance of care recipients' rights. In relation to this Standard relevant education includes compulsory reporting, advocacy, loss and grief and privacy and dignity.

## 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 information about the home prior to entry and through orientation processes to assist adjustment to their new environment. Ongoing assessment, planning and evaluation systems identify care recipients' needs and preferences for emotional support.

Individual care plans document care interventions and preferred support mechanisms both internal and external. Family members and friends are welcomed as part of the supportive network and encouraged to visit during care recipients transition to life at the home. Care and lifestyle staff provide emotional support and are involved in monitoring care outcomes through reassessment, personal contact with care recipients and family members, observation and regular care evaluation. Care recipients are receiving additional emotional support through contact with pastoral care personnel and/or selected volunteers. Care recipients are satisfied with support received during their settling in period and with the ongoing support provided by management and staff.

### 3.5 Independence

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

*Team's findings*

The home meets this expected outcome

The home's system for the assessment, planning and delivery of care and services identifies care recipients' previous interests and lifestyle as well as their current interests and abilities. The information assists with development of care plans that maximise opportunities for individual care recipients to maintain independence. Staff assist care recipients with those aspects of personal care and other activities they are unable to manage unaided; reassessment and review of care plans identify interventions needed to provide ongoing support to enable care recipients to maintain optimal levels of physical, social and financial independence. Care outcomes are monitored through feedback from care recipients and representatives via processes including compliments/complaints, use of feedback forms, observation and regular care plan evaluation. Staff assist care recipients to maintain their civic and legal rights and to exercise control of their lives to their optimal capacity. Care recipients said they are encouraged and supported to be independent.

### 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 established and maintains a supportive environment that protects and respects care recipients' privacy and dignity. Entry processes provide care recipients with information about their rights, including their right to privacy. Staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain respectful relationships with care recipients and representatives. Completion of a confidentiality agreement is included in staff orientation processes. Administrative processes and monitoring of staff practices protect personal information and identify/address breaches of privacy and confidentiality. Staff described how they respect care recipients' privacy, dignity and individual preferences while providing care and services, including for care recipients with cognitive impairment. Outcomes of care are monitored through care recipient/representative feedback individually and at meetings and observation of staff practice. Care recipients said staff are courteous and respectful of their privacy.

### 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

Initial and ongoing assessment processes identify care recipients' past and current leisure interests. Care plans reflecting care recipients' individual physical, sensory/cognitive abilities

and identified interests are developed and reviewed regularly by lifestyle staff. Ongoing processes for planning, delivering and evaluating individual and group lifestyle programs consider care recipients' interests and capabilities including the needs of those with limited mobility and/or cognitive impairment, the home's male care recipients and those wishing to pursue activities outside the home. Staff inform care recipients of activity programs through established communication processes; volunteers assist care recipients to be involved in the lifestyle program. The lifestyle coordinator and organisational diversional therapist maintain a register of those requiring one to one activities/stimulation, including regular room visits and volunteer support for bedfast care recipients. Activities are monitored and evaluated through feedback from individual care recipients and family members, comments and complaints and review of participation rates. Care recipients report they are able to choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

### 3.8 Cultural and spiritual life

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

***Team's findings***

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans that assist staff to foster and value a range of belief systems and customs. Care delivery processes involve pastoral care and volunteer personnel who provide emotional and spiritual support and may assist care recipients to attend religious observances if required. The catering service is able to provide for specific cultural dietary needs and preferences and is involved in celebrations held to mark days of religious and cultural significance. Care and lifestyle staff access information via external organisations and/or the internet to assist them in providing care for care recipients from different ethnic backgrounds. Outcomes of care are monitored through care recipient feedback, regular care plan evaluation and complaint investigation processes. Staff receive information to increase their awareness of specific cultural and religious considerations including those relating to personal care. Care recipients report their cultural and spiritual needs and preferences are respected and supported.

### 3.9 Choice and decision-making

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

***Team's findings***

The home meets this expected outcome

Care recipients are provided with opportunities to participate in decision making through processes relating to care planning and delivery and lifestyle choices. Both care recipients and their representatives are encouraged to be actively involved in decision making at all stages of the care recipient's tenure. Alternate decision makers are identified for those without the capacity to make their own decisions. Advanced health directives are acknowledged, recorded and stored appropriately. Processes to identify care recipients' choices/preferences include initial and ongoing assessments, meetings, comments and complaints and daily contact

between staff and care recipients. Staff respect and accommodate care recipients' decisions and encourage them to be involved in choice of times for daily hygiene cares and evening retiring times and to attend/contribute to care recipient meetings. Established processes assist individual care recipients to make decisions about choices/actions that may involve risk. Opportunities for care recipients to exercise their decision making rights are monitored through care plan evaluations and individual/group feedback. Care recipients are satisfied with choices offered in matters relating to the care and services they receive.

### 3.10 Care recipient security of tenure and responsibilities

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

### *Team's findings*

The home meets this expected outcome

Care recipients and/or their representatives are supplied with written and verbal information regarding care and service provision prior to entering the home. Documents including an information package and residential care agreement provide information about terms and conditions of their tenure, fees and charges, dispute resolution and care recipient rights and responsibilities. Key personnel, including organisational representatives are available to ensure there is shared understanding of the terms of the residential agreement; ongoing information regarding changes to fees and charges and other legislative/regulatory issues is provided. The home is unable to safely accommodate care recipients requiring secure dementia care; representatives and care recipients are advised of this on entry to the home. If required care recipients and representatives are assisted to find alternative accommodation. Care recipients are aware of their rights and responsibilities and are satisfied their tenure at the home is secure.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

### *Team's findings*

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes. In relation to this Standard, information collected through reporting mechanisms about hazards, incidents, infections, and the environment is analysed for trends. Staff and care recipients are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

- Management advised the nurse call system supports a wireless bracelet which is available for care recipients to wear when outside their rooms, especially in the external environment such as the gardens, to maintain their safety and support their independence. Management advised care recipients who are at risk of falls or who have the potential to wander will be allocated these wireless bracelets as the bracelets also are able to be used to locate the whereabouts of care recipients.

- Management advised video surveillance cameras have been installed and located at the front entry of the home which assists in maintaining the security of the home. They advised the multistorey building is accessed after hours by security cards provided to personnel and people residing in the private apartments; visitors wishing to access the home after hours have access to a bell which alerts the nurse call system and staff use the video surveillance monitor to identify visitors prior to allowing entry. Care recipients/representatives and staff state the home is "safe and secure".

- In response to a complaint received, management reviewed the signage to inform stakeholders of the presence of a traffic calming device. Additional signage is now displayed and the device has been painted to alert drivers.

- The organisation has implemented an electronic maintenance program to provide improved ways to communicate maintenance issues as they arise. Education and electronic access have been provided to relevant staff to log maintenance requests and management advised the program enables management to monitor completed and outstanding maintenance issues. In addition, the program alerts management when scheduled preventative maintenance is due and management monitor these tasks until completed. Care recipients/representatives are satisfied with the responsiveness of staff to maintenance issues.

**4.2 Regulatory compliance**

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

*Team's findings*

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. In relation to this Standard the home has a food safety program and processes for monitoring workplace health and safety requirements and fire safety.

**4.3 Education and staff development**

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

*Team's findings*

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in maintaining the welfare of care recipients, staff and visitors in safety and comfort. In relation to this Standard relevant education includes mandatory education for fire and emergency response, food and fluid texture modification, chemical management, cleaning equipment and practices, manual handling and infection control practices.

**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

Monitoring of the living environment occurs through the reporting and actioning of hazards and the investigation of incidents. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. Where the need for restraint has been identified, assessment and authorisation is documented and monitoring is undertaken. Care recipients are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable environment to support care recipients' lifestyle needs. The home is secured each evening and lighting ensures a safe environment. Care recipients/representatives are satisfied that management is actively working to provide a safe and comfortable environment.

**4.5 Occupational health and safety**

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

***Team's findings***

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Processes and procedures identify hazards, review safe work practices, evaluate new equipment and provide ongoing education to maintain a safe working environment and the home provides information to direct staff practice. Workplace health and safety information is provided during orientation and staff meetings and annual mandatory training contribute to a safe working environment. Audits and risk assessments, hazards and incidents are logged and discussed at work place health and safety meetings. Staff are aware of the safe use of chemicals and report maintenance issues, hazards and incidents.

**4.6 Fire, security and other emergencies**

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

***Team's findings***

The home meets this expected outcome

Fire, security and safety systems are maintained through policies, procedures, programmed maintenance by qualified personnel and education processes. Monitoring processes generally include audits and visual inspections for the identification and reporting of risk, potential and actual hazards related to fire, security and other emergencies. Education processes include information that is provided at orientation and annually thereafter relating to emergency and disaster procedures, safety and security procedures. Care recipients/representatives and staff are satisfied with the safety and security of the physical environment.

**4.7 Infection control**

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

***Team's findings***

The home meets this expected outcome

The home has an infection control program which includes monitoring of care recipients' infections and staff training in infection control including hand washing, cleaning, safe food handling and effective laundry practices. The home has processes to identify infection signs and symptoms, to refer care recipients to medical officers for review and to monitor treatment strategies for effectiveness. Infection statistics are recorded and analysed for trends to evaluate effectiveness of infection control measures and to identify any need for practice review/change. Opportunities for education are identified through analysis of infection data, audits and observation of staff practice. Care recipients and staff are supported and encouraged to participate in influenza immunisation. Procedures are available to guide management and staff in the event of an infection outbreak. There are processes to manage pests and to minimise risks of cross infection.

### 4.8 Catering, cleaning and laundry services

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

***Team's findings***

The home meets this expected outcome

Care recipients expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Care recipients' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure their individual needs and preferences are met. A dietitian approved menu provides guidance for the provision of meal and beverage services and in consultation with care recipients, alternative meal preferences are provided. Care recipients/representatives are invited to forums to discuss menu issues and their satisfaction with the meals is monitored via surveys. Cleaning, laundry and catering services are monitored to ensure services are provided in accordance with infection control practices and in a way that supports care recipients' needs.