



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Ridgehaven Residential Care Centre**

RACS ID 6124  
Gate 3 Hazel Grove  
RIDGEHAVEN SA 5097

**Approved provider: Allity 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 29 June 2018.

We made our decision on 05 May 2015.

The audit was conducted on 23 March 2015 to 25 March 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

## Standard 4: Physical environment and safe systems

### Principle:

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

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Ridgehaven Residential Care Centre 6124**

**Approved provider: Allity Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 23 March 2015 to 25 March 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 23 March 2015 to 25 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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>	Sandra Lloyd-Davies
<b>Team members:</b>	Catherine Wohling Joanne Glaze

## Approved provider details

<b>Approved provider:</b>	Allity Pty Ltd
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## Details of home

<b>Name of home:</b>	Ridgehaven Residential Care Centre
<b>RACS ID:</b>	6124

<b>Total number of allocated places:</b>	123
<b>Number of care recipients during audit:</b>	119
<b>Number of care recipients receiving high care during audit:</b>	107
<b>Special needs catered for:</b>	People with dementia or related disorders

<b>Street:</b>	Gate 3 Hazel Grove
<b>City:</b>	RIDGEHAVEN
<b>State:</b>	SA
<b>Postcode:</b>	5097
<b>Phone number:</b>	08 8397 0100
<b>Facsimile:</b>	08 8396 5763
<b>E-mail address:</b>	<a href="mailto:rhankins@ech.asn.au">rhankins@ech.asn.au</a>

## Audit trail

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

### Interviews

Category	Number
Corporate and site management	5
Clinical and care staff	8
Lifestyle staff	1
Care recipients/representatives	20
Ancillary staff	7
Quality and administration staff	2

### Sampled documents

Category	Number
Care recipients' files, care plans and progress notes	10
Medication charts	6

### Other documents reviewed

The team also reviewed:

- Action summary reports
- Activities attendance records
- Activities calendar
- Advanced care directives
- Asset register
- Bowel Charts
- Cleaning schedules
- Comments and complaints register
- Communication diary
- Continuous improvement plan
- DBMAS information charts
- Diaries

- Dietary preference records
- Drugs of dependence register
- Feedback forms
- Food safety plan and audit report
- Handover records
- Head to Toe skin care checks
- Incident and hazard data
- Infection logs
- Legionella testing records
- Mandatory reporting register
- Medical and allied health reports
- Memoranda
- Menu
- Newsletters
- Pharmacist medication reviews
- Police certificate records
- Preventive and corrective maintenance records
- Resident handbook
- Residential services agreement
- Resident welcome pack
- Restraint documentation
- S4 and S8 drug licence
- Safety data sheets
- Schedule 4 and 8 Licence
- Shift allocation sheets
- Staff education records
- Staff induction pack
- Temperature testing records



- Triennial fire safety certificate
- Various audits and surveys
- Various meeting minutes
- Various monitoring charts
- Various policies, procedures and guidelines
- Wound care plans

## **Observations**

The team observed the following:

- Activities in progress
- Cleaning in progress
- Contractor/visitor sign-in/out book
- Dental care information
- Equipment and supply storage areas
- Fire safety equipment
- First aid boxes
- Infection control resources
- Interactions between staff and care recipients
- Internal and external complaints information
- Living environment
- Meal Service
- Medication administration
- Personal protective equipment
- Resident crafts
- Resident magnifying equipment
- Sensor mats
- Sensory kit
- Short group observation in memory support dining room
- Storage of medications

- Suggestion boxes
- Various noticeboards

## 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

Ridgehaven residential care centre is owned and operated by Allity Aged Care Pty. Ltd. The home identifies improvement opportunities from feedback forms, resident forum meetings, audits, surveys, staff suggestions and verbal feedback. Identified improvements are recorded on a plan for continuous improvement spreadsheet and action summary reports are generated to track progress and evaluation. Progress is monitored by the staff services coordinator. Delegated staff are responsible for actions and meeting timelines generated from continuous improvement activities. Care recipients, representatives and staff interviewed are satisfied the home acts upon their suggestions.

Examples of improvement initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- In response to feedback from staff an opportunity to improve communication was identified. Noticeboards have been mounted in the staff room. The noticeboards include headings such as 'education and training', 'committee news' relating to work health and safety and 'calendar' for staff meetings. A survey of staff shows nine of ten staff surveyed stated they have found information on the noticeboards useful.
- Management identified an opportunity to improve communication with staff with a view to improving call bell response times and monitor staffing levels. Call bell reports have been reviewed by the general manager and discussed at team meetings. Staff are sent a letter asking them to provide an explanation as to why a call bell was not answered within three to five minutes. This initiative is ongoing and feedback from staff has assisted the general manager to monitor staffing levels throughout the facility.

## 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 organisation has systems and processes to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The general manager ensures legislative updates received from corporate office are distributed to relevant staff. Information is disseminated to staff via email, memoranda, meetings and intranet. Compliance is monitored through internal and external audits. Results show audits are effective in identifying compliance issues and actions are implemented as required. Staff interviewed said they are updated about changes that affect their work. Care recipients/representatives interviewed said they were aware of the re-accreditation audit.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Notification in writing of re-accreditation audit sent to care recipients and representatives
- Police certificates are current for staff, external contractors and volunteers
- Professional registrations are monitored for clinical and allied health staff.

### **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 has processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Education needs are identified through the annual professional development program, audits and meetings. An education and staff development program schedules training throughout the year. Commencing employees undertake mandatory training as part of the induction process. Results show the home provides relevant education across the Accreditation Standards. Staff interviewed said they have access to self-directed learning packages. Care recipients and representatives interviewed are satisfied staff have appropriate skills and knowledge to provide care and services.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- Customer service
- Incident reporting
- Induction
- Information technology.

### **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 have access to internal and external complaints mechanisms. On entry to the home care recipients and/or representatives are provided with information about internal and external complaints mechanisms, including information in the resident handbook and welcome pack. Feedback forms and information about complaints mechanisms are displayed around the home.

Feedback boxes are available for confidential lodgement of comments or complaints. Complaints are recorded and monitored by the general manager. Results show care recipients and representatives are aware of internal and external complaints mechanisms. Staff interviewed are aware of the comments and complaints system and feel supported in raising concerns with management. Care recipients and representatives interviewed are generally satisfied that concerns they raise are managed effectively.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation's values, vision and model of care are documented in care recipient and staff handbooks. Documentation containing the home's values has consistent content and is displayed in the home. The site general manager reports to corporate management. The organisation is headed by a chief executive officer who is supported by a senior leadership team. Staff are familiar with the home's values, philosophy of care and commitment to quality.

## 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 processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. The organisation has recruitment processes to ensure potential employees have appropriate skills and qualifications. Corporate and site processes monitor police certificates and professional registrations. Commencing employees attend an induction program. The home's management monitors staffing levels and skill mix through staff feedback and care recipients' needs on an ongoing basis. Vacant shifts are filled by permanent or casual staff and agency as required. Staff are guided in their roles by duty statements, standard operating procedures, guidelines, schedules and policies and procedures. Staff interviewed said they have sufficient time to complete their tasks. Care recipients and representatives interviewed are satisfied that staff have the appropriate skills to deliver care and services.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home uses corrective and preventive maintenance processes and external contractors to monitor plant and equipment. Re-ordering and re-stocking of supplies are delegated to relevant staff from various areas within the home. Monitoring processes include an asset register and feedback from staff.

Results show stock levels of goods and equipment are reviewed and maintained. Staff, care recipients and representatives interviewed said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

## 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 an information management system which provides staff, care recipients and relevant stakeholders access to accurate and appropriate information. Care recipients/stakeholders receive information about the provision of services via the resident welcome pack and resident agreement. A variety of information is available on site including newsletters, meetings, noticeboards and consumer brochures. The organisation has an email communication system for enrolled and registered nurses and personal care workers have access to online policies and procedures. The staff handover processes facilitate the identification, documentation and communication of changes in care needs. Specific information, such as audit, survey and incident data is collected according to a schedule and analysed at site and corporate level. There are procedures for secure storage and management of confidential information. The home monitors information systems through audits, surveys and feedback from consumers. Results show staff practices comply with organisational and legislative requirements. Staff interviewed said they have access to accurate information to assist them to perform their role. Care recipients and representatives are satisfied they have access to information to make decisions about care recipients' care and lifestyle.

## 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 uses externally sourced services to assist in meeting the residential care service's needs and service quality goals. The home has agreements with external contractors in relation to allied health services, linen, chemical, fire safety and pharmacy. Tender processes are managed corporately. Preferred suppliers are required to meet the organisation's safety standards and undertake a contractor's induction. Monitoring processes include staff feedback, service reports and observation. Results show external contracts are documented and meet the home's service quality goals. Service providers are changed if considered unsatisfactory. Staff, care recipients and representatives interviewed said they are satisfied with the external services provided.

## 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 Standard 2 Health and personal care, the home identifies improvements from care recipients, representatives and staff feedback. Other sources of feedback include, comments and complaints, audits, incidents and care reviews. Care recipient incidents are monitored, including falls, wounds, infections, behaviours and medication errors. Care recipients, representatives and staff are satisfied the home supports them to provide feedback and suggestions.

- Following a review of clinical systems, management identified an opportunity to improve clinical outcomes for care recipients. Internal audits have been introduced. A schedule and checklist have been implemented and staff have been notified of this initiative at meetings. Initial results have been positive, showing the audits have been effective in identifying systems gaps. Care plans have been updated following the audits. This initiative is ongoing and yet to be fully evaluated.
- In response to a review of sling use, management identified an opportunity to improve care recipient mobility by ensuring lifter slings are readily available for each care recipient where applicable. Each care recipient requiring a sling has had one allocated to them and it is kept in their room. A memo has been sent to staff advising them of current sling processes. A cleaning schedule has been developed for laundering of the slings. Staff report the slings are readily available to assist with care recipient mobility. This initiative is yet to be fully evaluated.



## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Care recipients assessed by appropriately qualified and skilled staff
- Medication is stored safely and securely
- Register for the reporting of absconding care recipients
- Schedule 4 and 8 drug licence.

## 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 education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Continence management
- Diabetes management
- Medication management and competencies
- Oral care
- Palliative care
- Wound management.

## 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 processes to ensure each care recipient receives appropriate clinical care. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient’s clinical care needs. In consultation with the care recipients and their representatives an interim care plan is developed on entry to the home. Care recipients are assessed using validated tools to generate a detailed care plan within four weeks of commencement. Care plans are reviewed four monthly or updated as required to reflect changes to care needs. Clinical care is monitored through audits, observations, clinical incident data, care recipient and staff feedback. Clinical review meetings are conducted three times a week allowing discussion of individual care recipients’ issues resulting in development of treatment plans to improve outcomes. Results show care recipients care plans are updated where there are changes to clinical care needs. Staff interviewed said they have access to up-to-date care plans and are notified of changes to care recipients’ clinical care needs. Care recipients and representatives interviewed said they are consulted about care recipients’ clinical care needs and are satisfied with the care provided.

## 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 recipient’s specialised nursing care needs are met by appropriately qualified staff. The home has a structured approach for identifying, assessing, monitoring, referring and communicating each care recipients’ specialised care needs. Individualised technical nursing and treatment care plans outline support strategies for specialised nursing care. Specialised nursing care needs are met by registered and enrolled nursing staff. Complex needs are overseen by the registered nurse with support and advice from clinical service advisors when needed. Training and education programs support staff with ongoing learning opportunities. Monitoring processes include care plan review, observation and care recipient and staff feedback. Results through care plan review indicate care recipients are satisfied with the specialised nursing care provided. Staff interviewed said they have access to equipment, procedures and guidelines to assist them to meet care recipients’ specialised care needs.

Care recipients and representatives interviewed said they are satisfied care recipients specialised care needs are managed appropriately.

## 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

The home has processes to ensure care recipients are referred to appropriate health specialists in accordance with each care recipient’s needs and preferences. Referral requirements are identified through assessment processes, progress note entries, clinical incidents and observations. A range of allied health specialists visit the home including podiatry, optometry, speech pathology, and dietitian services. A physiotherapist is employed at the home for assessment and ongoing review of care recipients’ needs. Care recipients are assisted to attend allied health services outside of the home as required. The home monitors the effectiveness of allied health referrals and outcomes through care plan review processes, and clinical review meetings. Results show care recipients are referred to appropriate allied health specialists as required and care plans are updated to reflect specialists’ recommendations. Staff interviewed described referral processes and said care plans are updated to reflect care recipients’ current care needs. Care recipients and representatives interviewed said care recipients are referred to appropriate specialists as required.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients medication is managed safely and correctly in accordance with regulatory requirements, professional standards and guidelines. This is supported through embedded systems and processes, and staff practices. Care recipients have a comprehensive assessment on entry to the home with personal details and administration instructions listed on their medication chart. Care recipients’ medication is monitored through general practitioner and clinical pharmacist review. Gaps identified through auditing processes are reported to the care services manager, trending information is collated and issues are discussed through the medication advisory committee. Medication is stored safely and securely and administered from pre-packaged sachets and blister packs by registered and enrolled nurses. Results show through reviews and audits that medication is managed safely and securely. Medication credentialing is undertaken by enrolled nurses. Ongoing competency is monitored through annual education. Staff interviewed said they undertake training in relation to medications. Care recipients interviewed said they were satisfied with how their medications are managed and the level of consultation.

## 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

The home has systems to ensure all care recipients are as free from pain as possible. On admission care recipients are assessed by nursing staff, allied health and medical personnel for needs and preferences relating to pain. The home uses Allity’s pain assessment tool and non-verbal assessment tools to assess care recipient pain levels. Care planning includes addressing identified pain through a variety of interventions, such as physiotherapy, heat therapy, massage, exercise programs and pharmacological interventions. Care recipients’ pain levels are monitored through observation, assessment and care plan review processes. Results show pain management is routinely discussed at clinical and handover meetings and any issues relating to pain are addressed promptly. Staff interviewed said they have access to guidelines to assist in managing experiences of pain. Care recipients interviewed said they are satisfied that pain issues are managed effectively.

## 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 processes to ensure the comfort and dignity of terminally ill care recipients. On entry care recipients and representatives are consulted about individual care needs including end of life care wishes and preferences. Assessment processes identify cultural and spiritual needs and preferences which are reflected in health and end of life plans of care. When a care recipient enters the palliative care phase, a collaborative approach is used which includes the care recipient, representative, general practitioner and allied health specialists to maintain comfort and dignity of the care recipient at all times. There is a referral pathway to direct consultation with external palliative care services if required. The home has equipment for staff to facilitate therapeutic management and ongoing education is provided to staff. Results show through care plan review that care recipients are monitored for change in health status and care and activities are altered to reflect the change. Staff interviewed said they have access to appropriate equipment and education is provided. Staff said they feel well supported and confident in being able to support and manage care recipients through the palliative process.

## 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 adequate nourishment and hydration. Menu planning is undertaken by Allity food services in partnership with care recipients and includes input by a dietitian who ensures food combinations are nutritionally sound. Each care recipient is assessed for nutrition and hydration risk as well as contributing factors that may detract or enhance

nutritional outcomes. There is a system to monitor individual needs, preferences, weights and body mass index of care recipients. Where issues are identified there is a referral process to refer care recipients to a speech therapist, dietitian or SA dental services to support ideal nutritional outcomes. Results show through care plan review that care recipients' nutrition and hydration needs are addressed. Staff interviewed said they have access to products to assist at risk care recipients. Care recipients have the opportunity to provide feedback through the food road shows before the seasonal menu is released and at resident forum meetings. Care recipients interviewed said they are satisfied that their nutritional and hydration needs are 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

There are systems to ensure care recipients are provided with assistance to maintain their skin integrity. On entry, consultation and assessment is undertaken with care recipients and representatives to identify existing skin integrity issues, and contributing factors. Risk assessments are also completed and included in care recipients care plans. There are monitoring systems with 'head to toe checks', skin incident reports and wound reviews which are reported to the clinical care team and discussed at clinical review meetings. Results show the home has a system and processes in place to assess and monitor the changing needs of care recipients and monitor their skin integrity. Nursing staff interviewed said they have access to wound products and equipment to support care plan interventions related to skin care. Enrolled and registered nurses attend to wound care while complex wounds are undertaken by the registered nurse. Ongoing training is provided through the aged care channel and the registered nurse champion. Care recipients interviewed said they are satisfied with the care provided to maintain their skin integrity.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' continence is managed effectively. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient's continence management needs. There are two staff continence champions that assess and review care recipient continence needs. Care plans outline a range of support strategies including aids and assistance required. Bowel habits are documented and monitored on a daily basis. Staff promote regular fluid intake and dietary strategies are implemented to maintain continence, minimise the incidence of infections and promote regular bowel habits. The home has access to a continence advisor who provides staff training and support where additional expertise is required. The effectiveness of continence management strategies is monitored through care plan review processes and care recipient and staff feedback. Results show the incidence of urinary tract infections is monitored and collated. Strategies are implemented where trends are identified. Staff interviewed described strategies to support care recipients' continence needs. Care recipients interviewed said they are satisfied their continence needs are being met.

## 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 home has processes to ensure the needs of care recipients with challenging behaviours are managed effectively. The home has a structured approach to identify, assess, monitor and communicate each care recipient’s behaviour support needs. On entry to the home a behaviour charting process occurs over seven days to determine any triggers or patterns of behaviour. Care plans outline individual support strategies including, triggers and interventions to minimise the incidence of challenging behaviours. Care recipients are referred to general practitioners, allied health specialists or external services to assist with the management of ongoing challenging behaviours. Care plans are updated to reflect specialists’ recommendations. The home monitors the effectiveness of behaviour support strategies through care plan review processes, observation, care recipient representatives and staff feedback. Results show incidents relating to challenging behaviours are monitored, collated and analysed. Strategies are implemented where trends are identified. Staff interviewed described behaviour support strategies for individual care recipients. Care recipients interviewed said they are satisfied with the home’s approach to managing challenging behaviours.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure optimum levels of mobility and dexterity are achieved for all care recipients. The home has a structured approach for identifying, assessing, monitoring, referring and communicating each care recipient’s mobility requirements. A physiotherapist is employed at the home to assess and conduct ongoing review of care recipients’ mobility, dexterity and pain management. Care plans outline a range of mobility support strategies including assistance required and mobility aids. The effectiveness of mobility and dexterity support strategies is monitored through care plan review processes, observation and care recipient and staff feedback. Results show the incidence of falls is monitored collated and analysed and includes comparison data to the national average.

Strategies are implemented where trends are identified. Staff interviewed described mobility and dexterity support strategies for care recipients consistent with documented care plans. Care recipients interviewed said they are supported to optimise their mobility and dexterity.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients oral health is maintained through established processes. Assessments are undertaken in consultation with each care recipient and their representative. Care plans provide individualised oral and dental hygiene strategies. Care recipients are provided with options and support to access dental services of their choice. Oral equipment is replaced every season and monitored by care staff. Monitoring of care recipients’ oral care is completed through staff observations, care plan review processes, feedback from dental specialists, care recipients and their representatives. Results show care recipients’ oral and dental care is documented and reviewed. Staff interviewed said they undertake education in oral hygiene and described strategies to support care recipients’ oral and dental health. Care recipients interviewed said they are satisfied their oral and dental health is maintained.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. The home has structured processes to identify, assess, monitor, refer and communicate each care recipient’s sensory support needs. Care plans outline a range of support strategies including communication strategies, aids and environmental strategies. Large print books and magnifying equipment is available in general areas of the home for all care recipients to access. The effectiveness of sensory support strategies is monitored through care plan review processes, surveys and care recipient and staff feedback. Results show care recipients are referred to allied health specialists where specific sensory issues are identified. Staff interviewed described sensory support strategies for individual care recipients consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied with the way care recipients sensory losses are managed.

## 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 processes to ensure care recipients are able to achieve natural sleep patterns. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient’s individual preferences for achieving natural sleep. Care plans outline a range of support strategies including, warm drinks, assistance with positioning to maximise comfort and warmth and environmental preferences. Care recipients are referred to general practitioners or allied health specialists where ongoing sleep disturbances are identified. The effectiveness of sleep management strategies is monitored through care plan review

processes and care recipient and staff feedback. Staff interviewed described strategies to support natural sleep patterns for individual care recipients consistent with documented care plans. Care recipients interviewed said they are able to achieve a good night's sleep.



## 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 Standard 3 Care recipient lifestyle, the home identifies improvements from activity evaluations, care recipient forum meetings, surveys and comments and complaints processes. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients, representatives and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- Lifestyle staff identified an opportunity to assist care recipients to engage in interests and cultural activities. Monthly theme days have been introduced, including a Royal show day, pet animals, Oktoberfest and Melbourne cup day. Feedback from care recipients has been complimentary stating they enjoyed the activities. This has resulted in theme days being included on the lifestyle calendar on an ongoing basis.
- Following feedback from lifestyle staff an opportunity was identified to improve activities for care recipients in the memory support unit. A review of resources available was undertaken. Resources have been purchased and activity stations set-up to assist care staff when facilitating activities. Staff have been informed at meetings of the changes. A range of meaningful activities have been implemented. This initiative is yet to be fully evaluated.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Advance directives documented
- Privacy and consent information
- Register for reporting allegations of elder abuse
- Residential services agreements.

### 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 education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Dementia training: meaningful activities
- Elder abuse
- Lifestyle model of 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

Care recipients are supported emotionally in adjusting to life in the home and on an ongoing basis. The home has a structured approach for identifying, assessing, monitoring, referring

and communicating each care recipient's emotional needs. Communication with care recipients and their representatives assist with the pre and post entry and assessment process. Care recipients have access to general practitioners, allied health specialists and pastoral care support. Visits from family and friends are encouraged. Care recipients identified as at risk of social isolation are offered one-to-one support through the community visitor program and individualised activities. The home monitors the effectiveness of emotional support strategies through joint clinical and lifestyle meetings, surveys, consultation and care and lifestyle review processes. Results from surveys demonstrate care recipients are satisfied with their quality of life in the home. Staff and volunteers provide support to help care recipients settle into their new environment. Care recipients and representatives said they are satisfied with the level of emotional support provided.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has processes to assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the home and the community. Assessment and review processes assist the home to identify each care recipients' lifestyle preferences, interests and abilities. Care plans include strategies to support independence and are developed in consultation with care recipients and/or representatives. Physiotherapy services support care recipients to maintain and improve their mobility and independence. Staff assist care recipients to attend appointments outside of the home and to maintain links with family, friends and the community. Monitoring processes include surveys, resident forum meetings, care and lifestyle review processes and care recipient and staff feedback. Results through surveys and review processes show activities are changing to meet the needs of groups or individuals as required. Feedback from care recipients resulted in new activities being introduced. Staff interviewed described strategies to support individual care recipient's independence consistent with documented care plans. Care recipients and representatives said they are satisfied the home assists care recipients to maintain their independence according to their needs and preferences.

### **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 maintain each care recipient's right to privacy, dignity and confidentiality. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient's privacy and dignity needs and preferences. Care recipients are informed of their privacy rights through the care recipient handbook and resident agreement. The home maintains processes to protect residents' privacy and dignity, including care recipients' consent to collect and disclose information. Care recipients are accommodated in single rooms with shared ensuite and have access to private areas to meet with family and friends. Monitoring processes include feedback mechanisms, resident forum

meetings, surveys, audits and verbal feedback. Results from surveys demonstrates care recipients are satisfied staff respect their choices and privacy. Staff interviewed described appropriate practices, such as knocking on care recipients' doors and maintaining privacy when delivering personal care. Observations of staff practices were consistent with those which support care recipients' privacy and dignity. Care recipients and representatives said staff are courteous and respectful of care recipients' 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

The home has processes to identify and respond to care recipients' individual interests and preferred activities. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipients lifestyle needs and preferences. Staff liaise with care recipients and representatives to gather a social history, including information relating to care recipients' past and present interests and lifestyle support needs. The information gathered is used to develop care recipients' individual lifestyle needs. A monthly activity calendar provides a varied program of regular and special activities. Individual activity plans are developed according to each care recipient's lifestyle interests. Care recipients are encouraged and assisted to participate in activities. Volunteers are available to provide companionship and one-to-one activities for care recipients. The home monitors the ongoing suitability of the activities provided and the extent to which they meet care recipients' individual needs and interests through attendance records, observation, resident forum meetings, surveys and care recipient and staff feedback. Staff interviewed said they have access to information about each care recipient's leisure and lifestyle preferences and they assist care recipients to attend activities as required. Care recipients and representatives interviewed said they are satisfied with the variety of activities available and the support staff provide to assist care recipients to participate.

### **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' individual interests, customs, beliefs and cultural and spiritual needs are recognised and supported. Assessment processes assist the home to identify the cultural background, spiritual beliefs and social history of care recipients on entry. Lifestyle plans are developed and include strategies to support each care recipient's cultural and spiritual preferences. Care recipients are supported to engage in events and activities of cultural and spiritual significance to them within the home. Religious services from a range of denominations are held at the home throughout the week on a regular basis. Significant cultural days are celebrated including Chinese New Year, St. Patricks Day, Christmas Day and Australia Day. The home monitors spiritual and cultural needs through activity attendance records, surveys, feedback and through lifestyle review processes. Results show care recipients attend cultural and spiritual activities of importance to them. Staff interviewed described strategies to support individual cultural and spiritual preferences consistent with

documented care plans. Care recipients and representatives said they are satisfied the home values and promotes care recipients' individual interests, beliefs and cultural backgrounds.

### **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 and representatives are encouraged to make decisions and exercise choice about care recipients' care and lifestyle. Assessment and entry processes assist the home to identify each care recipient's preferred needs, authorised representatives and contacts. Care plans outline care recipients' preferred preferences including, activities of daily living, meals and drinks and sleep. Information outlining care recipient rights and responsibilities is displayed in the home, in the residential agreement and resident welcome pack. Care recipients are encouraged to raise concerns through the resident forum meetings, feedback forms, annual lifestyle choices survey and speaking to staff. The home monitors their processes in relation to choice and decision making through audits, care recipient and representative feedback. Results show care recipients make decisions and exercise choice and control over their care and lifestyle needs and preferences. Staff interviewed described their responsibilities in providing care recipients opportunities to make choices about the care and services they receive. Care recipients interviewed said they are able to make choices and decisions about their care and lifestyle needs.

### **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 have secure tenure within the home and are assisted to understand their rights and responsibilities. Care recipients and/or representatives are informed of their security of tenure and resident rights and responsibilities on entry to the home. They are provided with a resident handbook, welcome pack and residential services agreement. Care recipient and representative satisfaction is monitored through meetings, complaints processes and verbal feedback to staff and management. Information regarding independent sources of advice and advocacy are available within the home. Requests to change rooms are considered by management and implemented where appropriate in consultation with care recipients and representatives. Staff are aware of care recipients' rights and responsibilities. Care recipients and representatives interviewed are satisfied their tenure is secure and the home supports their individual needs and preferences where possible.

## 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 Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through work area inspections, incident and hazard reports, comments and complaints processes, maintenance records and audits. Care recipients, representatives and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- In response to a care recipient survey, management identified an opportunity to improve the dining experience and provide greater variety for care recipients. A pancake breakfast and pyjama day was held where staff served care recipients dressed in dressing gowns. Celebrity cook Maggie Beer attended a special lunch event. Table cloths and linen napkins have been implemented in the dining rooms. Feedback from care recipients has been positive, stating the pancake day was a good idea and a nice change. Staff have said the introduction of linen table cloths and napkins have created a more homely environment.
- Following a care recipient complaint, the hospitality coordinator identified an opportunity to improve the quality and consistency of vegetables served to care recipients. The stove top has been recommissioned in the kitchen to enable staff to steam vegetables. Management and staff stated the initiative is working well and has improved the consistency of vegetable texture. This initiative is ongoing.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Fire suppression equipment
- Food safety plan and audit
- Legionella testing records
- Triennial Fire Safety certificate.

## 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 education and staff development systems and processes.

Examples of education provided to staff in the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Chemical
- Fire safety
- Food safety
- Infection control
- Manual handling
- Work, health and safety.

#### **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 actively works towards providing a safe, clean and comfortable environment that is consistent with care recipients' care needs. Care recipients are accommodated in single rooms with en-suite bathroom facilities and single rooms with shared en-suite bathroom facilities. Care recipients have access to communal living and dining areas, including an outdoor barbeque area. Care recipients are encouraged to personalise their rooms to reflect individual preferences. The home has a minimal restraint approach and physical restraint is risk assessed and used in consultation with the care recipient and/or representative. The living environment is monitored through work area inspections, incident and hazard reporting, audits and preventive and corrective maintenance processes. Results show there are processes for assessing, authorising and monitoring the use of restraint. Staff interviewed said they are aware of their roles in assisting to maintain a safe and comfortable environment. Care recipients and representatives interviewed said they are satisfied with the safety and comfort of the home.

#### **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

The home has systems and processes to provide a safe working environment that meets regulatory requirements. A Work, Health and Safety Committee meet to discuss audit outcomes and incident and hazard data. Work, Health and Safety representatives provide support to staff on-site. The home provides alternate duties to assist staff affected by workplace injuries to return to work. Monitoring processes include audits, incident and hazard reporting, work area inspections and preventive and corrective maintenance. Results show work area inspections are effective in identifying safety issues. Staff receive training regarding their work, health and safety responsibilities at induction and manual handling education is provided on an annual basis. Staff interviewed said they have access to personal, protective equipment, standard operating procedures and guidelines.

#### **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 provide a safe environment through the minimisation of fire, safety and security risks. Evacuation maps are located throughout the home and emergency procedures are accessible to staff. Contracted external services and internal



maintenance processes monitor the security, fire and emergency systems. The maintenance officer undertakes electrical testing and tagging for care recipients' equipment. The home's security is maintained through keypad operated doors and evening lock down procedures. Monitoring processes include audits, incident and hazard reporting and work area inspections. Results show fire safety records are up-to-date and maintenance requests are actioned promptly. Staff interviewed said they attend annual fire training and are aware of their responsibilities in the event of an emergency. Notices on what to do on hearing a fire alarm are posted in care recipients' rooms.

#### **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

There is an effective infection control program guided by corporate systems, staff training and on-site recording and auditing processes. The site has an outbreak trolley containing equipment for the management of an outbreak. There are processes for the disposal of contaminated waste, personal protective equipment. The home has a pest control plan. An audited food safety plan guides catering staff practice. Management monitors infection control by scheduled audits, infection data analysis and observation of staff practices.

Infection control is discussed at quality meetings with senior managers. Results show the home maintains infection control practices compliant with legislative and organisational requirements. Staff interviewed described infection control procedures relevant to their role and said their practices are monitored.

#### **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 hospitality services in a way that generally enhances each care recipients' quality of life and the staff's work environment. Care recipient needs are assessed on entry and hospitality services are planned, implemented and monitored. Catering staff use a four week rotating, seasonal menu which has been reviewed by a dietitian. Meals are prepared in a central kitchen and delivered to site. Catering staff are guided by a food safety plan and colour coded dietary requirement records. Cleaning and laundry services are guided by infection control procedures, cleaning task lists and safety data sheets. Cleaning is scheduled throughout the week for care recipients' rooms and communal areas. Laundry services are available on-site for care recipients' personal clothing. Monitoring of hospitality services includes care recipient and representative feedback, forum meetings, comments and complaints. Results show care recipients' needs in relation to catering, cleaning and laundry are documented and reviewed on a regular basis. Staff interviewed said they are aware of care recipients' needs and preferences and are satisfied with their working environment. Care recipients and representatives interviewed said they are generally satisfied hospitality services are provided in a manner that meets care recipients' needs and preferences.