



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Southport Lodge**

RACS ID 5295  
37 Jimmieson Avenue  
SOUTHPORT QLD 4215

**Approved provider: Planlow 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 06 December 2018.

We made our decision on 23 October 2015.

The audit was conducted on 15 September 2015 to 16 September 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**

**Southport Lodge 5295**

**Approved provider: Planlow Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 15 September 2015 to 16 September 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 15 September 2015 to 16 September 2015.

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

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

## Assessment team

<b>Team leader:</b>	Mary Allen
<b>Team member:</b>	Lois Janetzki

## Approved provider details

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

<b>Name of home:</b>	Southport Lodge
<b>RACS ID:</b>	5295

<b>Total number of allocated places:</b>	33
<b>Number of care recipients during audit:</b>	29
<b>Number of care recipients receiving high care during audit:</b>	18
<b>Special needs catered for:</b>	No

<b>Street/PO Box:</b>	37 Jimmieson Avenue
<b>City/Town:</b>	SOUTHPORT
<b>State:</b>	QLD
<b>Postcode:</b>	4215
<b>Phone number:</b>	07 5591 6722
<b>Facsimile:</b>	07 5591 6763
<b>E-mail address:</b>	<a href="mailto:southportlodge@bigpond.com">southportlodge@bigpond.com</a>

## Audit trail

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

### Interviews

Category	Number
Manager	1
Clinical Care Manager	1
Care staff	2
Activity Co-ordinator	1
Care recipients/representatives	9
Quality Manager	1
Catering and cleaning staff	3
Physiotherapist	1

### Sampled documents

Category	Number
Care recipients' files	6
Personnel files	6
Medication charts	9

### Other documents reviewed

The team also reviewed:

- Accident and incident records
- Activities planner and attendance records
- Annual building approval compliance review and certificate
- Asbestos audit
- Audit schedule and audits
- Care recipient agreements
- Cleaning guidelines and worksheets
- Clinical handover records
- Clinical monitoring charts

- Comments, complaints and compliments documentation
- Competency checklists
- Complaints advocacy brochures
- Compulsory reporting documentation
- Continuous quality improvement documentation
- Controlled drug register
- Daily care needs charting
- Diabetic management records
- Dietary profiles
- Electronic records management
- Evacuation co-ordinator training attendance records
- Fire emergency plan
- Fire manual
- Food safety program and audit report
- Home's self-assessment
- Infection reporting records
- Maintenance folder
- Mandatory reporting register
- Meeting minutes
- Menu review (dietitian)
- Minutes of meetings
- Nightly security and cleaning check
- Nurses' registrations
- Policies and procedures
- Preventative maintenance record
- Recipe books
- Record of evacuation practice



- Resident and relative handbook
- Resident evacuation list
- Restraint documentation
- Safety data sheets
- Staff handbook
- Staff memo folder
- Staff monitoring checklist
- Staff training records
- Temperature monitoring checklists
- Wound assessments and wound care documentation

## **Observations**

The team observed the following:

- Accreditation information on display
- Activities in progress and activities resources
- Beverage and meal service
- Brochures on display
- Care recipients' rights and responsibilities displayed
- Chemical storage
- Educational resources for staff
- Emergency evacuation diagrams
- Equipment and resources storage
- Firefighting equipment
- Food premises licence
- Hand sanitiser and hand washing facilities
- Interactions between staff and care recipients
- Internal and external living environment
- Menu displayed

- Notice boards
- Residents' mailbox
- Sign in/out books
- Staff work practices
- Storage of medications

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

Southport Lodge (the home) has processes to capture information from care recipients/representatives, staff and other stakeholders that assist the home to identify areas for improvement. Information captured through the home's processes include feedback forms, suggestions, compliments, comments and complaints, audits, incident reporting and care recipient/staff meetings. The Manager logs improvements and monitors progress of quality improvement activities through feedback from care recipients/representatives and records the completion date of improvements. Care recipients and staff are active participants in the home's pursuit of continuous improvement and responses to suggestions are provided in a timely manner.

Recent examples of improvement activities related to Standard 1 include but are not limited to:

- Education opportunities for staff have been enhanced with staff able to enrol in TLC (train, learn, connect) education modules in addition to accessing the Aged Care Channel. The staff are able to access self-paced learning modules on the 44 outcomes. Additional computers have been purchased to provide increased access for staff to complete training at the home. Records of modules completed by individual staff are recorded and the Manager advised staff are providing positive feedback in relation to the additional training resources and are increasingly motivated to complete the modules.
- Following a review of rostered hours against care recipients' needs, management has increased staff. This has resulted in two additional Registered Nurses five days per week, additional lifestyle staff hours and an increase in care staff hours. The Manager advised the increases are meeting the increased acuity needs of care recipients and ensuring the care recipients' needs are being met in a timely manner. Staff we spoke with advised they have time to meet the clinical, care and lifestyle needs of the care recipients.

## 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 implemented systems to identify and manage compliance with relevant legislation, regulations, standards and guidelines. Information from government departments and industry peak bodies is reviewed by the Manager with changes being made to policies and procedural documents as necessary. Changes and updates are communicated to staff verbally, at meetings, through handover and via education and training sessions as necessary. The orientation program and mandatory education sessions reinforce relevant regulatory requirements. There are systems to monitor compliance; to notify care recipients and their representatives of the re-accreditation audit; to present self-assessment information and to ensure all relevant personnel have registrations and current police certificates.

## 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 provides an education program for management and staff based on care recipient needs and characteristics, legislative requirements and issues influencing the provision of services. Staff are encouraged to identify education and training goals and the home assists staff to attend conferences and workshops and to upgrade their qualifications. Where applicable, external specialists are used to improve access to education and training opportunities and a range of on line self-paced education opportunities are provided for staff. Staff have an obligation to attend annual mandatory education and their attendance is monitored by key personnel. Staff provided positive feedback in relation to the access and support provided for participation in ongoing learning opportunities.

Examples of training and education topics relevant to Standard 1 Management systems, staffing and organisational development include but are not limited to:

- Defensible documentation
- Understanding your role and responsibilities
- Accreditation

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

The Manager has an open door policy and is accessible to care recipients, staff and families. Issues raised are logged and closed out when actions are completed. Feedback to the originators of comments/complaints is provided by the Manager in a timely manner. Staff receive information relating to the comments, complaints and suggestion system during orientation and are aware of processes to assist care recipients to communicate their concerns to management. Care recipients advised they can raise issues by completing feedback forms, at care recipients' meetings or by approaching the staff and/or Manager if they have concerns/issues and these are dealt with promptly.

## 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, values and philosophy are documented and displayed in the home for care recipients/representatives and visitors. The information is also recorded in the resident and staff handbooks.

## 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

Numbers and types of staff working at the home are guided by care recipient requirements, staff and care recipient feedback. The home has recruitment and selection processes, overseen by the Manager for employing staff which identify their skills, qualifications and commitment to organisational values. On appointment new staff undergo a process of orientation and ongoing education and training to acquire and/or maintain the skills and knowledge required to perform their roles effectively. Staff skills are monitored through competency assessments, care recipient and staff feedback and observations by management. Staffing hours and rosters are adjusted and reviewed to reflect increased acuity and care needs of care recipients. The home has processes for replacing staff on planned leave or unexpected staff absences. Care recipients are satisfied there are sufficient staff who understand and respond to their needs.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

Staff and care recipients are satisfied with the availability and maintenance of goods and equipment at the home. The home has processes for the ordering of goods to ensure stocks of appropriate goods and equipment are available with quality checked on delivery. Stock is rotated and use-by-dates are monitored as appropriate. Preventive and routine maintenance programs monitor and maintain equipment; equipment is replaced as required. Relevant staff training is provided when new equipment is purchased and equipment levels are monitored by management. The home has processes to enable staff, care recipients or their representatives to identify and/or make maintenance requests.

## 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

There are systems to enable staff and management to access sufficient and reliable information for appropriate decision-making. Policies, procedures and forms are reviewed regularly. Confidential information is stored securely on computer files or in locked cabinets/ areas, and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as a back-up system for computer records with access to care recipients' and staff records being restricted. Meetings are held regularly to support information sharing; information is also made available via memos, shift handovers and noticeboards. The archiving process is managed in accordance with the home's and work station storage requirements. Staff and care recipients are satisfied communication of information is timely and management regularly communicate with care recipients to ensure they have current information.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home has a list of approved providers; performance of external service providers is monitored and feedback is obtained from staff and care recipients. Service providers sign in/out when visiting the home. Staff have access to the contact details of key service providers if required after hours or in an emergency. Management and staff are satisfied external service providers are responsive to concerns raised by the home and that, if goods are faulty, they will be replaced. Staff and care recipients are satisfied with the quality of externally sourced services.

## **Standard 2 – Health and personal care**

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Recent examples of improvements related to Standard 2 Health and personal care include but are not limited to:

- A computerised data system for managing care recipient care has been introduced at the home. The program enables the Registered Nurse to develop work logs for staff to complete care recipients' care. Performance benchmarks are able to be set and an electronic message board for staff is also available. Prior to implementation of the system staff received training and management advised the system has enhanced monitoring of care provided for care recipients and has improved communication relating to clinical care with groups of staff and individual staff members.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing and allied health practitioner registrations, processes for storage, checking and administration of medications. Registered nurses assess, plan and evaluate care recipient medication and care needs. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

## 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

The home provides management and staff with an education and development program to enable the maintenance and improvement of clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of staff education and training needs. Refer to Expected outcome 1.3 Education and staff development, for details on the home’s overall system.

Examples of training and education topics relevant to Standard 2, Health and personal care include but are not limited to:

- Caring for a person with a skin condition
- Depression awareness and support
- Continence management
- Understanding dementia
- Administering medications
- Falls in aged care
- Sleep and hypnotics in aged care
- Diabetes management
- Pain 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

There are effective systems and processes to assess care recipients’ needs to ensure they receive appropriate clinical care. Care plans are developed by the registered nurses using information gathered from assessments and input from care recipients and their representative. Care plans are reviewed three monthly and as care needs change. Daily care provision is monitored and reviewed by the registered staff and changes to care delivery are made as required. Care recipients are referred to general practitioners and allied health professionals appropriately. Staff are satisfied with communication processes utilised to inform them of clinical care changes. Care recipients are satisfied the clinical care they receive is appropriate to their needs and preferences.



## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified through assessment and care planning processes. Assistance is sought from specialist health services by the registered nurse for care recipient’s specialised nursing needs as required. Specialised care services currently being provided include blood glucose monitoring, catheter management and wound management. Ongoing monitoring of care needs is conducted through observation, discussion with care recipients, review of care recipients’ records and feedback from staff and health professionals. Visiting general practitioners, allied health practitioners and specialist services are contacted if additional support is required for individual care recipients. Care recipients who receive specialised nursing care are satisfied with the care provided.

## 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 effective processes to ensure care recipients are referred to appropriate health specialists. Care recipients’ allied health needs are identified by the registered nurse and medical practitioner and referral is made to appropriate health specialists in accordance with their needs and preferences. A variety of health specialists are utilised by the home including; speech pathology, optometry, dietician, physiotherapy and podiatry. Assessments are undertaken for individual care recipients as required and the outcome of the referrals are documented and recommendations are implemented appropriately. Care recipients are satisfied with access to other health specialists.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems and processes to identify care recipients’ initial and ongoing medication management needs. The home utilises a pre packed medication system for care recipients’ medications. Registered nurses and care staff administer care recipients’ medications as ordered by the medical practitioner. Medication profiles contain photographic identification, allergies and specific instructions for administration. There are effective processes for the ordering of unpacked medications and notifying pharmacy of changes to care recipients’ medications. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Evaluation of the medication administration system is

conducted through the monitoring of internal medication incidents and internal auditing processes. Care recipients are satisfied their medication is administered safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has standardised processes to identify, assess and treat care recipients who may experience pain. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as use of heat packs, therapeutic massage, repositioning and exercise/movement are implemented for care recipients to ensure they remain as free as possible from pain. Staff outlined pain management strategies for individual care recipients. Pain management strategies are evaluated for effectiveness and changes are made as required. Care recipients are satisfied with the way their pain is managed.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ end of life requests are collected in consultation with the care recipient and their representatives when appropriate. Copies of information such as enduring power of attorney and advance health directives are located in care recipients’ records and are available for registered staff to refer to. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. Staff arrange pastoral care support for the care recipient/representative as needed. Care recipients are satisfied staff are caring and respectful of their wishes and preferences in ensuring care recipients’ care needs are met.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ nutrition and hydration needs including likes, dislikes, cultural requirements, and allergies are identified through the completion of a dietary profile. The information gathered is used to develop the care recipient’s care plan and inform the kitchen to ensure appropriate meals are provided. Care recipients are weighed monthly or more frequently as needed and variances in weights are trended, analysed and considered for contributing factors. Strategies implemented to assist care recipients to maintain adequate nourishment include; specialised diets, texture-modified diets, dietary supplements and referral to a dietitian

and/or speech pathologist as required. Care recipients are encouraged to be as independent as possible and are satisfied with the quality of food and fluids provided.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure care recipients’ skin integrity is assessed and appropriate plans of care implemented to guide staff practice. Staff receive education in promoting healthy skin including the use of moisturisers, pressure relieving devices, protective equipment, diet and hygiene. Skin care needs are reviewed during hygiene routines and changes are communicated in handover sessions, care plans and progress notes. Registered staff manage wound care and the home receives support from a hospital wound specialist if required. The home has sufficient supplies of wound and skin care products to ensure effective skin care management. Care recipients are satisfied with the skin care provided.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to assess care recipients’ continence needs on entry to the home and on an ongoing basis. Care plans guide staff practice and ensure individual care recipients’ preferences are met. Education is provided for continence care and external specialist services support the implementation of continence care strategies. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs and staff monitor care recipients’ urinary and bowel patterns for variances.

Changes to continence management plans are communicated to staff during handovers, in records of continence aid use and progress notes. Care recipients are satisfied staff assist them promptly with their toileting requirements.

## **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 managed effectively through a team approach including assessment, close monitoring and care planning. Information is collected from assessments, care recipients/representatives to identify any specific individual needs in relation to behaviour. Episodes of difficult behaviours are investigated to exclude clinical causes and a variety of strategies are utilised including; emotional support, activities, distraction, one to one interventions and medication review. Staff demonstrated an individual

approach to each care recipient's individual needs and preferences. Staff advised they have access to sufficient training, resources and support to manage care recipients with behaviour variances.

## **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 is proactive in optimizing care recipient's independence, mobility and dexterity. Care recipients are assessed by the physiotherapist, occupational therapist and registered nurse for specific mobility, pain management and physical therapy needs. Individualised care plans include manual handling instructions and falls minimisation strategies. The mobility care plans direct staff to assist a care recipient with mobility and transfers. Care recipients are encouraged to attend regular exercise sessions. Staff advise there is sufficient equipment to assist in maintaining care recipients' mobility. Care recipients are satisfied with the level of support and assistance provided to maintain optimum levels of mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

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

## **2.16 Sensory loss**

*This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".*

### **Team's findings**

The home meets this expected outcome

Care recipients' sensory loss is assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice and strategies are in place to address identified needs and personal preferences. Staff assist care recipients as required, including the removal and management of aids. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists in consultation with the care recipient/representative and medical practitioner. Staff demonstrated awareness of environmental controls required to support care recipients with sensory impairment. Care recipients with sensory impairment are satisfied with the care assistance provided by staff.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Initial and ongoing assessment processes identify care recipients’ sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help care recipients achieve and maintain natural sleep. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Ongoing assessment, planning and evaluation processes and care recipient feedback monitor the effectiveness of care interventions. Care recipients are satisfied with the support provided by staff to enable them to achieve sufficient rest.

## 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.

Improvement initiatives implemented recently by the home in relation to Standard 3 Care recipient lifestyle include but are not limited to:

- In response to care recipients discussing their favourite recipes and their enjoyment of food produced using those recipes, lifestyle staff have introduced cooking activities for the care recipients. Care recipients choose their favourite recipe, ingredients to make the recipe are purchased by the home and then the care recipient is supported to use the recipe and produce the meal. A domestic kitchen is available for care recipients to use and they are also encouraged to invite family and friends to eat the meal with them. Care recipient feedback in relation to this activity has been positive.
- In response to care recipients’ suggestions, the activities planner has been expanded to include; daily group exercise sessions, monthly music therapy and weekly outings to the local shops and service clubs. Care recipients are actively participating in these additional activities.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to care recipient lifestyle. Care recipients and/or their representatives are provided with a Resident Handbook and Residential Agreement. The care recipient information materials detail information relating to care recipient security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information and training related to privacy, mandatory reporting responsibilities and care recipients’ rights and responsibilities. Refer to Expected outcome 1.2 Regulatory compliance, for details on the home’s overall system.

### **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

Lifestyle and care staff support care recipients in relation to their leisure and lifestyle needs. Education in leisure and lifestyle topics is derived from changing care recipient needs and through review of staff training needs. Refer to Expected outcome 1.3 Education and staff development, for details on the home's overall system.

Examples of training and education topics relevant to Standard 3 Care recipient lifestyle include:

- Protecting older people from abuse

### **3.4 Emotional support**

*This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".*

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

The home meets this expected outcome

The home has processes to provide emotional support for care recipients to assist them to adjust to life in the new environment and support them on an ongoing basis. All staff offer new care recipients additional support, introductions to other care recipients and encouragement to participate in life at the home. Information about the care recipient's social and family history, lifestyle choices and preferences is collected from the care recipients/representatives through initial assessment. Care recipients are encouraged to furnish their rooms with personal items and family visits are encouraged. Care recipients advise they are respected by staff and are satisfied with the support received from staff to assist them to adjust to life in the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

Assessment and re-assessment of care recipients' needs is conducted to ensure care recipients are assisted to achieve maximum independence on an ongoing basis. Staff monitor care recipients' mobility and ability to perform activities of daily living. Care recipients' social, civic and cultural needs and preferences are identified and care recipients are assisted and supported to maintain friendships within the home and in the community. Care recipients' and their representatives are informed of events at the home and encouraged to participate in social functions and outings. Staff practices promote and support care recipients'

independence within their capacity. Care recipients advise they are actively supported to achieve independence, maintain friendships and participate in the life of the community.

### **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

Information about each care recipient's personal preferences and needs regarding privacy and dignity is collected and specific needs are communicated to relevant staff. Care recipients' administrative and care files are stored and accessed in a way that provides security and confidentiality of information. Staff have knowledge of individual care recipient's preferences, and interact with care recipients in a respectful manner. Staff obtain consent for entry to care recipients' rooms; close doors and curtains when care recipients are being attended to. Care recipients advise they are satisfied their privacy is respected and confidentiality and dignity maintained.

### **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 care recipients' social, cultural, spiritual background and leisure interests and activity preferences. A monthly calendar is displayed including community, group and individualised activities. Regular outings to the local shops and clubs are arranged through the use of the community bus and maxi taxis. Staff monitor the level of involvement and enjoyment of care recipients and revise individual and group activities accordingly. Staff members encourage and assist care recipients' to attend activities of their choice. Care recipients have the opportunity to participate in planning and provide feedback on the program. Care recipients advise they are satisfied with their lifestyle and range of activities on offer.

### **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

Information about the cultural and spiritual needs of care recipients is collected on entry to the home and individual care plans direct staff practice. Religious services are conducted regularly and days of personal, cultural and spiritual significance are planned and celebrated in the home. When a specific need is identified, the home has access to culturally specific resources, such as interpreters and community visitors. Staff are aware of individualised care recipients'



cultural needs and preferences. Care recipients advise they are satisfied their cultural and spiritual beliefs are provided for and respected.

### **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

Information about life in the home is provided to care recipients/representatives on entry to the home and care recipients are encouraged and supported to make decisions about their care and routines. Input and feedback is sought from care recipients/representatives through individual care conferences, one on one discussion and comments and complaints forms.

Should a care recipient not be able to make an informed decision, an authorised decision-maker is identified and a copy of the enduring power of attorney document is kept on file. Care recipients' have the right to refuse care and staff document care recipients' choices. Access to advocacy services is facilitated as needed. Care recipients are satisfied they are able to exercise choice in various aspects of their life in the home.

### **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/representatives are provided with information about their rights and responsibilities and security of tenure prior to and on entry to the home. Information provided includes fees and charges, the reasons and processes utilised for changes to tenure and services to be provided by the home. Further information regarding care recipient's rights and responsibilities is contained in the Resident Handbook. Ongoing support and information is provided through individual discussions and information sharing at care recipients/representative meetings. Care recipients feel safe and are satisfied they have secure tenure within the home and are aware of their rights and responsibilities.

## 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.

Improvement initiatives implemented recently by the home in relation to Standard 4 Physical environment and safe systems include but are not limited to:

- In response to care recipient feedback in relation to meals a series of recipe books developed specifically for aged care have been purchased by the home. The recipes cover all meals and snacks and each recipe includes information relating to all the ingredients including those that are gluten free, vegetarian, protein enhanced and dairy free. In addition, the home no longer uses frozen products such as vegetables and the dining experience has been enhanced with new seating and tables, the addition of linen serviettes and updated cutlery. Positive feedback has been received from the care recipients in relation to the improvements.
- The Manager identified scope for improving the common area of the home and as a result large sofas and lounge chairs have been purchased. In addition, a large flat screen television has been installed. We observed care recipients using the area to relax and watch television.
- Following a risk assessment which identified lifting equipment was not available in the case of a care recipient having a fall, occupational health and safety at the home has been enhanced with the purchase of lifting equipment. The equipment is used to assist staff as they lift care recipients after falls. Prior to implementing the use of the equipment staff received training in its use.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has an audited food safety program and has systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2 Regulatory compliance, for details on the home’s overall system.

### 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 relating to the home's education and staff development systems and processes.

Examples of training and education topics relevant to Standard 4 Physical environment and safe systems include but are not limited to:

- Safe manual handling
- Hand hygiene
- Evacuation training
- Food safety
- Infection control in aged care
- Apply and monitor food safety requirements

### 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

The living environment and care recipient safety and comfort needs are assessed and reviewed through regular staff meetings, audits, reporting of incidents and hazards, the maintenance program and staff observation. Maintenance is managed through corrective and preventative maintenance programs on buildings, grounds and equipment with use of external contractors as required. Care recipients are encouraged to personalise their rooms and cleaning programs are in place to ensure the living environment is maintained.

Communal dining and lounge spaces as well as activity specific areas are available for care recipients to access with visitors. All external entrances are secured in the evening and staff have access to police and emergency numbers. Care recipients are satisfied with the maintenance, safety and comfort of their living environment.

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

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

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

The home meets this expected outcome

The home monitors occupational health and safety through processes which include risk assessments, audits, hazard identification, and staff/care recipient feedback. Information is collected and actions are implemented and evaluated as necessary. Occupational health and safety issues are discussed at regular staff meetings. The staff orientation program and manual handling training ensure staff are aware of their responsibilities. The environment is monitored for safety and actions are taken to address identified issues. Staff feedback indicates management is prompt in addressing safety issues and staff have knowledge of safe chemical storage and use, have access to material data sheets and use personal protective equipment.

#### **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

Procedures are in place and staff are trained and understand the processes to follow in the event of a fire, security or other emergencies. Training sessions are conducted as required; evacuation plans are displayed in public areas and emergency exits are marked and free from obstruction. An approved external provider conducts regular independent fire inspections on all fire equipment and provides the home with reports and actions to be taken in relation to recommendations. Records of inspection and maintenance indicate the fire detection and alarm system, fire-fighting equipment and emergency lighting have been regularly inspected and maintained. Sign in/sign out registers for visitors, contractors and staff monitor movement within the facility. The home has a lock down procedure which is followed each evening and care recipients report they feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has systems and processes to prevent and minimise infections including provision of personal protective equipment, sharps management equipment, an outbreak management process and a system for laundry items. There are procedures and education to guide staff in the correct use of personal protective equipment, the correct disposal of infectious waste, safe food handling and correct handling of soiled clothing and linen. Individual care recipient infections are identified, referred to medical officers and monitored until resolved. The home has processes to respond to outbreaks of infection. Staff follow effective infection control

practices in line with their responsibility. Care recipients are satisfied with the actions of staff to control the risk 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' dietary needs are assessed on entry to the home and reviewed as necessary to identify allergies, likes, dislikes and preferences. This information is communicated to the onsite kitchen and staff serving food and beverages. Feedback in relation to the menu is provided to the catering staff via direct conversations with care recipients, at meetings and from staff delivering meals. The cleaning program includes schedules to guide staff in the regular cleaning of care recipients' rooms and the living environment. Daily laundering of care recipients' personal clothing and linen is provided on site with naming of clothing completed by laundry staff. The effectiveness of hospitality services is monitored through feedback, meetings and satisfaction surveys. Care recipients are satisfied with the catering, cleaning and laundry services provided.