



**Australian Government**

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**Australian Aged Care Quality Agency**

**Villa Maria Centre**

RACS ID 5056  
98 Limestone Street  
IPSWICH QLD 4305

**Approved provider: Catholic Healthcare Limited**

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 20 January 2019.

We made our decision on 02 December 2015.

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

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Villa Maria Centre 5056**

**Approved provider: Catholic Healthcare Limited**

### **Introduction**

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

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 04 November 2015 to 05 November 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>	Andrea Hopkinson
<b>Team member:</b>	Susan McLellan

## Approved provider details

<b>Approved provider:</b>	Catholic Healthcare Limited
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## Details of home

<b>Name of home:</b>	Villa Maria Centre
<b>RACS ID:</b>	5056

<b>Total number of allocated places:</b>	40
<b>Number of care recipients during audit:</b>	36
<b>Number of care recipients receiving high care during audit:</b>	35
<b>Special needs catered for:</b>	Care recipients living with dementia

<b>Street/PO Box:</b>	98 Limestone Street
<b>City/Town:</b>	IPSWICH
<b>State:</b>	QLD
<b>Postcode:</b>	4305
<b>Phone number:</b>	07 3281 4400
<b>Facsimile:</b>	07 3202 1134
<b>E-mail address:</b>	<a href="mailto:cnowak@chcs.com.au">cnowak@chcs.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	2
Registered staff	3
Care staff	3
Administration staff	1
Allied health staff	1
Diversional therapy staff	1
Care recipients/representatives	9
Contract staff (cleaning/laundry)	4
Catering staff	2
Nurse Practitioner	1
Pastoral care staff	1

### Sampled documents

Category	Number
Care recipients' files	8
Care plans	8
Medication charts	9

### Other documents reviewed

The team also reviewed:

- Activity planner
- Admission care plan
- Allied health communication folder
- Annual memorial service
- Audit and clinical indicator schedule and reports
- Care recipient handbook and information packs
- Care recipient listing

- Care recipient weight management
- Chronic urinary tract infection management program
- Cleaning and laundry procedures and audits
- Cleaning programs
- Clinical assessments
- Clinical indicator data and reports
- Communication books
- Compliments, complaints and suggestion folders
- Continence records
- Continuous improvement plan
- Diabetic management plans
- Dietary requirements form
- Duties lists
- Education calendar and evaluations
- Education records and matrix
- Education/competency folders
- External fire reports
- Falls prevention committee
- Food safety records
- Hazard reports
- Incident reports
- Infection control surveillance program
- Legislative update services
- Lifestyle service documentation
- Maintenance records and schedules
- Medication folders
- Memoranda
- Menu and meal choices forms



- Menus
- Minutes of meetings
- Mission, vision and values statement
- Newsletters
- Observations folder
- One to one education records
- Orientation records
- Pain management communication sheets
- Pharmacy reviews
- Physiotherapy handover sheet
- Police certificate register
- Policies, flowcharts and forms
- Position descriptions
- Professional nursing staff registrations register
- Purchasing request/approval forms
- Reaccreditation self-assessment
- Recruitment and selection processes
- 'Resident' survey
- Residential agreement
- Restraint assessment and authorisation records
- Risk assessments
- Rosters
- Safety data sheets
- Service agreement and contracts
- Service reports
- Temperature monitoring records
- Training resources

## Observations

The team observed the following:

- Activities in progress
- Advocacy and complaints agencies' brochures on display
- Charter of care recipients' rights and responsibilities on display
- Equipment and supply storage areas
- Falls prevention aids in use
- Firefighting equipment and signage
- Information and archiving storage
- Interactions between care recipients/representatives and staff
- Internal and external living and working environments
- Midday meal, setting, service and practices
- Mobility and dexterity aids in use
- Personal protective equipment in use
- Reaccreditation notices on display
- Resources for activities
- Short group observation
- Sign in/out registers
- Storage and administration of medications

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

Villa Maria Centre (the home) has a framework to support the active pursuit of continuous improvement. Care recipients, representatives and staff are encouraged to have input in the continuous improvement system through improvement forms, meetings, surveys and one to one consultation. Identified opportunities for improvement are actioned, monitored and feedback provided to the relevant person or stakeholders through the use of feedback forums, consultation or use of the plan for continuous improvement. A range of quality activities and initiatives are undertaken to monitor the home's performance through the completion of audits, review of incident data and the self-assessment process. Management and staff provided examples of improvements across all four Accreditation Standards. Care recipients/representatives and staff are satisfied they are able to provide or receive feedback in relation to improvements at the home.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- In response to an organisational initiative, the home has implemented 'in focus' (a monthly targeted education program) for staff. Training resources are developed centrally by organisational staff and include newsletters, posters, 'toolbox' talks, fact sheets, assessment tools and references to electronic resources. Onsite education staff assist in supporting the delivery of monthly education topics, with an organisational incentive program linked to encourage staff participation. Management and key staff provided positive feedback on this improvement advising this ensures consistency in the delivery of training; staff indicated satisfaction with opportunities for education at the home.
- Following a review by management, it was identified there was a need to improve staff access to education within the home. This resulted in the purchase and set up of a television and digital video disc (DVD) player for staff to watch pre-recorded training programs. Following the implementation of this improvement, management advised this has enhanced staff opportunities for completing education and positive feedback from staff has been received on the implementation of these new training resources.

## 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 implemented systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management is advised of changes to legislation, industry practice and professional guidelines through information provided by organisational staff and via subscriptions to industry alerts, networks and legislative update services. Documents incorporate legislative and regulatory requirements and policies/procedures including guidelines are available to onsite management and staff. A system to communicate changes is implemented and is inclusive of memoranda, meetings, the organisation’s intranet site and education relevant to staff roles.

Processes to ensure compliance with relevant legislative and regulatory requirements include the use of internal registers, audits/reviews and observations.

Particular to this Standard, management and key staff are aware of their regulatory responsibilities in relation to staff and volunteers having a current police certificate and care recipients/representatives being advised of scheduled re-accreditation audits. Processes ensure these requirements are met.

## 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. Recruitment and selection processes are undertaken to evaluate the suitability of staff for the position. New staff are orientated, provided with ‘buddy’ shifts and supported by a mentor to ensure an understanding of their roles and responsibilities. Training needs are identified through a variety of mechanisms including education surveys, quality activities and observation of staff practices. Identified needs are incorporated as part of the home’s education program or delivered on an individual basis.

Staff are required to undertake a series of annual training requirements and access a variety of training resources to enhance their knowledge and skills. Performance is monitored through a review process, observations, internal audits and feedback mechanisms; a process to address performance issues is implemented. Staff are satisfied with the support and access to training to assist them to undertake their roles; care recipients/representatives are satisfied with staff knowledge and skills.

Examples of information topics relevant to Standard 1 include: team work, aged care funding instrument documentation, effective communication and ‘being a good buddy’.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

The home has processes to support care recipients, representatives and other interested parties in having access to internal and external complaint mechanisms. Information is provided to care recipients, representatives and staff on the home's internal complaints processes and external mechanisms through handbooks and information provided on commencement. Improvement forms, posters on external complaints mechanisms and advocacy brochures are on display throughout the home along with a locked suggestion box. Care recipients, representatives and other relevant parties are encouraged to provide feedback either in writing or verbally through meetings and/or directly with staff/management. There are processes to support the management of an anonymous or confidential complaint; complaints are registered, investigated and feedback provided to the relevant party. Care recipients/representatives and staff are satisfied with access to the complaints system.

## 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 mission, vision, values, philosophy, objectives and commitment to quality have been documented. These are contained within various published resources and are on display within the home.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has processes for ensuring there are appropriately skilled and qualified staff sufficient to provide care and services. Recruitment and selection of staff is undertaken by management and is based on the relevant skills, qualifications and experience held. Staff are orientated and provided with ongoing educational opportunities to support skill development. Internal processes ensure staff skills and qualifications are monitored and evaluated through reviews, feedback mechanisms and other quality activities. A process is used to ensure the currency of police certificates and nursing staff registrations. Rosters are established to ensure a mix of staff skills and qualifications, with on call arrangements in place where a registered nurse is not rostered. Management monitors the sufficiency of staff through feedback mechanisms, observations and monitoring of incident data and there are processes to support

the replacement of staff. Care recipients/representatives are satisfied with the sufficiency and skills of staffing to meet individual care and service delivery 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

There are processes to ensure stocks of appropriate goods and equipment are available for service delivery. Preferred suppliers are used by the home for the provision of various goods and these are checked on receipt, rotated and securely stored in designated storage areas. Equipment needs are identified through various mechanisms including internal reviews, clinical assessments, maintenance programs and work health and safety processes; organisational staff provide support for the procurement of equipment to ensure its suitability and safety. Staff are provided with instruction on the correct use of equipment and supplies. A preventative and reactive maintenance program is implemented to ensure the ongoing safety of equipment. Care recipients/representatives and staff are satisfied there are sufficient goods and equipment is maintained for service delivery.

### **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

Effective information management systems are in place to support management and staff in undertaking their roles. A combination of electronic and paper based systems are used by the home to assist in the delivery of care and services. Care recipients' care and lifestyle needs are assessed by appropriate staff and this information is used to develop plans of care. Data is collected and information is available, accessed and updated to support the home's activities and monitoring processes. Dissemination of information occurs through verbal communication, memoranda, handover processes, meetings and information displayed on notice boards. Information is stored securely; confidentiality is maintained through password protection and restricting unauthorised access. Processes for the archiving, retention and destruction of documents are implemented. Staff, care recipients/representatives and management are satisfied with the effectiveness of the home's information systems.

## 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

Processes ensure external service providers meet the needs and service requirements of the home. Externally sourced services are managed by organisational staff and include the use of contracts/service agreements. Agreements outline the expectations including service scope, compliance requirements and details of termination should this be required.

Performance of external providers is monitored, with processes to provide feedback where performance is not to the required standard. Care recipients/representatives, management and staff are satisfied with externally sourced services at the home.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

The home has a continuous improvement system in relation to care recipients' health and personal care. Refer to Expected outcome 1.1 Continuous improvement for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- Following an improvement opportunity the home participated in a series of improvement activities to implement a palliative approach to care. This involved support in the home by a nurse practitioner, the implementation of new forms, staff participation in education, development of audit tool and feedback sought from families. Following an evaluation by management, further adjustments were made to the home's tools with management advising initial feedback received from care recipients' representatives on this initiative has been positive.
- In response to a review of pain management processes, the home identified the need to improve consistency in documentation and communication between allied health staff and the nurse responsible for pain management coordination. As a result, a review of communication processes was undertaken and included the development of a communication form to support the sharing of information in relation to care recipients' pain management requirements. Management and staff reported communication is now working well between relevant nursing staff and the physiotherapist.

### 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 organisation's systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to specified care and services, professional staff nursing registrations and unexplained absences of care recipients. Processes generally ensure these requirements are met.



## **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 processes.

Examples of information topics relevant to Standard 2 include: palliative care, continence management, medication, colostomy care, mental health, depression, pressure ulcers, skin and wound care.

## **2.4 Clinical care**

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

### ***Team’s findings***

The home meets this expected outcome

Processes are established for assessment of care recipients’ physical, emotional, social, cultural and spiritual needs, utilising a range of health and social assessment tools to develop admission care plans. Nursing staff analyse clinical baseline information gathered during the initial assessment processes and develop care plans, with care reviews held every three months or as required to guide care interventions. Evaluation of care outcomes occurs regularly in consultation with the care recipient and/or their representatives along with care staff, the medical officer, the physiotherapist and relevant health care specialists. Continuity of care is maintained through verbal and written handover, case conference processes, written assessments and care plans and other staff communication processes. Internal clinical audits and indicator-based reviews are undertaken to monitor compliance requirements and practices, with monthly reporting in place. Care recipients/representatives are satisfied with the care and services 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 recipients’ specialised nursing needs are identified in consultation with the care recipient and/or their representatives along with their medical officer and other health professionals. Care plan reviews are scheduled and case conferences are coordinated as required supporting team based clinical decision processes. Detailed care assessments identify and include the specialised nursing care needs of individual care recipients and are developed and reassessed by the registered nurse as required. Provision of specialised nursing care is undertaken by the registered nurse, with care regimes developed to ensure specialised care is carried out in accordance with each care recipient’s identified needs.

Specialists and health professionals are available for consultation and assessment. Care recipients are satisfied their specialised nursing needs are identified and met by nursing staff.

## 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 an established system for referral to medical and allied health professionals including optometry, podiatry, dietetics and occupational therapist, with assessments undertaken for individual care recipients as required. The physiotherapist develops and implements mobility and pain management plans and care is further supported by other health professionals including a visiting psychiatrist, psychologist and nurse practitioner.

Outcomes of referrals, including health advice for ongoing care are documented appropriately and retained in the care recipient’s clinical records. Staff report changes in care recipients’ clinical status to the nursing staff. Care recipients/representatives are satisfied referrals are made to appropriate health specialists in accordance with the care recipient’s identified needs and preferences.

## 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

Registered and medication competent care staff administer medications from a pre- packaged system utilising guidance from the new medication manual. Medication charts and care plans contain information to guide staff regarding allergies and assistance required when administering medication. ‘As required’ medications are administered after consultation with a registered nurse and monitored for effectiveness. Medications are stored securely and records

of controlled medications are maintained; those medications requiring storage at specific temperatures are stored within the appropriate environment. Policies and procedures guide staff in administration, ordering and disposal of medications. An imprest system is available for commonly used medications; and its supply and expiry date review is managed by clinical staff. Effectiveness of medication management is monitored through pain monitoring documentation, incident reporting, medical officer review, residential medication management reviews and relevant staff meetings. There is a medication management advisory committee that meets three monthly and reviews any medication concerns. Care recipients/representatives are satisfied with the management of medications and with the assistance provided by staff.

## **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 processes for the identification, assessment, care planning, review and ongoing management of care recipients’ pain. Care plans for pain management are developed in consultation with the medical officer, nursing staff, physiotherapist and with other health professionals as required. Individual pain management programs and care plans are monitored and evaluated to determine the effectiveness of strategies such as exercise, positional changes, pressure relieving devices, therapeutic massage, administration of pain relieving medication and use of topical creams. Care recipients/representatives are satisfied care recipients are comfortable and that staff respond in a timely manner when they report pain.

## **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 are assessed upon entry and as required if their clinical status changes. Their wishes concerning end of life issues and appropriate interventions are documented in advance care directives, where appropriate to the care recipient’s needs. Care recipients are supported to have their terminal care needs met in the home whenever possible, and ‘hospital in the home’ processes are currently being sourced to provide additional care management. Support for the comfort and dignity of terminally ill care recipients and their relatives is provided by staff, visiting nurse practitioner and pastoral care representative.

Feedback processes have been initiated with families to provide ongoing palliative care improvement considerations. Feedback from surveys indicated that representatives are satisfied with the home’s approach to their relatives’ palliative care needs.

## 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’ dietary needs and preferences, including special requirements and food allergies are identified upon entry to the home. Initial information and any dietary changes are recorded in dietary profiles and forwarded to the catering services. Care recipients are assessed when swallowing difficulties are identified, with texture modified diets/fluids introduced according to assessed needs. Care recipients’ weights are recorded with variations assessed, actioned and interventions monitored for effectiveness as part of weight monitoring reviews. Monitoring of food intake, maintenance of fluids, introduction of food supplements and/or special diets occurs; dietician and/or speech pathologist review is initiated as required. Care recipients are assisted with meals and fluids, with special eating utensils supplied according to assessed need. Care recipients/representatives are satisfied with the support provided to meet nutrition and hydration needs.

## 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’s assessment processes identify care recipients’ risk levels for compromised skin integrity. Strategies to prevent skin breakdown in individual care recipients are developed, documented in care plans, implemented and monitored for effectiveness. Strategies implemented include use of pressure relieving devices, monitoring nutritional status and other potential causes of skin breakdown. Wound management processes include actions to monitor and evaluate progress of healing with wound care managed by the registered nurses. All wounds, skin tears and pressure injury incidents are assessed for treatment planning and progress monitoring. Care recipients/representatives are satisfied that care recipients’ skin condition is consistent with their general health.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ continence status is assessed upon entry and monitored regularly for reassessment if changes occur. Individualised strategies to promote and manage continence are developed in consultation with the care recipient to ensure supportive care and maintenance of independence. Continence patterns are monitored with interventions initiated by registered staff as required. Bowel management programs include dietary interventions, encouragement of regular exercise and administration of prescribed medication as required. Established processes monitor, assess and provide care recipients with an adequate supply of appropriate continence aids to meet their individual needs. Care recipients/representatives are

satisfied that care recipients are supported to manage their continence issues and maintain an optimal level of independence.

### **2.13 Behavioural management**

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

#### ***Team’s findings***

The home meets this expected outcome

Care recipients are assessed upon entry to the home and indicators for challenging behaviours are identified. Staff monitor challenging behaviour using assessment tools, with care plans developed and revised through behaviour review processes, discussion with representatives, medical officers and visiting psychologists and psychiatrist. Care plans identify possible triggers for challenging behaviour and strategies for intervention; staff are knowledgeable of individual care recipient needs. The lifestyle team facilitate leisure activities and social activities. Staff are aware of their reporting responsibilities in the event of a behavioural incident and documentation supports appropriate nursing and medical intervention. Care recipient/representative feedback indicated satisfaction with the effective care management of 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

Care recipients are able to mobilise freely around the home either independently or with the assistance of mobility aids and/or staff as required. The home has processes for assessing care recipients in relation to their mobility and dexterity needs. A mobility assessment is conducted by the physiotherapist. Individualised exercise programs and mobility/transfer care plans are formulated. Falls prevention, walking and exercise programs are also in place. A range of manual handling equipment is provided and staff are trained in its use. Care recipients’ falls are monitored, associated data is collated and analysed, with actions taken to reduce incidence of falls. Care recipients/representatives are satisfied with strategies to maintain or improve care recipients’ 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 upon entry to the home, including assessment of their preferences relating to oral health care. Care plans are developed to guide staff practice and effectiveness of care is reviewed as care needs change. Amendments to care are communicated through verbal and written handover processes, written progress note documentation processes and updating of care plans. Referrals to external dental services are facilitated by the home where necessary and include a visiting service where preferred.

Care recipients/representatives are satisfied with assistance provided to care recipients in relation to 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 needs are assessed on entry to the home; where indicators of impairment are identified, including hearing, smell, vision, taste and sensation. Appropriate care interventions are subsequently developed to assist in achieving/maintaining their optimal potential and desired lifestyle. Visiting optical and hearing services are provided for care recipients, with external visits facilitated in response to identified needs and preferences. Sensory activities are provided through a range of leisure activities and during daily care routines. Responses to care strategies are reviewed as part of the handover processes, care plan evaluations and/or as needs change. Staff assist care recipients to manage their sensory deficits where needed and to achieve effective management of sensory aids. Care recipients are satisfied with the support they receive to manage their sensory loss.

## 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

Care recipient sleep patterns, preferred routines and requirements are assessed and documented upon entry to the home. Care plans are developed to reflect care recipients’ associated needs and preferences. Staff ensure care recipients’ pain and comfort needs are addressed to assist in supporting restful sleep. Prescribed medication is administered as required and a quiet environment is maintained at night. Staff monitor care recipients’ sleep patterns. Care recipients are satisfied with the assistance they receive to have appropriate amounts of 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

The home has a continuous improvement system in relation to care recipients’ lifestyle. Refer to Expected outcome 1.1 Continuous improvement for details on the home’s overall system.

Examples of recent improvements relating to care recipient lifestyle include, but are not limited to:

- In response to a government initiative, the home has received funding to establish a computer kiosk for care recipients. The kiosk provides opportunities for care recipients to access social media and electronic mail in order to maintain links with the community and their family. This resource has also been utilised by staff to provide specific activities for care recipients. Following its introduction, staff and care recipient feedback has been positive.
- Following the identification of an opportunity to improve the activities program, the home purchased a music player for care recipients. The portable music player is loaded with specific music of interest to the care recipient to enable facilitation of one to one activities. Key staff advised the introduction of this equipment has been successfully used to provide enjoyment, to enhance a sense of calmness as well as support behaviour management strategies for specific care recipients.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the organisation’s systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to care recipient lifestyle.

Particular to this Standard, management are aware of their regulatory responsibilities in relation to compulsory reporting, privacy and security of tenure. Processes generally ensure these requirements are met.

### **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 processes.

Examples of information topics relevant to Standard 3 include: person centred care, grief and loss, reportable incidents, dementia, your care your choice – welling and cultural diversity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Care recipients receive an admission information pack about the home; and through planning processes are assisted with their adjustment to the new environment. Ongoing assessment, planning and evaluation systems identify care recipients' social needs and preferences for emotional support. Individual care plans detail care interventions and preferred support mechanisms, both internal and external. Family members and friends are welcomed as part of the supportive network and encouraged to visit the home. Care, pastoral care and leisure staff provide emotional support and are involved in monitoring care outcomes through reassessment/care plan evaluation processes. Visiting pastoral care services are provided on a weekly basis. Care recipients/representatives are satisfied with support received during the settling in period and with the ongoing support provided by management and staff.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home's system for the assessment, planning and delivery of care and services identifies care recipients' previous social interests and lifestyle as well as their current interests and abilities. The collated information assists with the development of lifestyle plans that maximise opportunities for individual care recipients to maintain independence according to their capacity. Care recipients are assisted with those aspects of personal care and other activities they are unable to manage on their own. Staff assist care recipients to maintain their civic and legal rights and to exercise their independence to their optimal capacity. Care recipients are satisfied they are encouraged and supported to be independent.



### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has established processes and maintains a supportive environment to protect care recipients' privacy and dignity. Entry processes provide care recipients with information about their rights, including their right to privacy; staff are informed of their responsibility to respect care recipients' privacy and dignity and to maintain confidentiality regarding their knowledge of individual care recipients. Established administrative processes protect care recipients' personal information. Outcomes of care are monitored through care recipient feedback, surveys and observation of staff practice. Care recipients/representatives are satisfied staff are courteous and respectful of the care recipient's privacy and personal preferences.

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

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

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

The home meets this expected outcome

Initial and ongoing assessment processes identify care recipients' past and current leisure interests. Individual care plans reflecting care recipients' physical, sensory and cognitive abilities and identified interests are developed and regularly reviewed by relevant staff.

Ongoing processes for planning and evaluating individual and group lifestyle programs consider care recipients' interests and capabilities, choices for group activities, outings, music preferences and spiritual needs. Lifestyle and care staff inform care recipients of activity options through notice boards, newsletters and care recipient meetings processes; activities are monitored and evaluated through individual feedback, surveys and consideration of participation rates. Care recipients/representatives are satisfied they are able to choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

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

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

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

The home meets this expected outcome

Care recipients' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The information is included in care plans that assist staff to foster and value individual beliefs and customs. Care recipient support processes involve assistance and guidance provided by pastoral care services, management and staff according to each care recipient's preferences. Care recipients are assisted to attend religious observances; the home celebrates special events and provides appropriate catering services on these occasions with specific dietary needs addressed as required. Outcomes of support are monitored through

feedback, regular care plan evaluation and complaint processes. Care recipients/representatives are satisfied care recipients' cultural and spiritual needs are respected and supported.

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

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

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

The home meets this expected outcome

Each care recipient and/or their representative participates in decisions about the services the care recipient receives and is enabled to exercise choice and control over his or her lifestyle. Care recipients and their representatives are provided with opportunities to participate in decision making through information relating to lifestyle choices and services available at the home. Choices are identified through initial and ongoing assessment processes and case conferences, providing communication between staff and care recipients and/or their representatives. Staff respect and accommodate care recipients' choices and encourage, within their capacity, choices regarding activities of daily living. Care recipients/representatives are satisfied with choices offered in matters relating to the care and services received.

### **3.10 Care recipient security of tenure and responsibilities**

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

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

The home meets this expected outcome

Care recipients and representatives receive written and verbal information regarding care and service provision prior to and upon entering the home and are encouraged to seek legal advice in respect to their commencement at the home. A residential care agreement provides information about terms and conditions of their tenure, fees and charges, dispute resolution and care recipients' rights and responsibilities. Key personnel are available to ensure there is shared understanding of the terms of the agreement. The home's established processes ensure the information communicated to care recipients about care and service obligations, accommodation fees and charges and legislative changes remains current. Care recipients/representatives are aware of their rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1 Continuous improvement for details on the home’s overall system.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- In response an audit, management identified an opportunity to enhance the internal living environment for care recipients. This included the purchase of new dining room furniture, lounge chairs and curtains in specific areas of the home. Management advised one of the outcomes to this initiative has been that the previous lounge chairs were “too low” for care recipients and these are now at a more suitable height for care recipients. Care recipient/representative feedback was positive in relation to the living environment, commenting the new furniture was brighter and nicer.
- Following a review of cleaning processes, an opportunity was identified to improve infection control practices. This involved the home’s contracted service provider, increasing the frequency of cloth changes through a one cloth per task approach. Staff were provided with education relating to the change and demonstrated knowledge of this practice. Staff advised this has resulted in improved infection control practices by reducing the risk of cross infection.

### 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 organisation’s systems used to identify and ensure compliance. The home has systems to ensure compliance with legislation relevant to physical environment and safety systems.

Particular to this Standard, management and key staff are aware of their regulatory responsibilities in relation to fire and building compliance, food safety and work health and safety. Processes ensure these requirements are met.

### **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 processes.

Examples of information topics relevant to Standard 4 include: fire and workplace health and safety – managing workplace pressure, infection control, food safety and chemical training.

### **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 is actively working to provide a safe and comfortable living environment for care recipients in accordance with their care needs. Care recipients are accommodated in single rooms with access to communal bathroom facilities and are encouraged to personalise their rooms. A variety of furnishings and specialised equipment is available, common areas are temperature controlled and internal and external private seating areas are available for care recipients and their visitors. Care recipients' safety and comfort needs are generally monitored and assessed through clinical assessments, audits/inspections, feedback/improvement mechanisms as well as through the hazard and incident reporting processes; action is taken to address any safety issues or concerns. Programs for maintenance and cleaning are implemented to provide a safe and comfortable environment. Care recipients/representatives are satisfied with the safety and comfort of the home's 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

Management at the home is actively working to provide a safe working environment that meets regulatory requirements. The home has documented occupational health and safety and rehabilitation policies/procedures. Processes to identify, action and review safety issues are established and are inclusive of incident and accident reporting, hazard identification, risk assessments and inspections/audits. Staff are trained in safety requirements at commencement through the orientation program and on an ongoing basis. Work health and safety meetings are conducted to discuss and review safety issues or concerns.

Maintenance programs are implemented for equipment which is inclusive of electrical safety testing and processes established to ensure the safe management of chemicals. Staff are

aware of the home's safety reporting systems and are satisfied with management's responsiveness to any safety issues.

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

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

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

The home meets this expected outcome

Management and staff are actively working to provide safe systems of work that minimise fire, security and emergency risks. The home has documented procedures and plans for responding to a fire or other emergency including disaster management. Staff are provided with instructions on the home's fire system and evacuation procedures through the orientation program and annually; attendance is monitored. Evacuation diagrams are displayed, exits are free from obstructions, fire lists are updated along with an emergency kit. Fire safety equipment and detection systems are inspected and maintained by an external service provider. The home has sign in and out procedures for care recipients and visitors and procedures are implemented to minimise security risk. Monitoring of fire, security and emergency risks occurs through internal inspections/audits, observations and discussion at meetings. Staff are knowledgeable of the home's emergency procedures and how to respond.

#### **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 processes to manage infection control in the areas of clinical, lifestyle, catering, cleaning and laundry practices. There is an infection control program and infection control policies are available to guide staff practice, including outbreak management guidelines and supplies. Infections are documented and monitored by registered staff and action taken as needed. Staff are provided with infection control education at orientation then annually or as needed. Care recipients are administered influenza vaccinations annually by their medical officer with consent and a vaccination program is offered to staff. The home has a food safety program and safe food practices are followed by staff. The home provides hand washing facilities, anti-bacterial hand gel dispensers, sharps containers, outbreak/spill kits and personal protective equipment for staff and has processes to manage waste and pest control. The effectiveness of infection control measures is monitored through review of infection statistics and observation of staff practices. Staff are aware of the colour-coded equipment, the use of personal protective equipment and the principles used to prevent 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

The home has processes to ensure that hospitality services are provided in a way that enhance care recipients' quality of life and staff working environment. Care recipients' dietary needs and preferences are assessed and this information is communicated to catering staff. A rotational menu is developed and care recipients are provided with a choice of meals.

Meals are cooked onsite and a food safety program is implemented and externally audited to monitor compliance. An external service provider oversees the cleaning and laundry services. Laundering of all personal items and flat linen is conducted onsite, with processes to support the labelling and management of unlabelled personal items. Laundry facilities are available for care recipients who choose to wash their items independently. Information is available to guide cleaning routines and cleaning services are provided in a manner to reduce the risk of cross contamination. Staff are provided with education and opportunities to raise any issues relating to their work environment. Monitoring and reviews of the home's hospitality services is conducted through audits, surveys and via other internal feedback mechanisms. Care recipients/representatives are satisfied with the provision of hospitality services at the home.