



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Weary Dunlop Retirement Village**

RACS ID 3971  
242 Jells Road  
WHEELERS HILL VIC 3150

**Approved provider: Ryman Aged Care (Australia) 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 August 2018.

We made our decision on 15 June 2015.

The audit was conducted on 12 May 2015 to 13 May 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**

**Weary Dunlop Retirement Village 3971**

**Approved provider: Ryman Aged Care (Australia) Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 12 May 2015 to 13 May 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 12 May 2015 to 13 May 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>	Adrian Clementz
<b>Team member:</b>	Colette Marshall

## Approved provider details

<b>Approved provider:</b>	Ryman Aged Care (Australia) Pty Ltd
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## Details of home

<b>Name of home:</b>	Weary Dunlop Retirement Village
<b>RACS ID:</b>	3971

<b>Total number of allocated places:</b>	80
<b>Number of care recipients during audit:</b>	62
<b>Number of care recipients receiving high care during audit:</b>	Not applicable
<b>Special needs catered for:</b>	Dementia specific wing

<b>Street:</b>	242 Jells Road
<b>City:</b>	WHEELERS HILL
<b>State:</b>	VIC
<b>Postcode:</b>	3150
<b>Phone number:</b>	03 8545 1400
<b>Facsimile:</b>	Nil
<b>E-mail address:</b>	<a href="mailto:enquiries@wearydunlop.com.au">enquiries@wearydunlop.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	5
Nursing staff	5
Care and lifestyle staff	9
Care recipients/representatives	14
Hospitality and maintenance services	6
Visiting support services	3

### Sampled documents

Category	Number
Care recipients' files	8
Care recipients' files	7
Residential agreements	4
Medication charts	6
Personnel files	6

### Other documents reviewed

The team also reviewed:

- Asset management documentation
- Audits and inspection records
- Catering records and certification documents
- Cleaning and laundry documentation
- Compliments/complaints/suggestions records
- Consolidated compulsory reporting register and associated records
- Continuous improvement plan and associated documentation
- Contractor register
- Draft preventative maintenance schedules, records and monitoring processes
- Education records, attendance records and evaluations

- Emergency procedures
- Essential services schedules and service reports
- External contractor documentation
- Food safety program
- Handover and communication documents
- Incident reports/summary data and analyses
- Induction documentation
- Information acknowledgement records
- Lifestyle documentation
- Meeting minutes
- Memoranda
- Menu
- Newsletters
- Occupational health and safety documentation
- Policies and procedures
- Records of notification of accreditation
- Reactive maintenance records
- Regulatory compliance monitoring tools and related documentation
- Care recipients' information handbook
- Risk assessments
- Roster
- Ryman accreditation program
- Self-assessment documentation
- Staff information handbooks.

## **Observations**

The team observed the following:

- Activity rooms, resources and activities in progress
- Charter of residents' rights and responsibilities



- Chemical storage
- Cleaning and laundry processes
- Emergency evacuation maps, egress routes and assembly areas
- Emergency evacuation pack
- Equipment, supplies and storage areas
- Fire and emergency equipment
- Infection control facilities and equipment
- Interactions between staff and care recipients
- Internal and external complaint and advocacy information
- Living environment
- Meal preparation and service
- Medication administration and storage
- Mobility aids
- Noticeboards, information displays and suggestion box
- Re-accreditation audit poster
- Safety and security mechanisms
- Short group observation during meal service
- Statements of strategic intent.

## 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

Management with the support of the larger organisation has systems and processes to actively pursue continuous improvement across the Accreditation Standards. There are various mechanisms for identifying improvements including audits, surveys, comments and complaints, improvement forms, meetings, stakeholder feedback, incident and clinical data. The continuous improvement plan outlines actions, progress and evaluation of outcomes. Evaluation of improvement initiatives occurs through meetings, observation and staff and care recipient feedback. Management communicate outcomes of improvement initiatives to staff and care recipients through meetings and memoranda. Care recipients, their representatives and staff are aware of improvements initiated at the home and are encouraged to contribute and participate in the process.

Recent improvements relevant to Standard 1 Management systems, staffing and organisational development include:

- Following a review of staffing requirements due to the number of care recipients entering the home with higher care needs, a registered nurse is now rostered on the afternoon shift seven days a week. Management and staff said this has strengthened the monitoring process for evaluation of care recipient clinical care and provides greater support for supervision of staff. Management said they have received positive feedback from staff and families regarding the effectiveness of this improvement.
- As part of an organisational initiative, a staff monthly rewards program called 'employee of the month' commenced in September last year. A staff member can be nominated by a care recipient, representative or staff member for the award. The management team selects the winner who receives recognition with a voucher and announcement at the facility meeting. Staff provided positive feedback regarding this initiative.
- To improve the quality of care for care recipients, management introduced a staffing model to support staff familiarity with care recipient care and lifestyle. Staff are now allocated to work in the same area of the home on a permanent basis with recruitment and selection processes designed to accommodate this model. Management said this has strengthened teamwork in the dementia specific unit and staff feedback has been positive regarding the benefits of this staffing model.

## 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

Management with the support of the larger organisation ensures there is an effective system to identify, respond to and meet relevant legislation, regulatory requirements, professional standards and guidelines across the Standards. Management receive information through sources such as peak bodies, legislative update services and government departmental resources. This is interpreted at corporate and local management levels and tabled at relevant forums. As part of the process, policies and procedures are developed or amended where required. Staff are advised of regulatory compliance matters and policy updates through meetings, memoranda, education and information displayed. Staff confirm they receive information and education about regulatory compliance matters relevant to their roles and demonstrated knowledge of regulatory requirements. There are processes to monitor the home’s compliance with relevant legislation and regulatory requirements.

Examples of responsiveness to regulatory compliance in relation to Standard 1 include:

- Management notified stakeholders of the accreditation audit as required and within regulated timeframes.
- Management conducted and made available a pre-accreditation self-assessment of the home.
- Management have established a process to monitor the currency of police certificates for staff, volunteers and contractors.
- There is an effective process to manage statutory declarations in regard to citizenship or permanent residence of a country other than Australia since turning 16 years of age.

## 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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively across the Accreditation Standards. Recruitment and selection processes are guided by role specific skill and qualification requirements. All new staff are introduced to their position through supported shifts and a comprehensive induction which includes role relevant competencies. Management develop an education program based on care recipient care needs, staff requests, observation of staff practice, mandatory risk minimisation topics and the parent organisation’s accreditation program. The education program incorporates both internal and external education sessions and covers a wide range of topics. There are processes to advise staff of upcoming training and to track attendance at mandatory education. Staff are satisfied with the range of education and professional

development opportunities available to them. Care recipients and representatives are satisfied staff have the skills and knowledge to meet care recipients' care needs and preferences.

Recent examples of education provided in relation to Standard 1 include:

- care documentation management
- communication
- creating a culture of teamwork and kindness
- customer service
- training for specialised catering equipment.

#### **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

Each care recipient, their representative and other interested parties have access to internal and external complaints mechanisms. Information handbooks, posters and brochures provide information about the internal complaints process and external complaints resolution services. Mechanisms available to raise concerns or suggestions include a feedback form, meetings and surveys. A locked lodgement box located in several areas of the home promotes confidentiality. Care recipients and their representatives are aware of the formal complaints process, feel comfortable to raise concerns or suggestions and are satisfied management address any concern in an appropriate and timely manner.

#### **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

A commitment to quality is embedded in the vision, mission, values and philosophy of Weary Dunlop Retirement Village. These statements of strategic intent are displayed within the home and communicated through induction processes and documentation provided to care recipients, representatives and staff.

## 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

Management ensure there is appropriately skilled and qualified staff sufficient to meet the needs of care recipients and the home's philosophy of care. Staffing numbers are adjusted to meet increasing care recipient numbers and in response to changes to care recipient care and service needs.

Registered nurses are rostered to every shift. There are processes to replace staff for planned and unplanned leave. Staff are guided in their roles through supported shifts, position descriptions, duty sheets, policies, procedures, guidelines and handbooks. Staff engaged by the home since it's opening are monitored during their probation period through observations and feedback and annual performance appraisals are planned. Staff are satisfied they have sufficient time to perform their role. Care recipients and representatives are generally satisfied with the care and services provided by staff.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

Stocks of appropriate goods and equipment for quality service delivery are available. There is an effective stock control system, inventory is regularly checked and reordered before minimum stock levels are reached. Purchased goods and equipment are inspected and evaluated upon arrival and electrical equipment is tested and tagged. Stock is stored safely in clean and secure areas. There is a reactive and preventive maintenance system to ensure functionality of equipment. New equipment is trialled before use and staff training is provided. Staff, care recipients and their representatives are satisfied with equipment and supplies available at the home.

## 1.8 Information systems

*This expected outcome requires that "effective information management systems are in place".*

### **Team's findings**

The home meets this expected outcome

There is an effective information management system in place. Management and staff have access to information that is accurate and appropriate to their roles. Care recipients and representatives are provided with information on entry to the home, including a handbook and care recipient agreement. Ongoing information is provided through noticeboards, care consultations and meetings. Processes to keep staff informed include position descriptions, policies and procedures, education, meetings and memoranda. Staff and management said the electronic clinical documentation system and associated paper based documents provides

relevant information for the provision of care. Key data is routinely collected, analysed and made available to relevant staff. Confidentiality and security of staff and care recipient information is maintained. Computerised information is backed up regularly, all information is stored electronically and there are no archived records, scanned documents are destroyed at the point of use. Care recipients, representatives and staff said they are well informed about matters relevant to them.

## **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

Management with support from the larger organisation has a system that ensures externally sourced services are provided in a way that meets the home's needs and quality goals. The home maintains service agreements with a wide variety of external service providers.

External contractors provide evidence of police certificates, certifications and insurances as part of the contractual engagement process. Management has processes to ensure external service providers meet their contracted obligations as scheduled. Management monitors the quality of services through home's feedback processes and meeting forums. Care recipients, representatives and staff are satisfied with the services provided by external contractors.

## 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

There are systems and processes to actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for a description of the home's continuous improvement system. There is a system that demonstrates ongoing improvements in care recipient health and personal care.

Examples of recent improvements in relation to Standard 2 Health and personal care include:

- Following an initiative by management there is a clinical meeting held each morning. This allows discussion of daily matters, changes to care recipient care and staffing matters. This has led to an increase in the level of teamwork, communication and sharing of knowledge among key staff.
- As a result of analysis of falls data for one care recipient, the monthly care recipient review process now includes additional monitoring to allow earlier detection of conditions which may contribute to a fall occurring. Management said the number of falls each month has decreased since the introduction of the process earlier this year.
- Following a review of nutrition and hydration care systems by key clinical staff, the dietitian now visits the home on a routine monthly basis. This has led to improved processes to monitor nutrition and hydration problems and concerns. Staff said this has improved the timeliness and efficiency of nutrition and hydration services provided.

## 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

There is a system to identify and meet regulatory compliance obligations for health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance in relation to Standard 2 include:

- Appropriately qualified staff manage clinical care and carry out specialised nursing care.
- Professional registrations of staff are monitored and maintained.
- Management demonstrate compliance with policy and legislative requirements in relation to medication storage and management.
- There are processes to manage and report the unexplained absence of a care recipient.

## 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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 2 include:

- behavioural management
- end of life care
- pain management
- wound management.



## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. On entry to the home, an assessment and interim care plan defines care recipient care requirements.

This is followed by a comprehensive assessment and care planning process. A registered nurse is responsible for the development and evaluation of clinical care and review of care plans. Consultation with the care recipient, their representative, medical practitioners and other health professionals occurs. There is a three monthly care recipient care review process including consultation with care recipients and representatives. Communication of care occurs through verbal and written handover, care plans and daily treatment schedules. Clinical incidents are monitored and evaluated and relevant health professionals review care recipients’ clinical care outcomes. Care recipients and their representatives are satisfied with how clinical care is 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 care needs are identified and met by appropriately qualified nursing staff. Specialised care plans outline interventions and monitoring for staff to follow. Registered nurses review and evaluate outcomes of care in consultation with medical practitioners and a range of other health professionals. Other specialised external consultants visit the home including wound care, palliative care and aged mental health and psychiatric services. Care recipients and their representatives are satisfied with how specialised care is undertaken.

## 2.6 Other health and related services

*This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their assessed needs and preferences. Medical practitioners visit care recipients regularly and on an as needs basis and other health professionals provide services on site including physiotherapy, podiatry, nutrition and speech pathology. Dental, hearing, and eye care services are provided on site or care recipients attend outside appointments according to their choice and preference. Referral to medical specialists outside the home occurs as needed and information regarding changes to treatment and care are followed. Care recipients and their representatives are satisfied with the home’s process for referral to health specialists according to 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

Care recipients’ medication is managed safely and correctly. Qualified nurses undertake or supervise medication administration and competency training is completed annually. Medical practitioners monitor and revise care recipient medication requirements. Staff have access to medication policies and procedures and monitoring of the system occurs. Medications administered on an as needs basis are recorded and there is evaluation of medication effectiveness. Monitoring of medication incidents occurs and review is undertaken accordingly. Multidisciplinary medication meetings are held to monitor and evaluate the medication system. Care recipients and their representatives are satisfied with how staff undertake medication administration.

## **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 approach used to manage pain enables all care recipients to be as free as possible from pain. Care processes for pain management includes assessment of pain history, the presence of pain and effectiveness of current or previous therapies. Assessment tools include verbal and non-verbal signs of pain. A range of pain management strategies includes heat packs, massage and analgesia. A physiotherapist undertakes individualised pain management programs for care recipients with chronic pain. Medical practitioners monitor pain and the effectiveness of analgesia and other treatments on a regular basis. Care recipients and their representatives are satisfied with pain management treatments used at the home.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. Advanced care plans outline care recipient choices for end of life care and palliative care plans define care needs and preferences for treatment options. Consultation with the care recipient, representative, medical practitioner and other health professionals occurs to allow effective care provision that meets care recipient choice and preference. Palliative care services are utilised to assist with care planning as required. Spiritual, emotional and dignity measures are incorporated into care provision and religious representatives are involved in providing support according to care recipient wishes.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration and there are effective processes to support individual choice and preference. Assessment of nutrition and hydration needs includes dietary requirements, medical conditions and personal preferences. Care recipients at risk of nutrition and hydration problems are identified through specific assessments such as weight monitoring and eating patterns. A dietitian visits the home regularly and there are effective referral and review mechanisms in place. Speech pathology referrals occur as required and medical practitioners monitor care recipient nutrition and hydration requirements. There are communication processes to advise catering staff of care recipient dietary plans including variations. Nutritional supplements, specialised diets and assistive devices are used to support care recipient needs. Care recipients and their representatives are satisfied with the provision of nutrition and hydration and assistance given to care recipients during meal and refreshment services.

## 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

Care recipients’ skin integrity is consistent with their general health. Skin care plans outline care recipients individual care needs and includes assessment of nutrition, continence and mobility status. Staff monitor the condition of care recipients’ skin and maintain skin integrity through the application of moisturisers, routine repositioning and use of pressure relieving devices. Wound care treatment is evaluated and the incidence of skin tears is documented through the incident reporting system. Care recipients and their representatives are satisfied with how staff attend to skin care.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ continence is managed effectively. Assessments include triggers and health conditions which may affect continence. Care plans outline individual support to maintain or restore continence. A designated staff member is responsible for the continence program and monitors supplies, care recipient needs and staff education requirements. Care recipients and their representatives are satisfied with how staff manage continence and maintain privacy and dignity when providing assistance.

## **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. Behaviour care plans outline individual triggers and intervention strategies. This includes evaluation of treatment plans in consultation with medical practitioners, external specialists and the lifestyle team. Referral to psychogeriatric services occurs as required. The lifestyle program includes activities for care recipients with dementia related illness which are personalised to enhance the quality of life and wellbeing for each care recipient. Care recipients and their representatives are satisfied staff manage behaviours in a caring and supportive manner.

## **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

Optimum levels of mobility and dexterity are achieved for all care recipients. Mobility and dexterity care plans outline strategies to promote safe mobility and dexterity. Physiotherapy plans identify measures to maintain and promote mobility and dexterity according to care recipient capabilities and includes falls prevention strategies and daily exercise regimes. The environment of the home promotes independent mobility for care recipients using assistive equipment. Care recipients are reviewed by the physiotherapist after a fall and there is a range of falls prevention equipment in use. Falls data is collected and analysed and prevention strategies are revised accordingly. Care recipients and their representatives are satisfied mobility and dexterity is encouraged and staff provide suitable assistance.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is maintained according to needs and preferences. Care plans include details about daily care of teeth, mouth and dentures and level of assistance required by the care recipient. Dental appointments are arranged as required and dental products are readily available for care recipient use. Care recipients and their representatives are satisfied with the level of oral and dental care provided by staff.

## **2.16 Sensory loss**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Sensory care plans outline individual care recipient care requirements. Referral to other health professionals such as speech pathologist, audiologist and optometrists occurs as required. Staff assist care recipients with use of hearing, visual and other aids and routine checks of the working condition of aids occurs on a regular basis. Care recipients and their representatives are satisfied with the attention given to care recipients’ sensory needs.

## **2.17 Sleep**

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

### ***Team’s findings***

The home meets this expected outcome

Care recipients are assisted to achieve natural sleep patterns. Staff assist care recipients to adopt their preferred sleep pattern when they move into the home and provide suitable assistance as required. Care recipients are involved in choices regarding settling and rising time and sleep promotion comforts to meet individual preferences. Staff utilise a variety of methods to promote sleep and consult with the care recipients’ medical practitioner if medication is required. Care recipients said staff provide assistance as needed and according to their preferences.

## 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

There are systems and processes to actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. There is a system that demonstrates ongoing improvements in care recipient lifestyle.

Examples of recent improvements in relation to Standard 3 Care recipient lifestyle include:

- Following feedback from care recipients and representatives, the lifestyle program has been enhanced with additional activities. There has been an Italian club and men’s group formed to improve socialisation among care recipients. The number of walking group sessions have been increased and now include care recipients living with higher care needs. Positive feedback has been received from care recipients and representatives regarding the level of enjoyment gained by care recipients participating in the new activities.
- As part of the person centred model of care for people living with dementia, the environment of the home has been enhanced using the Stirling University design centre model for dementia environments. Enhancements include subtle wayfinding and orientation features, wall murals and colour selection for walls and doors. Other features include memory boxes and conversation walls. Management and staff said the environmental features support care recipients’ sense of wellbeing and contentment living in the home.

### 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

There is a system to identify and meet regulatory compliance obligations for care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance in relation to Standard 3 include:

- There are policies and procedures in relation to privacy and confidentiality and management make this information available to care recipients, representatives and staff.
- There are a policy, procedures and guidelines in relation to elder abuse and compulsory reporting and are made staff aware of their responsibilities.
- The Charter of residents’ rights and responsibilities is displayed within the home.
- When a care recipient moves into the home a residential agreement is offered to the care recipient or their nominated representative.

### 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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles relative to care recipients’ lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 3 include:

- choice and decision making
- elder abuse
- privacy and dignity
- care recipients rights and responsibilities
- the Ryman HealthCare Engage lifestyle program.

### **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

There is a system to ensure staff and management support care recipients adjust to life at the home and to provide emotional support on an ongoing basis. Prior to the care recipient moving into the home information about the home is made available and tours and meetings arranged. Strategies to assist new care recipients settle into their new environment include a welcoming flower arrangement, promoting potential friendships and invitations to social activities. Staff complete formal assessments and care plans that take into account the level of emotional need required by each care recipient. Staff ensure there is ongoing interaction with all care recipients and play an integral role in providing ongoing emotional support, especially during times of grief, sickness and stress. Care recipients and their representatives said staff are responsive to their individual emotional support needs and this support is provided in an appropriate manner.

### **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

There are systems to assist and encourage each care recipient to achieve maximum independence and maintain community ties and friendships. Assessment, care planning and review processes identify and provide for care recipients' physical, social, intellectual and emotional needs and preferences. Staff run a range of programs that promote care recipient independence and encourage the involvement of visitors and the village community. Staff enable care recipients to continue their individual interests and attend activities outside the home. Strategies to promote independence and social engagement include bus outings, shopping and library trips, market days, walking groups and the Italian club. Care recipients and their representatives are satisfied staff encourage, support and assist care recipients to optimise their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management and staff ensure that each care recipient's right to privacy and dignity is recognised and respected. Care recipients receive information about how the home protects their privacy when they move into the home. There are processes for staff to assess and plan for care recipients' privacy and dignity preferences. Staff practice is guided by policy and procedure which include requirements to obtain consent for the use of personal information.



Staff discussed strategies and work practices that support care recipients' privacy and dignity. Care recipients are accommodated in single rooms which they are encouraged to personalise with their belongings. Care recipients have adequate personal space and there are quiet areas available for them to meet privately with visitors. Care recipients and their representatives are satisfied with the way care recipients' privacy and dignity is 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

Management and staff encourage and support care recipients to participate in a range of interests and activities of interest to them. In consultation with the care recipient and their representative, lifestyle staff complete assessments that capture information about previous and current social and lifestyle preferences. This information forms the basis of the individual care plan. Lifestyle staff conduct a full and varied program of activity programs in both group and individual settings. Staff implement strategies to assist care recipients to attend activities outside the home. The specific and special needs of care recipients are considered when providing or arranging activities. Lifestyle staff redesign leisure activities and programs in response to level of participation, feedback from care recipients, discussion at meetings and changing needs. Care recipients and their representatives are satisfied with the range and frequency of leisure activities made available to care recipients living at the home.

### **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

The home has a system to ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. When a care recipient moves into the home staff assess and plan for their specific religious and spiritual needs and preferences. Catholic, Anglican and Uniting Church services are held at the home during the month. Ongoing pastoral care is provided to individual care recipients by pastors and other religious leaders. A reflection room is available to care recipients at all times. Staff provide opportunities to celebrate a range of popular cultural days and events of significance, including ANZAC and Australia Day. Care recipients and their representatives are satisfied that the cultural and spiritual interests and beliefs of care recipients are met.

### **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

Management and staff promote and support care recipients to exercise choice and decision making in the care, lifestyle and hospitality services they receive while not infringing on the rights of others. Care recipients and representatives are encouraged to express their wishes during the assessment process, at meetings, during individual consultations, through feedback processes and in direct communication with management. Staff document this information in care plans and there are processes in place to review each care recipient's preferences for care and support. An authorised representative is identified to provide decision making support to care recipients presenting with reduced decision-making capacity. Staff are made aware of their responsibility to support care recipient choice through the induction process, policies and procedures, handbooks and education. Care recipients and their representatives are satisfied they have input into the care and services care recipients receive, including personal care, meals and level of participation in activities.

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

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

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

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure they understand their rights and responsibilities. Management communicates information about residents' rights and responsibilities, security of tenure, external complaints and advocacy services and specified care and services. This occurs at the time of entry and through the care recipient handbook and resident agreement. Staff are made aware of their responsibilities regarding care recipients' rights during induction and through handbooks and policies and procedures. Security of place is respected. Care recipients and their representatives are satisfied with the security of care recipient tenure.

## 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

There are systems and processes to actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for a description of the home’s continuous improvement system. There is a system that demonstrates ongoing improvements in physical environment and safe systems.

Examples of recent improvements in relation to Standard 4 Physical environment and safe systems include:

- Night sensors have been installed in care recipient’s rooms. The sensors detect care recipient movement in their room and bathroom. The system is designed to allow lights to go on and off at set intervals to assist care recipients to find their way to and from the bed and bathroom. Management said this has reduced the level of wandering and disorientation at night and has improved the normal sleep pattern for care recipients.
- Following feedback from care recipient’s, the menu has been reviewed, there is now an increase in choices for the lunch and evening meal, and some menu items have been replaced with other recipes that are more popular among the care recipients. Care recipient feedback indicated an improved satisfaction with the menu choice and quality of meals served.

## 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

There is a system to identify and meet regulatory compliance obligations for the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance in relation to Standard 4 include:

- There are procedures for recording, managing and reporting infectious diseases and outbreaks.
- There is a system to ensure compliance with fire safety regulations.
- Staff store chemicals safely and current material safety data sheets are available.
- There is a food safety program and management demonstrate compliance with external audit findings.

## 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

There is a system to ensure management and staff have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent examples of education provided in relation to Standard 4 include:

- aged care catering and hospitality seminar
- bullying and harassment
- chemical use and handling
- food safety
- occupational health and safety.

#### 4.4 Living environment

*This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".*

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

The home meets this expected outcome

Management is actively working to provide care recipients with a safe and comfortable environment consistent with needs of care recipients. Rooms and communal areas are furnished appropriately, light-filled and comfortable. Care recipients have access to outside areas and newly established gardens. Restraint at the home is limited to keypad exit points. Management runs maintenance programs in parallel to the warranty commitments associated with the new buildings and equipment. Scheduled audits, incident and hazard reporting, feedback mechanisms and meetings are in place to monitor a safe and comfortable living environment. Staff are provided with education to employ appropriate practices that ensure the safety and comfort of care recipients. Care recipients and their representatives are satisfied the home provides care recipients with a comfortable and safe 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 with support from the larger organisation has a system to support a safe working environment. There are policies and procedures in relation to safe work practice. Staff are informed of their health and safety responsibilities through information displays, newsletters handbooks and during induction. The home's induction process and education program includes training for staff in hazard and incident reporting, manual handling, infection control, chemical safety and bullying and harassment. Workplace health and safety meetings occur monthly at the home. There are processes to address deficits identified through scheduled audits, maintenance requests and equipment tests. There are processes to formally assess the risk of hazards and incidents. Equipment and hazardous material is stored safely. Staff are satisfied management create a safe work environment and are responsive to any issues raised.

#### 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 work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures to respond to a range of internal and external emergencies. Qualified external contractors maintain fire safety equipment and there are processes to ensure essential services equipment and fixtures are maintained. Management displays emergency evacuation plans and ensures emergency exits

and egress routes are free from obstruction. There are processes to maintain current emergency evacuation lists and response packs. All staff are required to complete mandatory fire and emergency education with a practical training component. The home is a smoke free environment. Arrangements for providing a secure environment include surveillance cameras, lock up procedures and keypad access points. Care recipients and their representatives are satisfied the home provides a safe and secure environment.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

There is an effective infection control program in place. Infection surveillance is undertaken and results are evaluated by key clinical staff and discussed at relevant staff meetings.

Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are in place throughout the facility. Care recipients are assessed and monitored for the risk of infection and medical practitioners and nursing staff monitor response to treatment. There is a planned pest control program. Catering, cleaning and laundry procedures follow infection control guidelines. There is a food safety program and current council and external audit certification. Cleaning schedules are in place and environmental audits are undertaken.

Vaccinations are offered to care recipients and staff.

#### **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 systems to provide hospitality services that enhance the quality of life of care recipients living at the home. Meals are prepared freshly in the kitchen each day and served to care recipients through kitchenettes located in each wing. Dietitian input influences the menu and care recipients are provided with choice of meals. Meals are served taking into consideration individual medical requirements, food allergies and personal preferences and there are processes to ensure this information is kept current. Cleaning occurs according to schedules and there is a system to accommodate urgent or additional cleaning requirements. All laundry is completed onsite. Laundry staff have access to a clothing labelling machine however there are generally effective systems to manage lost property. Care recipients and their representatives are generally satisfied with the cleaning, laundry and catering services provided by the home.