



**Australian Government**  

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**Australian Aged Care Quality Agency**

# **William Carey Court Residential Aged Care Facility**

RACS ID 7267  
450 Bussell Highway  
BUSSELTON WA 6280

**Approved provider: Baptistcare Incorporated**

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 November 2018.

We made our decision on 07 October 2015.

The audit was conducted on 01 September 2015 to 03 September 2015. The assessment team's report is attached.

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

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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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## **Audit Report**

**William Carey Court Residential Aged Care Facility 7267**

**Approved provider: Baptistcare Incorporated**

### **Introduction**

This is the report of a re-accreditation audit from 01 September 2015 to 03 September 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 September 2015 to 03 September 2015.

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

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

## Assessment team

<b>Team leader:</b>	Philippa Brittain
<b>Team member:</b>	Wendy Scott

## Approved provider details

<b>Approved provider:</b>	Baptistcare Incorporated
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## Details of home

<b>Name of home:</b>	William Carey Court Residential Aged Care Facility
<b>RACS ID:</b>	7267

<b>Total number of allocated places:</b>	99
<b>Number of care recipients during audit:</b>	97
<b>Number of care recipients receiving high care during audit:</b>	91
<b>Special needs catered for:</b>	Nil specified

<b>Street:</b>	450 Bussell Highway
<b>Town:</b>	BUSSELTON
<b>State:</b>	WA
<b>Postcode:</b>	6280
<b>Phone number:</b>	08 9752 1111
<b>Facsimile:</b>	08 9752 2144
<b>E-mail address:</b>	<a href="mailto:customer.centre@baptistcare.com.au">customer.centre@baptistcare.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Acting facility manager	1
Clinical care coordinator	1
Manager operations	1
Registered and enrolled nurses	4
Occupational health and safety representatives	1
Care supervisors and care staff	10
Catering manager and kitchen staff	3
Pantry staff/supervisors	2
Laundry staff	2
Care recipients/representatives	10
Physiotherapist	1
Occupational therapists	2
Chaplain	1
Lifestyle coordinator	1
Therapy assistants	3
Administration assistants	2
Cleaning staff	3
Maintenance staff	1

## Sampled documents

Category	Number
Restraint authorisations	2
Care recipients' assessments, care plans and progress notes	10
Wound assessments and management plans	4
Care recipients' therapy assessments, care plans and statistics	10
Personnel files	7
Resident agreements	3
Medication profiles and signing sheets	10
Palliative care/end of life wishes care plan	1
Diabetes management plans and blood glucose records	2

## Other documents reviewed

The team also reviewed:

- Allied health, podiatry schedule and general practitioner files and records
- Archiving register
- Audits and surveys
- Care recipient dietary preferences file and drinks list
- Care recipients' information package, handbook and agreements
- Clinical indicators and analysis
- Communication books and diaries
- Care plan files, continence records, wound care files
- Continuous improvement folder and feedback folder
- External contractors orientation and service agreements
- Evacuation procedures and care recipient mobility list
- Family conference file and records
- Incident and hazard reports
- Medication files, nursing initiated medication authorisations, medication imprest list, refrigeration temperature records and poisons permit
- Meeting minutes, memoranda and newsletters



- Food temperature records and kitchen cleaning signing sheets
- Occupational health and safety folder, including hazard reports
- Performance appraisal schedule
- Pharmacy information, including consultant pharmacist records
- Physiotherapy files, including pain clinic records
- Policies and procedures
- Professional registrations and police certificate spreadsheet
- Restraint files
- Rosters and staff work allocation sheets and duty statements
- Scheduled and unscheduled maintenance sheets
- Spiritual care files, including assessments and care plans
- Therapy department planners, life history, bus outing and resource files
- Training and education information
- Treatment files, including assessments, bowel, dietary intake and fluid balance charts
- Volunteer file
- Weekly activity programs, evaluations and feedback forms.

## **Observations**

The team observed the following:

- Access to internal and external comments and complaints mechanisms and secure suggestion box
- Administration and storage of medications
- Care recipients' access to mobility aids
- Equipment and supply storage areas including archiving areas and secure documentation bins
- Interactions between staff and care recipients
- Leisure and therapy activities in progress
- Living environment
- Location of emergency equipment, evacuation information and exit lighting

- Noticeboards and displayed information such as the activity calendar, menu
- Short group observation in the Geographe secure wing
- Sign in and out books
- Staff assisting care recipients with their meals
- Storage of goods and equipment including spill kit, palliative care box and medication pump, wound care and continence products
- Vision, mission and values statement, Charter of care recipients' rights and responsibilities and notice for re-accreditation displayed.

## 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

There are systems and processes to identify, plan, implement and evaluate continuous improvement activities. Reporting and feedback mechanisms guide staff to identify opportunities for continuous improvement. Information from sources such as suggestion and feedback forms, audits, hazard/incident reports, surveys and meetings is logged, actioned, evaluated for effectiveness and feedback given to stakeholders via meetings or noticeboards. Staff and care recipients reported they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

Examples of current or recent improvements in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- Staff identified an opportunity to improve the timeliness of pathology results. As a result, an online system connecting the pathology service and the home was introduced. Following training on the new system, staff are using the service to effectively analyse results and communicate with the general practitioner for improved timeliness of treatment for care recipients.
- The manager identified an opportunity to formalise the process of acknowledging feedback from care recipients, representatives and staff. As a result, a standardised response letter was developed to acknowledge receipt of feedback and to outline actions taken. The response letters are filed with the feedback form. This improvement was evaluated via a staff meeting and the manager reported there has been an increase in feedback received. Staff interviewed reported they appreciate when their feedback is acknowledged and they feel their ideas and suggestions are valued.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from the head office, and policies are updated on shared system drives as required and disseminated to staff from the manager via meetings and memoranda. The home monitors compliance with legislative requirements through internal and external auditing programs, quality reports and human resource procedures. There are processes to monitor police certificates, professional registrations and working visas. Care recipients’ fees and charges are set according to legislation, and care recipients and representatives have access to external complaints processes. Care recipients and representatives reported they were informed of the re-accreditation audit via correspondence, newsletters and meetings.

## 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’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identify training needs through feedback and requests from staff, surveys, audits, accident/incident reports and observation of work practices. Site orientation and ‘buddy’ shifts are established for new staff, and induction, mandatory and optional training is accessed via internal, external and online mediums. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance. Staff reported they have access to a variety of internal and external training and education opportunities.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Electronic pathology system
- Site orientation
- Understanding accreditation.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure care recipients, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous feedback forms. Information on the processes to access internal and external complaints and advocacy services is displayed throughout the home and discussed with care recipients and their representatives on moving into the home, at care recipient/representative meetings and in case conferences. Management action all comments and complaints and provide feedback to the originator. The home measures the effectiveness of the comments and complaints process via satisfaction surveys, and identified trends feed into the home's continuous improvement plan. Staff receive information about the home's comments and complaints process during orientation and advocate on behalf of care recipients as required. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home's mission, vision and values statement is documented and displayed, and is available for care recipients, representatives and staff. New staff receive education on the home's values during induction, and the home uses the statements to guide staff practices in providing care and services. The organisation has a strategic plan available for stakeholders to view. Staff surveys monitor staff knowledge and belief in the values of the organisation.

Staff reported knowledge of the home's mission, vision and values.

## 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 access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients' needs. The manager reviews staffing levels based on care needs and feedback from stakeholders. Recruitment processes are

supported by head office and a payroll system monitors staff police certificates, working visas and professional registrations. A 'buddy' program provides new staff with additional support from an experienced staff member. Staff performance is monitored via performance appraisals, feedback mechanisms, surveys and audits. Staff reported they have sufficient time to complete their duties and have the appropriate skills to conduct their roles effectively. Relief cover is provided from the home's own staff. Care recipients reported satisfaction with the skill level and number of staff in place to provide care

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

The home has adequate supplies of appropriate stock and equipment to enable the delivery of quality services. Systems and processes ensure purchase, use, storage, maintenance and management of goods and services meet the needs of the home. The home monitors the effectiveness of storage, condition and availability of goods and equipment via reviews, inspections and reporting mechanisms. Relevant staff and external consultants manage corrective and preventative maintenance programs, which ensure regular checking and servicing of all equipment, buildings and grounds. Training is available for the appropriate use of electronic and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their duties and repairs are made in a timely manner. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment to meet their needs.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home has effective information management systems. Systems and processes facilitate the collection, analysis, storage, retrieval and archiving of information related to care, business and operational matters. Management routinely collate, analyse and table information collected from clinical records and indicators, monitoring and reporting mechanisms and human resource and procurement processes. The home schedules meetings specific to roles and committees, and disseminates minutes as appropriate. The organisation reviews standardised documents, policies and procedures, and notifies key staff of updates via emails, memoranda and meetings. The home has procedures for the secure storage, archiving and management of records and information. Staff reported they have access to information relevant to their roles via regular meetings, handovers, communication books and feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information to assist them to make decisions about their care and lifestyle.

## **1.9 External services**

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

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

The home meets this expected outcome

The home ensures all externally sourced services are provided in a way that meets the home's needs and quality of service. The manager monitors police certificates, professional registrations and insurance details of external contractors specific to the home, and a consulting body manages all other contracted service providers, which are available from a preferred supplier list throughout the organisation. Quality of work provided is monitored through service records and feedback from stakeholders, and review of services is taken into consideration prior to renewing contracts. Care recipients, representatives and staff reported satisfaction with the quality of service they receive from external service providers.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvements in relation to Standard 2 – Health and personal care are described below.

- Clinical staff and general practitioners identified an opportunity to improve the clinical service for care recipients. As a result, identified staff competent with intravenous skills and knowledge administered antibiotics as ordered by the doctors to treat care recipient infections on site as opposed to transferring them to hospital. As a result, a number of care recipients had received the treatment regime and provided positive feedback. Management reported this trial may be considered for other sites following a review of the medication policies and procedures.
- Following a review of the clinical indicators, staff identified an opportunity to improve treatment for skin tears. As a result, staff researched a variety of skin protectors and a trial of four different products showed before and after photographic evidence of which products were effective. Staff reported the benefits of the products and care recipients reported satisfaction with skin care.

### **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

Systems and processes identify and ensure the home achieves and maintains ongoing regulatory compliance in relation to care recipients' health and personal care. Clinical staff oversee initial and ongoing assessments of care recipients. Professional registrations for



nursing staff and other health professionals are monitored. Internal and external audits ensure medication storage and administration comply with relevant guidelines. The home monitors any changes in legislation and alerts staff through meetings or memoranda. The home has a policy and procedure for unexplained absences of care recipients. Care recipients and representatives reported care services are received in accordance with specified care service requirements.

### **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 an overview of the home’s education and staff development system and processes.

Examples of education and training related to Standard 2 – Health and personal care are listed below.

- Continence management
- Dementia care
- Dysphagia
- Falls prevention
- Hearing aid education
- Medication training
- Oral health
- Palliative care
- Parkinson’s education
- Recognising and responding to pain
- Wound management and skin care products.

### **2.4 Clinical care**

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

#### ***Team’s findings***

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. A multidisciplinary team assesses care recipients’ clinical needs when they move into the home using pre-admission information and information from a range of clinical tools within

set time. Individual care plans are developed and reviewed according to the home's policy and in consultation with the care recipients and representatives via care recipient and representative family conference meetings. There are processes to monitor and communicate care recipients' changing needs and preferences, including review of care recipients by their general practitioners, six-monthly care plan review and shift handovers.

Clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Care recipients and representatives reported satisfaction with the clinical care provided to care recipients.

## **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

Registered nursing staff are responsible for the assessment, care planning and ongoing management of care recipients' specialised nursing care needs, including catheter care, stoma care, diabetes management, oxygen therapy and wound management. The home has a registered nurse rostered on duty over a 24-hour period to provide specialised nursing care and direction for staff. Care plans for care recipients' with specialised nursing care needs are developed in consultation with the care recipient and/or their representative, general practitioner and allied health professionals, and are reviewed six monthly or sooner if required. External specialist services are accessed for support and recommendations included in the plan of care. Care recipients and representatives reported they are satisfied care recipients receive specialised nursing care in accordance with their needs and preferences.

## **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 a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs a physiotherapist and an occupational therapist who assess care recipients when they move into the home, and develop therapy care plans that are reviewed annually and as required. A podiatrist visits the home regularly. Referrals are made to other health specialists as the need is identified including a speech pathologist, dietician, audiologist, dentist, the mental health team and consulting specialists at the local hospital. Care recipients and representatives reported satisfaction with care recipients' ongoing access to a variety of health specialists.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

The home ensures care recipients’ medication is managed safely and correctly. Competent care staff administer medication via a pre-packed system. ‘As required’ and schedule eight medication is administered, adhering to regulatory requirements and professional guidelines and under direction from registered nursing staff. The general practitioner liaises with the registered nurses regarding care recipients’ medications and reviews their medication needs and preferences regularly. Medication care plans specify instructions concerning the administration of medications and correspond with medication profiles. Internal audits and external pharmacy reviews are used to monitor the medication management system, and these results, as well as monthly analyses of incidents, are reported on at regular medication committee meetings. Care recipients and representatives reported care recipients’ medication is managed safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

There are systems to identify, implement and evaluate each care recipient’s pain management strategies to ensure they remain as free as possible from pain. A registered nurse, the physiotherapist and the occupational therapist use validated verbal and non-verbal pain assessment tools to assess care recipients’ pain on moving into the home, and then six monthly or as required. A care plan is developed using a variety of pain management strategies including prescribed medication and heat packs, and referral to the home’s pain clinic for massage, wax therapy, splinting and use of transcutaneous electrical nerve stimulation and ultra sound machines. Strategies to reduce pain are recorded on a pain monitoring tool and evaluated regularly. Care staff reported ways in which they identify pain and stated they report any changes in care recipients’ pain needs to the registered staff for ongoing intervention. Care recipients reported they are satisfied with the way staff assist them to manage their 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

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients is maintained in accordance with their needs and preferences. When care recipients move into the home or thereafter as preferred, discussion occurs with the care recipient and their family on treatment decisions for the future and end of life planning.

When necessary, the registered nurse develops a specific palliative care plan with strategies to manage care recipients' care needs such as pain relief and personal care. The home has access to specialised equipment including a medication pump for effective symptom management during the terminal phase of life. Support is available through the chaplain, the general practitioner and external specialist palliative care services. Staff reported they understand the care and support required for care recipients and representatives during the terminal phase of life, and have access to an internal 'palliative care link team' for additional support. The home has received positive feedback from care recipients' families regarding the provision of services provided.

## **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

Assessments of care recipients' needs in relation to nutrition and hydration occur when they move into the home and on an ongoing basis. Relevant staff are notified of care recipients' meal and drink preferences, culturally specific needs and allergies. Recording of the care recipient's weight occurs during the initial assessment period and monthly thereafter. The clinical care coordinator notes variations and determines appropriate interventions and referrals to the speech pathologist, dietician and general practitioner take place for care recipients identified at risk. Meals and fluids with altered texture and consistency are available as well as modified cutlery and crockery, and nutritional supplements. Care recipients and representatives stated satisfaction with the quality and quantity of meals and associated support needs care recipients receive.

## **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 approach to skin care ensures care recipients' skin integrity is maintained consistent with their general health. An assessment of care recipients' skin integrity and a risk assessment for pressure areas are completed when they move into the home, and reviewed six monthly or as required. Care recipients who require wound management have a wound care plan, and wound review is undertaken to ensure ongoing monitoring. For complex wound care or wounds of concern, the clinical care coordinator liaises with external wound care specialists. Strategies to prevent skin breakdown and maintain integrity include regular application of emollient creams, leg protectors, pressure-relieving equipment and a correcting seating assessment completed by the occupational therapist. Regular skin integrity and wound management audits occur and skin tears and pressure areas are reported, and analyses occur to identify risks, trends and opportunities for improvement.

Care recipients and representatives reported care recipients are satisfied with their 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

On entry into the home, the care recipients’ continence management needs are assessed using a three-day urinary assessment, a seven-day bowel assessment, past history and discussion with the care recipient and their representatives. Care plans and strategies for maintaining effective continence management are developed, and reviewed six monthly or as required. Strategies include individual toileting regimes, daily bowel monitoring, exercise, adequate fluid intake, access to fresh fruit and prescribed medication. The home’s continence portfolio holder orders, monitors and reviews the use of appropriate continence aids. The home collects data to monitor urinary tract infections, and incidents are reported and analysed monthly to identify risks, trends and opportunities for improvement. Care recipients and representatives reported staff are effective in meeting care recipients’ continence needs.

## 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’ behavioural management needs are assessed on moving into the home using previous histories, the use of assessment and screening tools, and when incidents of concern are identified by staff. On assessment, the triggers for care recipients’ behaviours are identified and appropriate interventions are documented in the care recipients’ care plans. Referrals to specialist services, including external mental health teams, are made in consultation with the general practitioner. Strategies to reduce behaviour include an activity program, diversion therapy and the allocation of tasks, staff training and access to external support programs. There are processes to report and analyse incidents, and procedures to minimise, authorise and monitor the use of restraint. Care recipients and representatives reported the needs of care recipients with challenging behaviours are managed effectively.

## 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

When care recipients move into the home, a multidisciplinary team assesses each care recipient’s level of mobility and dexterity and falls risk. Care plans are developed and delivered by therapy and care staff, and appropriate individualised equipment is used to maximise independence. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s walking, ‘physiotherapy doubles’ and passive range of movement programs and exercise groups. Care plans are reviewed annually or as

required. Staff have a regular 'falls' meeting, and staff report, monitor, analyse and action incidents related to care recipient falls and implement strategies to reduce care recipient falls including bedroom review and positioning of furniture, hip protectors and other protective equipment and appropriate sensor mats. Care recipients and representatives reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

## **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 requirements and swallowing ability are assessed when they move into the home by registered staff, and information of their dental requirements is recorded on the care plans. The home assists care recipients to attend external dental appointments or clinics, and information regarding changes is provided to staff. Care recipients are referred to the speech pathologist when a swallowing difficulty is identified and interventions are documented. Staff reported the care plan guides them with the amount of assistance care recipients require to maintain their oral hygiene and appropriate equipment is readily available. Care recipients and representatives reported they are satisfied with the oral and dental care provided to care recipients 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

When care recipients move into the home, a multidisciplinary team uses previous history information and assessment tools to assess each care recipient's sensory losses for all five senses. The occupational therapist assesses if the use of heat or cold pack applications are appropriate. Care plans are developed and include strategies to manage care recipients' sensory losses and to optimise each care recipient's independence and interaction in activities of daily living. The home uses strategies including whiteboards, large print books and games, audio books and sensory activities such as hand massage and individual walks into the garden. Care recipients are offered the opportunity to be assessed by specialists who visit the home. Staff described the strategies they use to assist care recipients with sensory loss and to manage their sensory devices. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage their sensory losses.

## 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

On moving into the home, an assessment of the care recipient’s sleeping patterns occurs and the initial consultation includes rituals and preferences for settling routines and rising times. A care plan is developed according to the care recipient’s preferences and reviewed six monthly, or if their sleep patterns become disturbed. The home uses strategies including appropriate lighting, pain management, repositioning, temperature control, noise reduction strategies, repositioning and night sedation if prescribed, and night staff report if the care recipient has had a disturbed night’s sleep. Care recipients reported staff provide food and warm drinks overnight if requested. Care recipients and representatives reported they are satisfied with the support provided to enable care recipients achieve restful sleep at night.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement in relation to Standard 3 – Care recipient lifestyle are described below.

- Feedback from care recipients reported they did not always know other care recipients’ names whilst attending activities. As a result, staff had made individual name tags for care recipients to pin their name tags to their clothing whilst attending activities and events at the home. Care recipients reported an improvement with getting to know the other care recipients at the home and had established friendships as a result.
- Care recipients voiced concern they were not advised of the death of care recipients in a timely manner. As a result, the staff reviewed the process with care recipients and an agreement was made to have a whiteboard placed outside the laundry to alert care recipients of this information. Feedback from care recipients included the board was tastefully done, and a flower on the table would also provide a nice addition which was included into the reviewed process.

### 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

Care recipients are informed about their rights and responsibilities via information provided to them when they move into the home. Information updates are advised in writing and care recipients have opportunities to discuss changes via formal or informal meetings. The home provides each care recipient with a care recipient agreement outlining fees, level of



care and services, and tenure arrangements. There are policies and procedures for the compulsory reporting of care recipient assault and unexplained absence. Staff sign a confidentiality agreement on employment, and are informed of changes in legislation relevant to care recipient lifestyle through training, memoranda and meetings. Care recipients and representatives reported they are consulted in regard to making decisions about services, and are informed when changes in provision of care arise.

### **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 an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 3 – Care recipient lifestyle are listed below.

- Mandatory reporting and elder abuse
- Montessori training
- Privacy and dignity
- Therapy study day.

### **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

When care recipients move into the home, staff, including the chaplain, ensure care recipients and their representatives feel welcome and an information pack, a tour of the home and support is provided to adjust to the new environment. A multidisciplinary team used validated tools and conducts assessments to identify care recipients' emotional needs, develop individual care plans and make referrals to the general practitioner when areas of concern are noted. Care recipients are encouraged to personalise their rooms and to join in activities at the home and in the community where appropriate. Care recipients and representatives stated representatives are welcomed at the home and they are satisfied with the emotional support provided.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has processes to ensure the regular assessment of care recipients' needs in achieving maximum independence. The physiotherapist, occupational therapist and registered nurses assess and review care recipients' levels of ability to participate in activities of daily living. Suitable aids, therapy programs and allocated tasks support care recipients to maintain their physical and cognitive abilities. Care recipients have the opportunity to attend external organisations and groups, and some individual roles to support the running of the home including delivering the papers, dusting and assisting in the setup of the dining room.

The home has access to a bus, and staff reported they assist care recipients to attend activities inside and outside of the home. Care recipients and representatives reported general satisfaction with the assistance provided by the home in relation to care recipients' 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

There are processes to ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected, and the resident admission pack details these rights. The home's environment promotes privacy, including the provision of single rooms with ensuite, and care recipients, their families and visitors have access to the lounge rooms, gardens and shared spaces in the home. Care recipients' records are stored appropriately to ensure security and computer information is password protected, and staff seek consent from care recipients prior to using photographs in publications and displays. Staff knock on the door prior to entering a care recipient's room. Management use feedback mechanisms to monitor the effectiveness of care recipient's privacy and dignity. Care recipients' and representatives reported staff respect care recipients' privacy, dignity and confidentiality.

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

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

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

The home meets this expected outcome

The home encourages and supports care recipients to participate in a wide range of activities that interest them. Care recipients and their families are invited to complete a life history profile, and assessments completed by the lifestyle coordinator, the chaplain and the occupational therapist are used to develop lifestyle and leisure activity care plans. Individual care plans are reviewed on a regular basis and contribute to the development of the activity program. The program is available six days a week and includes a range of cognitive, physical, sensory, spiritual, one-on-one and social group activities. Special events are included in the program, and the home's volunteers assist in the delivery of group and individual activities. Activities are evaluated through recording attendance, activity evaluations, individual care recipient evaluation surveys, satisfaction surveys and via verbal feedback and requests. Care recipients and representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

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

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

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

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. When care recipients move into the home, the home's chaplain assesses each care recipient's cultural and spiritual needs and develops a care plan. The chaplain provides one-on-one individual support, liaises with other religious groups and refers care recipients as required, and coordinates weekly religious services provided by clergies from several religious denominations 'on rotation' at the home's chapel. The activity program includes significant events and cultural days, and we observed information and cue cards in different languages. Evaluation processes include the care recipient satisfaction surveys and audits. Care recipients and representatives reported satisfaction with the cultural and spiritual support provided to care recipients by the home.

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

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

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

The home meets this expected outcome

Care recipients and their representatives participate in decisions about the services received, and care recipients are able to exercise choice and control over their lifestyle. There are systems and processes to ensure management and staff encourage and support care recipients to make individual choices and decisions, and next-of-kin or enduring power of attorney is documented to guide staff on who can make decisions if the care recipient is unable to do so themselves. Care recipients and representatives have the opportunity to discuss and provide feedback on services through surveys, family conferences, informal meetings and feedback forms. Staff described strategies for supporting care recipients' individual choices in relation to lifestyle and care interventions, and the home acknowledges the rights of care recipients to take risks. Care recipients and representatives stated they feel comfortable participating in discussions about care and services, and care recipients have sufficient opportunity to make choices and decisions on a daily basis.

### **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

The home is able to demonstrate care recipients have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and care recipients' rights and responsibilities is provided in the resident's agreement and the home's admission information package. This is discussed with prospective care recipients and their representatives prior to and on entering the home. Management consult with care recipients and representatives prior to room transfers within the home and complete 'agreement to relocate room' documentation. The Charter of care recipients' rights and responsibilities is displayed and included in publications. Care recipients and representatives interviewed stated they are kept informed about matters of importance to them, they feel secure in their tenure within the home and they confirmed an awareness of their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

In relation to Standard 4 – Physical environment and safe systems, staff conduct environmental audits and collect information in relation to hazards and incidents to identify trends. Surveys and feedback systems are used to measure and review the living environment, and ensure safety of care recipients, staff and others. Care recipients and staff are satisfied management actively work to improve the home’s physical environment.

Examples of current or recent improvement in relation to Standard 4 – Physical environment and safe systems are described below.

- Following an outbreak, the home identified a training opportunity to include the community, hospital and other aged care homes in the area. As a result, the clinical staff coordinated a full-day seminar to include guest speakers from Public health, the Quality Agency and an epidemiologist to discuss and improve infection control issues and practises amongst the group. Evaluations proved positive feedback from the seminar and no further outbreaks had occurred.
- Management reported following an increase in feedback of missing and unmarked clothing, analysis showed due to the increase of turnover of care recipients resulted in a number of unmarked clothing making it difficult to identify and return. As a result, a labelling machine was purchased, and an update to the care recipient’s information booklet allows care recipients the opportunity to have their clothes labelled on entering the home. Management reported they will continue to monitor.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency preparedness are routinely inspected and audited. Safety data sheets and infection control guidelines are available. The home has a food safety program to provide staff guidance.

Interviews with staff confirmed their knowledge of regulatory compliance requirements.

## 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 an overview of the home’s education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 4 – Physical environment and safe systems are listed below.

- Chemical safety
- Fire and safety
- Food safety
- Infection control
- Manual handling
- 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 and staff provide a safe and comfortable environment consistent with care recipients' needs. The home provides care recipients with single rooms, which they are encouraged to personalise with small items of furniture and mementos. Care recipients and their families have access to internal and external private and communal areas for social interaction and activities. The environment appears well-maintained, clean, clutter and odour free. Room and environmental audits are undertaken regularly and corrective and preventative maintenance programs ensure safety and comfort. Care recipients and representatives expressed their satisfaction with temperature, noise, safety and comfort, and reported management actively work to provide a comfortable 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

There are systems and processes to provide a safe working environment, in consideration of occupational health and safety responsibilities. Management, safety and maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms and workplace safety inspections. Management meets regularly to review incidents and hazards, and environmental and equipment issues. The organisation monitors the reviews of all incidents and safety matters, and communication with staff occurs via email, meeting minutes and memoranda. Management commences improvement projects or remedial action plans as required in response to staff accidents, safety and infection control issues. Secure storage for chemicals is in place with safety data sheets available at the point of use. Staff reported they are aware of safety management processes through training and meetings, and management is active in providing a safe working environment.

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

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

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

The home meets this expected outcome

The home has systems and processes to provide a safe environment and reduce the risk of emergencies, fire and safety breaches. Fire, security and emergency procedures are available to staff, care recipients and visitors and inform them how to proceed in the event

of an emergency. The building is equipped with a range of fire prevention and firefighting equipment, and contracted services carry out routine inspections and the testing of fire systems. Staff attend regular fire and emergency training, and an evacuation pack contains updated care recipient and next-of-kin information. Security procedures ensure staff and care recipient safety in the evenings. Staff interviewed described procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported they feel safe and secure within the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Staff are informed of current practices at orientation and mandatory education sessions. The home provides information to guide staff in managing infectious outbreaks and appropriate personal protective equipment is readily available. Information on individual care recipient infections is collated monthly and shared with staff. Cleaning and laundry procedures, hand washing facilities, sharps disposal, care recipient and staff vaccination programs, food safety and pest control management are some of the measures used to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and described their responsibilities in the event of an outbreak. Care recipients and representatives reported they are satisfied with the home's infection control practises.

#### **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

Hospitality services are provided in a way that enhances care recipients' quality of life. Care recipients' food preferences, cultural requirements, likes and dislikes and any special requirements are recorded when care recipients move into the home and as required. A dietician approved rotating menu is cooked onsite and served in the communal dining room. An external contractor supplies linen, while personal items are laundered onsite. There are processes to ensure adequate stock of linen. Cleaning staff undertake cleaning in accordance with a structured cleaning program. Management monitor the quality of hospitality services via various feedback mechanisms, such as comments and complaints, surveys, meetings and audits. Care recipients and representatives reported they are satisfied the home's hospitality services meet care recipients' needs and preferences.