



**Australian Government**  

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**Australian Aged Care Quality Agency**

## **Dalrymple Villa**

RACS ID 5146  
15 Fraser Street  
CHARTERS TOWERS QLD 4820

**Approved provider: Dalrymple Villa Inc**

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 14 December 2019.

We made our decision on 19 October 2016.

The audit was conducted on 20 September 2016 to 21 September 2016. The assessment team's report is attached.

After considering the submission from the home including actions taken by the home, we decided that the home does now meet expected outcome 1.2 Regulatory compliance.

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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**Australian Aged Care Quality Agency**

# **Audit Report**

**Dalrymple Villa 5146**

**Approved provider: Dalrymple Villa Inc**

## **Introduction**

This is the report of a re-accreditation audit from 20 September 2016 to 21 September 2016 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.2 Regulatory compliance

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 20 September 2016 to 21 September 2016.

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>	Julie White
<b>Team member/s:</b>	Mary Tattam

## Approved provider details

<b>Approved provider:</b>	Dalrymple Villa Inc
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## Details of home

<b>Name of home:</b>	Dalrymple Villa
<b>RACS ID:</b>	5146

<b>Total number of allocated places:</b>	41
<b>Number of care recipients during audit:</b>	41
<b>Number of care recipients receiving high care during audit:</b>	20
<b>Special needs catered for:</b>	N/A

<b>Street/PO Box:</b>	15 Fraser Street
<b>City/Town:</b>	CHARTERS TOWERS
<b>State:</b>	QLD
<b>Postcode:</b>	4820
<b>Phone number:</b>	07 4787 4233
<b>Facsimile:</b>	07 4787 1745
<b>E-mail address:</b>	<a href="mailto:manager@dalrymplevilla.org.au">manager@dalrymplevilla.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Manager	1
Registered staff	2
Care staff	3
Activities officer	1
Administration staff	1
Care recipients/representatives	8
Physiotherapist	1
Domestic services staff	5
Maintenance/grounds staff	2

### Sampled documents

Category	Number
Care recipients' files	7
Personnel files	5
Medication charts	11

### Other documents reviewed

The team also reviewed:

- 'Competency, skills and knowledge' workbook
- Accident and incident reports, summaries and graphs
- Antipsychotic medication blood monitoring schedule
- Approved suppliers' list and service agreements
- Asset register
- Audit schedule, audits and surveys
- Care recipient evacuation list
- Care recipient information handbook and agreement
- Chemical risk register

- Cleaning schedules
- Communication tools, including communication books, correspondence, emails and facsimiles
- Complaints and suggestions/improvements registers and forms
- Compulsory reporting documentation
- Controlled drug register
- Daily care sheets
- Diabetes monitoring schedule
- Dietician summary
- Emergency procedures
- Food business licence
- Food safety program
- General clinical observation charts
- Hazard register
- Improvement register
- Lifestyle attendance records
- Maintenance request register and daily notebook
- Mandatory training matrix
- Memoranda
- Menu and menu choice form
- Minutes of meetings
- Monthly clinical reports schedule
- Newsletter
- Nutrition and hydration requirement records
- Other health professional assessments/reports
- Pathology reports
- Performance appraisals schedule and records
- Personal items charge sheets



- Policies, procedures and guidelines
- Police certificate, professional registration and mandatory/other training registers
- Position descriptions and job routines
- Preventative maintenance program and equipment checklists
- Roster and shift change details
- Safety data sheets
- Safety management plan
- Self-assessment
- Service and inspection reports
- Staff orientation checklists handbook
- Temperature monitoring records
- Training needs analysis forms, calendar and attendance records
- Treatment regimens and schedules
- Weight and bowel charts
- Wound assessment and management plans

## **Observations**

The team observed the following:

- Accreditation information on display
- Activities in progress
- Call assist system
- Charter of care recipients' rights and responsibilities on display
- Construction works in progress
- Equipment, chemicals and supply storage areas
- Evacuation diagrams, routes of egress and assembly areas
- Feedback forms and complaints information on display
- Fire panel
- Firefighting and detection equipment

- Handover
- Infection control practices
- Interactions between staff, care recipients and visitors
- Kitchen, cleaning and laundry operations
- Living environment
- Meal and beverage service
- Medical officer visiting
- Medication administration and storage
- Mobility and dexterity aids in use
- Notice boards with information displayed and secure storage of confidential care recipient information
- Sign in/out registers
- Short group observation
- Spills kits
- Staff work practices
- Suggestion box
- Waste disposal processes

## 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

Dalrymple Villa (the home) actively pursues continuous improvement. The home's continuous improvement system identifies improvement opportunities against the Accreditation Standards. The program is coordinated by the home's Manager. Staff and care recipients/representatives contribute to the improvement system through meetings, feedback/improvement forms, discussions with management and key staff, audits and surveys. Management reviews incidents, clinical data and safety issues for improvement opportunities. Improvements are entered on a register and discussed at meetings. Care recipients/representatives and staff are confident suggestions are responded to in a timely manner and are satisfied the home actively pursues continuous improvement.

Examples of recent improvements undertaken by the home in relation to Standard 1 Management systems, staffing and organisational development include:

- In response to an increase in staff numbers and to support new care staff, management has developed a 'competency, skills and knowledge' workbook. The workbook contains questionnaires and competencies on a range of skill expectations such as customer service, care recipient documentation, medication management and clinical care. Management said the document is a “one stop shop” for staff to complete as a “more formalised” record of their induction to the home. The workbook will be discussed at the care staff meeting in October 2016 and evaluated following its use.
- After identifying administration staff were not able to readily answer questions regarding care recipients' clinical background and status when escorting them to medical specialist appointments, the home has assigned a care staff member to accompany care recipients to appointments in Townsville (140 kilometres away). Management said the care staff have knowledge of individual care recipients' care needs and care plans, to assist with providing information to specialists. Management reported care recipients have “confidence” in care staff supporting them with these visits.

## 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 does not meet this expected outcome

The home’s systems are not effective to ensure compliance with relevant legislation and regulatory requirements. Management was not consistently aware of, nor had consistently implemented processes to ensure compliance with, relevant legislation and regulatory requirements. Monitoring mechanisms did not identify the deficiencies identified by us.

## 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 ensures management and staff have appropriate knowledge and skills to perform their roles through the provision of ongoing education and staff development. Key personnel identify staff education needs through legislative requirements, staff and care recipient feedback, improvement mechanisms, audits, post-orientation interview and performance development processes, monitoring of staff practices and incident records. A range of training delivery modes is used to ensure staff have access to a learning style that is suited to their needs, including DVDs, online and in-service sessions. Staff are encouraged to participate in internal and external education. All staff complete orientation and annual mandatory training and competencies, and education records are maintained. Staff are satisfied with the support they receive from the home to identify and develop their skills to enable them to perform their roles effectively. Care recipients/representatives are satisfied with the skills and knowledge of management and staff.

Particular to this Standard, staff have been provided with education in leadership, workplace bullying and harassment, use of equipment, audits, effective written documentation and the Accreditation Standards.

## 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 and representatives have access to internal and external complaints mechanisms. Care recipients and representatives are informed about internal and external avenues of complaints in the care recipient handbook and agreement and through display of relevant information and forms.

Complaints are raised on internal forms, at meetings and through surveys, or through direct discussions with management and staff. Issues raised are logged, investigated in a timely manner by management and addressed until resolution. Staff and care recipient feedback is discussed at meetings. Care recipients/representatives are comfortable approaching management with concerns or complaints and are satisfied with management's response.

### **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, values and objectives are documented in the care recipient and employee handbooks, disseminated to staff during the orientation process, and displayed in the home. Management and staff at the home are knowledgeable about the home's mission, vision, values and objectives.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has processes to ensure there are sufficient skilled and qualified staff to deliver services in accordance with the Accreditation Standards and the home's model of care.

Management monitors care recipients' level of care needs, care recipient/staff feedback, staff availability and skill mix to ensure adequacy of staffing across the home. Registered staff are onsite during the day to guide care staff in the delivery of care and on-call for night shift in conjunction with the Manager. The home has established relief processes. New staff are aware of the requirements of their positions through position descriptions, job routines, 'buddy' shifts, orientation processes and ongoing education sessions. Key personnel monitor staff performance to ensure education needs are identified and staff are aware of their performance requirements. Care recipients/representatives are satisfied with staff's skill levels and responsiveness of staff to care recipients' care needs.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure there are stocks of appropriate goods and equipment available to provide care and services. Preferred suppliers are used by the home for the provision of various goods and these are checked upon receipt to determine their suitability. Supplies of stock are rotated and monitored to ensure sufficiency for both care and service delivery. New equipment is assessed prior to purchase and training provided to staff. The home generally undertakes regular servicing and inspection to ensure equipment is in good working condition. Unsafe or broken equipment is reported and maintenance action taken. Staff and care recipients/representatives are satisfied there are sufficient goods available and equipment is in good working order.

## 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's information management systems are generally effective in ensuring continuity of care, lifestyle and service delivery and communicating organisational requirements.

Communication tools such as progress notes and handover processes are used to record care need changes. Staff are satisfied they have access to appropriate information for the delivery of care and services. Information systems are effective for the documentation, analysis and reporting of complaints, incidents, infections and maintenance requests.

Information systems that support human resource management, staff education, use of external service providers and continuous improvement are generally effective. There are processes to ensure the security of electronic and hardcopy information and to manage the archiving of obsolete records. Care recipients/representatives are satisfied they have access to relevant information and are kept informed.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure that externally sourced services are provided in line with the home's needs and service requirements. The home uses local suppliers where possible, and contracts with preferred suppliers following a competitive selection process. Ongoing performance is monitored by key staff and feedback is provided where

performance is not to the required standard. Management, care recipients/representatives and staff are satisfied with the provision of current external services.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

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

Examples of recent improvements undertaken by the home in relation to Standard 2 Health and personal care include:

- After the home's access to allied health providers ceased due to altered arrangements with the local hospital, the home has entered into service agreements with independent providers. This includes a physiotherapist (three days a week), dietitian (bi-monthly visits), podiatrist (monthly) and pathology service. All allied health providers are able to visit the home to relieve care recipients from having to travel for allied health assistance. Management said the providers also offer education to staff to improve knowledge levels.
- With an increase in palliative care needs at the home, the home identified a requirement to have specialised nursing equipment available. Pain management equipment has been purchased and registered staff trained in its use. The home has also arranged for its medical officer to attend the home after hours if needed, to reduce the requirement for ambulance transfer and hospitalisation of care recipients in the palliative phase.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to health and personal care.

Particular to this Standard, the home has systems to generally ensure staff's professional registrations remain current, appropriate professionals provide required care services and it meets its reporting responsibilities should a care recipient abscond.



## **2.3 Education and staff development**

*This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.*

### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home’s systems and processes to maintain staff knowledge and skills. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills.

Particular to this Standard, staff have been provided with education sessions in pain and medication management, specialised nursing care conditions, continence management, falls prevention, first aid and cardiopulmonary resuscitation, skin integrity and wound management, insomnia management, dementia and behaviours.

## **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’s assessment, care planning and review processes identify the initial and ongoing clinical care needs of care recipients. The clinical care system is overseen by management and registered nursing staff. After hours registered nurse access is available to meet the clinical needs of care recipients. The medical officer and other health professionals attend the home to support a collaborative model of care. Processes are in place to communicate care recipients’ current care needs to staff. Care recipients and/or their representatives have input into care recipients’ care planning through consultation with registered staff and other health professionals. Monitoring processes such as the conducting of audits and monthly clinical reviews, observation of staff practices and collation, trending and analysis of clinical incident data are generally effective in ensuring appropriate clinical care. Care recipients/representatives are satisfied care recipients’ clinical care needs are met.

## **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 staff. Registered staff are meeting the complex care needs of care recipients who require diabetes and complex wound management. Treatment regimens are maintained and regularly evaluated. External health professionals are consulted if this is required and provide information to support staff practices. Specialised equipment can be

accessed to meet the complex care needs of care recipients and processes ensure staff competency in its use.

Care recipients/representatives are satisfied care recipients complex care needs are met and attended to by appropriately qualified staff.

## **2.6 Other health and related services**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Referral processes are followed by registered staff to access mental health professionals, podiatrist, speech pathologist, dietitian, optometrist, audiologist and dental services. When required health specialist appointments are conducted via tele-health services. Health professional reports and recommendations are documented and where indicated care plans updated and relevant staff notified. Care recipients are assisted to attend external appointments both locally and at the nearest major town. Care recipients/representatives are satisfied care recipients are referred to other health professionals when required.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ medication requirements are assessed on entry to the home and on an ongoing basis. Registered and care staff (who are deemed competent) administer care recipients’ medications. Care staff are supported by registered staff and undertake annual medication assessment to ensure competency of practice. On delivery from the pharmacy the accuracy of the packaged and non-packaged medications is checked against the medication chart orders by registered staff. Processes to monitor the use of ‘as required’ (PRN) medication are in place and PRN medications are evaluated by staff for effectiveness. Care recipients’ medication prescriptions are generally reviewed every three months and as required by the medical officer. The medication management system is monitored by the conducting of audits, analysis and trending of medication incidents and observation of staff practices and these processes are generally effective. Care recipients are satisfied they receive their medication in a timely manner and are satisfied with the support they receive in relation to medications.

## **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

Care recipients are supported to be as free as possible from pain through assessment and care planning processes. Non-verbal pain assessment tools are available for care recipients unable to articulate their pain. Medical officers and allied health professionals are involved in the management of care recipients’ pain. Care plans reflect pain management interventions which include non-pharmacological interventions such as exercise, heat packs and massage. The effectiveness of interventions, including the use of PRN medication is documented and monitored and referrals for medical officer review are arranged when indicated. Staff are aware of the signs and symptoms a care recipient may present with should they be experiencing pain and the appropriate care interventions. Care recipients/representatives are satisfied with the care interventions and staff support to manage care recipients’ pain and/or discomfort.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ end of life care wishes are discussed on entry to the home and directives are recorded to guide staff practice. As a care recipient’s needs change and their condition deteriorates the clinical staff and medical officer regularly consult with the care recipient/representative to ensure the care recipient’s physical, spiritual, cultural and emotional needs are respected and provided for. The care recipient’s family or significant other persons are supported to be with the care recipient during this time. The home has access to palliative care health professionals if required. Specialised equipment is available to ensure the care recipient’s pain is managed and their dignity is maintained. Staff are aware of end of life care interventions to ensure the comfort and dignity care recipients.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ dietary needs, allergies, likes and dislikes are identified on entry to the home and on an ongoing basis. Nutrition and hydration requirements, special diets and preferences are reflected on nutrition and hydration profiles and care plans are in place to guide staff.

Care recipients’ dietary requirements are reviewed every three months and as required. Care recipients are weighed monthly (or more frequently as required) and changes in weight are monitored by registered staff. Processes are in place to guide staff in the event of care recipients experiencing weight loss or gain such as the implementation of dietary supplements and or referral to other health professionals. Care recipients/representatives stated care recipients are satisfied they receive adequate nutrition and hydration.

## 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. Assessment and care planning processes identify care recipients’ skin care needs. Interventions to maintain care recipients’ skin integrity include the application of moisturisers, limb protectors, pressure relieving devices, repositioning, hygiene care and appropriate nutrition. Skin care needs are reviewed during hygiene routines and changes are communicated in shift handover meetings, communication books, care plans and progress notes. Registered staff ensure the home has sufficient supplies of wound and skin care products to support skin care interventions. Staff are aware of care recipients’ individual skin care interventions. Care recipients/representatives are satisfied with skin care interventions implemented by staff.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Assessment and care planning processes ensure interventions to manage care recipients’ continence are effective. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Monitoring processes include the regular recording of care recipients’ bowel patterns and care plans are reviewed every three months or as required. Bowel management interventions may include dietary intervention and, following medical officer referral, regular and PRN medication. Registered staff

communicate to care staff changes to care recipients' continence regimens during handovers and progress note entries. External continence health professionals liaise with staff at the home to ensure care recipients are provided with appropriate continence products. Care recipients/representatives are satisfied with the assistance of staff and provision of products to meet care recipients' continence requirements.

## **2.13 Behavioural management**

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

### **Team's findings**

The home meets this expected outcome

Behavioural assessment and care planning is undertaken by registered staff and consideration is given to factors that may contribute to a care recipient exhibiting a challenging behaviour. Medical and external mental health services attend the home to assist in the management of complex behaviours and provide support for staff. Care recipients who have challenging behaviours are encouraged and supported to participate in lifestyle activities and social events. Staff are aware of their reporting responsibilities in the event of a behavioural incident and incidents are reviewed by management. Staff demonstrated an awareness of individual care recipients' behaviours and the interventions required. Care recipients/representatives are satisfied the activities of other care recipients do not infringe on care recipients' life at the home.

## **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

Processes are in place to assist care recipients to achieve optimum levels of mobility and dexterity. A physiotherapist regularly attends the home, develops and implements individual care recipient exercise programs. The home's activity program incorporates group exercise and massage to support care recipients' mobility and dexterity needs. Fall incidents are captured and actioned, and the data is analysed and trended on a monthly basis by management. Aids are available to maintain and improve mobility and dexterity such as walking aids, dietary assistive aids and specific manual handling equipment. Care recipients/representatives are satisfied with the assistance care recipients receive in achieving optimum levels of mobility and dexterity.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are assisted to maintain their oral and dental health. Care recipients’ dental history and preferences relating to the management of their oral and dental health are identified on entry to the home through interview and assessment of their oral health status. Care staff monitor care recipients’ ability to self-manage their oral care and assist when required. Registered staff co-ordinate dental referral when the need is identified and transport is arranged to enable care recipients to attend external appointments. Sufficient stocks of equipment and products to meet care recipients’ oral hygiene needs are maintained. Care recipients/representatives are satisfied with the assistance provided by staff to maintain care recipients’ oral and dental health.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to identify care recipients’ sensory loss through initial and ongoing assessment processes. Care interventions are developed with consideration of care recipients’ activities of daily living. Care recipients are referred to specialists including an audiologist, optometrist and speech pathologist when a need is identified or at the care recipient’s request. The home can access hearing and vision equipment repair services should this be required. Staff assist care recipients to manage assistive devices, such as spectacles and hearing aids to maximise sensory function and demonstrated an awareness of care recipients’ individual requirements. Care recipients/representatives are satisfied with management strategies and the assistance provided by staff to meet the needs of care recipients with sensory loss.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to assist care recipients achieve natural sleep patterns. The environment is monitored to provide adequate lighting and minimal noise levels are maintained. Staff provide assistance when care recipients have difficulty sleeping which includes the provision of refreshment and snacks, re-positioning and attending to hygiene cares. Staff are aware of the individual assistance care recipients require to support their sleep and settling routines. Care recipients/representatives indicated satisfaction with interventions to support care recipients’ sleep patterns.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- The home has purchased an oven for use by care recipients on ‘cooking’ days. Care recipients conducted a fund raising auction for which they made sale items, sought donations from the community and obtained subsidisation from the home to ensure they were able to purchase the oven of their choosing. A volunteer has recently commenced with the home to assist with the weekly cooking activity.
- After management identified families who had previously escorted care recipients to church services in the community were no longer able to do so, a staff member has been allocated to ensure interested care recipients can continue to have their spiritual/religious preferences supported. The staff member transports them to the weekly service, and ensures their return to the home. Management reported positive feedback from care recipients.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

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

Particular to this Standard, the home has systems to ensure reportable and non-reportable incidents are managed according to legislative requirements.

### **3.3 Education and staff development**

*This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".*

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

The home meets this expected outcome

Refer to Expected outcome 1.3 Education and staff development for information about the home's systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have been provided with education in compulsory reporting, advocacy, cultural diversity in ageing and customer service.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Care recipients receive support in adjusting to life in the new environment and on an ongoing basis. Staff assist care recipients to become orientated to the living environment, develop new friendships and participate in the activities program. Management encourages care recipients to personalise their rooms with their own furniture and personal items. Family members are welcomed and encouraged to attend social functions. Pastoral care services are available to provide additional emotional support as a need is identified or at the care recipient's request. Care recipients/representatives indicated they are satisfied with the support care recipients receive during the settling in period and on an ongoing basis.

### **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

Care recipients living at the home are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Mobility assessments and regular clinical reviews identify care recipients' ability to perform activities of daily living and the support they may require to promote their independence. Care recipients' social, civic and cultural needs and preferences are documented and facilitated by the home. Environmental monitoring ensures safe and uncluttered walkways which support care recipients to independently mobilise around the home. Staff are aware of interventions to support care recipients to achieve maximum independence. Care recipients/representatives are satisfied with the support care recipients receive to achieve maximum 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

The home has processes to ensure care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff are informed of the home's expectations for maintaining care recipients' privacy, dignity and confidentiality on commencing at the home and this is reinforced on an ongoing basis. Staff obtain consent prior to entering care recipients' rooms and close doors and curtains when providing care. Care recipients' confidential information is stored securely and shift handover is conducted in the privacy of the nurses' station. Staff practices are monitored and observed by registered staff. Care recipients/representatives are satisfied care recipients' privacy is respected and confidentiality and dignity maintained.

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

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Recreation staff with the support of management identify care recipients' past and current interests. A weekly activity program is developed and care recipients are informed of events and encouraged to participate. Care recipients are supported to attend events and maintain friendships in the community. Care recipients who experience sensory loss are enabled to participate in leisure activities with the assistance of large print board games and books and other appropriate equipment and resources. Care recipients have the opportunity to provide feedback on the activities provided and have input into the program through meetings and on a one to one basis. Monitoring processes include audits, surveys, care recipient attendance at activities and evaluation of events. Care recipients/representatives are satisfied with the range of activities offered 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

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Care recipients have access to religious services conducted at the home and can be assisted to attend services in the community if this is requested. Pastoral visitors are available to visit care recipients on an individual basis if this is their preference. Days of personal, cultural and spiritual significance are planned and

celebrated and family members' are encouraged to attend and participate. Care recipients' culturally specific diets can be accommodated should this be identified during the entry process. Care recipients/representatives are satisfied care recipients' cultural practices and spiritual beliefs are provided for and respected.

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

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

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

The home meets this expected outcome

Information is provided to care recipients and or their representatives (verbal and written) pre and post entry regarding the care and services offered by the home. This includes consultation in relation to how care recipients are enabled to exercise choice and be involved in decisions that impact on their life at the home. Communication processes and information sessions conducted by external advocacy services ensure care recipients and or their representatives have an understanding of complaints and advocacy processes. Management is aware of processes to appoint alternative decision makers for care recipients when a need has been identified. Care recipient preferences are documented and communicated to staff through individual care plans and shift handover. Staff are aware of practices which enable care recipients to exercise choice and make decisions relating to activities of their daily living. Care recipients/representatives are satisfied they are enabled to exercise choice and control over care recipients' lifestyle at the home.

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

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

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

The home meets this expected outcome

Care recipients residing at the home have secure tenure and understand their rights and responsibilities. Care recipients and/or their representatives are provided with an information handbook and agreement which contains information regarding care recipients' rights and responsibilities and security of tenure. Information provided includes fees and charges and the reasons and processes utilised for changes to tenure, care and services provided by the home and care recipients' rights and responsibilities. Care recipients and/or their representatives are consulted about any changes to their security of tenure through correspondence, meetings and one on one discussion with management as the need arises. Care recipients/representatives are satisfied care recipients have secure tenure within the home and are aware of their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- The home has conducted major building works to meet an identified community need for additional aged care services. A new building linked to the existing structure will accommodate 30 additional care recipients (ten in a secure unit). The building will also house a café, hydrotherapy pool, medical officer and allied health treatment room and two sunrooms. Care recipients will be able to access the new building via a purpose built lift. We observed work in progress during the audit and management said they expect new and some existing care recipients to be moved into the building from December 2016.
- In response to care recipient feedback, the home has installed a tinted waterproof covering adjacent to walkways to care recipients’ rooms. This has enable care recipients to safely access their rooms in inclement weather and has offered protection to their garden areas, where care recipients tend their own plants. Management said the covering had “worked well” to safeguard care recipients during storms.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has effective systems to ensure compliance with legislation relevant to physical environment and safe systems.

Particular to this Standard, the home has a food safety program and processes for monitoring fire and occupational health and safety 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 information about the home's systems and processes to maintain staff knowledge and skills.

Particular to this Standard, staff have been provided with education in manual handling/back care, workplace health and safety, food and chemical safety, infection control/hand hygiene and fire and emergency 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

There are processes to support a safe and comfortable environment for care recipients in accordance with their care needs. Care recipients and visitors have access to a common dining area, internal and external sitting areas and other private areas if required. There are processes for the reporting of risk and safety issues, hazards and care recipient/staff incidents. The home does not use environmental restraint. The living environment is maintained through the completion of cleaning routines, preventative maintenance processes and the maintenance request system. There is an equipment purchase process to support the replacement of furniture and equipment as required. Management monitors the environment through observation, completion of regular audits, incident analysis and care recipient/staff feedback. Care recipients/representatives are satisfied with the safety and comfort of the living environment.

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

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

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

The home meets this expected outcome

Management at the home is actively working to provide a safe working environment that meets regulatory requirements. The home has a safety management plan and has engaged an external safety adviser to guide staff practices. Processes to identify, action and review safety issues are established and inclusive of incident reporting, inspections and audits.

Action is undertaken in response to identified issues and safety is discussed at meetings and with individual staff following observation of practices. Staff are provided with

instruction in relation to safety on commencement of employment and on an ongoing basis. Processes including a risk register have been established to ensure the safe management of chemicals. Staff are aware of the home's safety and reporting systems and are satisfied with management's responsiveness to safety issues.

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

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

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

The home meets this expected outcome

Management and staff are actively working to minimise fire, security and emergency risks. The home has documented procedures for fire and other emergencies. Staff are provided with instruction on the home's fire system and evacuation procedures through the orientation program and ongoing education. Fire safety equipment and detection systems are regularly serviced by an external service provider and action taken to rectify defects in a timely manner. Inspections/audits and observations are conducted to monitor the safety of the environment for potential hazards. Processes to ensure the security of the home include daily lock up, nightly security patrols, external lighting and sign in/out registers. Staff are aware of how to respond in the event of a fire or emergency.

#### **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 which is overseen by management and registered staff. Infection control policies and guidelines direct staff practice across areas of clinical, laundry, cleaning and catering. Pandemic planning is in place and sufficient personal protective equipment available for staff. Care recipients and staff have access to the annual immunisation program. Staff have been provided with training in infection control practices relevant to their role responsibilities. Laundry management includes the division of clean and dirty areas and colour coded laundry bags to minimise the risk of cross infection. Catering staff practices are in accordance with the home's food safety program. Pest control monitoring and inspection occurs and processes are in place for the management of clinical and general waste. Monitoring processes include the collation, analysis and trending on infection data, audits and observation of staff practices. Staff demonstrate knowledge of infection control principles relative to their role.

#### **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 at the home are provided in a way that enhances care recipients' quality of life and staff's working environment. Care recipients' dietary needs and preferences are assessed on entry and updated as needs and preferences change, and this information is communicated to relevant staff. Meals are prepared fresh daily and served in the dining area or care recipients' rooms. Menus are rotated four weekly, reviewed by a dietitian and alternatives made available where care recipients have special requirements or dislikes.

Care recipients have input into menu planning through meetings, feedback processes and daily contact with staff. There is a scheduled cleaning program to guide staff to ensure regular cleaning of care recipients' rooms and the environment. Care recipients' personal clothing and linen is laundered at the home with the laundry operating three days a week. There are effective processes to reduce the incidence of missing laundry and care recipients' clothing is labelled on entry and as required. Staff are provided with ongoing education relating to hospitality and safety. Monitoring of the provision of hospitality services is conducted through care recipient/staff feedback, completion of cleaning schedules, observation of staff practice by key personnel and audits. Care recipients/representatives are satisfied with the provision of hospitality services at the home.