



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Grutzner House RACS ID: 3458**

**Approved Provider: Goulburn Valley Health**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

Reconsideration Decision made on 29 November 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 5 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 21 July 2015 to 21 March 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 29 November 2017

Accreditation expiry date 21 March 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Grutzner House**

RACS ID 3458

Monash Street

SHEPPARTON VIC 3630

Approved provider: Goulburn Valley Health

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 21 July 2018.

We made our decision on 05 June 2015.

The audit was conducted on 28 April 2015 to 29 April 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

### Standard 2: Health and personal care

#### Principle:

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

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

**Standard 3: Resident lifestyle****Principle:**

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

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

**Standard 4: Physical environment and safe systems****Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Grutzner House 3458**

**Approved provider: Goulburn Valley Health**

### **Introduction**

This is the report of a re-accreditation audit from 28 April 2015 to 29 April 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

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 28 April 2015 to 29 April 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

Team leader:	Gillian Walster
Team member:	Donald McMonigle

## Approved provider details

Approved provider:	Goulburn Valley Health
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## Details of home

Name of home:	Grutzner House
RACS ID:	3458

Total number of allocated places:	30
Number of care recipients during audit:	19
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	

Street:	Monash Street	State:	Victoria
City:	Shepparton	Postcode:	3630
Phone number:	03 5832 2540	Facsimile:	03 5832 2546
E-mail address:	annette.stephens@gvhealth.org.au		

## Audit trail

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

### Interviews

	Number		Number
Management and administration	8	Care recipients/representatives and volunteers	9
Registered/enrolled nurses and lifestyle staff	7	Visiting/consultant medical practitioners	5
Hospitality staff	3	Maintenance/supply/occupational health and safety staff	4

### Sampled documents

	Number		Number
Care recipients' clinical files	4	Medication charts	8
Care recipients' lifestyle files	5	Personnel files	6
Resident agreements	3		

### Other documents reviewed

The team also reviewed:

- Adverse events
- Annual essential safety measures report
- Audits, surveys and residential auditing schedule
- Cleaning schedules
- Clinical forms and charts
- Complaints - action plans
- Confidentiality quality improvement form
- Contracts
- Human resource documentation
- Education and training records
- Emergency response manuals
- External food safety audit and kitchen registration
- Handover sheet
- Incident data
- Infection surveillance including outbreak case list
- Intranet communication records
- Lifestyle calendar, attendance and evaluation records
- Material safety data sheets
- Meeting minutes

- Policies and procedures
- Quality improvement calendar, flowchart, plan and self-assessment
- Care recipient dietary records
- Residents' information handbook
- Staff handbook
- Staff recruitment and orientation packs
- Workplace inspections including fire safety inspection records.

### **Observations**

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Equipment and supply storage areas
- Evacuation kits
- Fire safety equipment
- Gastroenteritis kits
- Handover
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshment service
- Personal protective equipment
- Care recipient and staff notice boards
- Care recipient transfer equipment
- Security systems
- Short observation during meal delivery
- Waste systems.



## 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 is a system to support active pursuit of continuous improvement across the Accreditation Standards. The health service has established policies, procedures, audit schedules and monitoring systems. Continuous improvement opportunities are derived from feedback from care recipients, representatives, staff and visitors, audit results and quality report analysis, incident and infection evaluation, surveys and strategic organisational initiatives. Care recipients, representatives, staff and other stakeholders are encouraged to raise issues, provide compliments and initiate and recommend improvements. Management communicate improvements through meetings, memoranda and newsletters. Care recipients, representatives and staff said management respond to suggestions and feedback and they are satisfied with the improvements at the home.

Improvements implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- To facilitate better access for staff to training and to assist in meeting mandatory requirements, management introduced mandatory training days. This allows staff to complete their mandatory training on a single day. Feedback is very positive.
- Following workplace changes management noted a lowered morale amongst staff. Management organised and held a team building exercise which has resulted in improved work relations, increased sharing of duties and increased good will amongst the group of staff.
- To assist enrolled nurses maintain and utilize their skills, management reviewed the staffing model to ensure medication endorsed enrolled nurses are able to administer medications. This initiative has supported a strengthened workforce and career stream for endorsed enrolled nurses in line with the health service strategic plan.

#### 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

Systems help ensure management receive and respond to legislative changes and information relating to regulatory requirements, professional standards and guidelines. Management receive information relating to regulatory compliance through contractual arrangements and industry peak bodies. The health service management forward relevant

information to management personnel at the home. Management disseminate this to staff through memoranda, emails, meetings, education sessions and handover. Management monitor regulatory compliance through the home's auditing process and staff confirm they are informed when changes occur.

Examples of regulatory compliance related to Standard 1 Management systems, staffing and organisational development include:

- currency of policies and procedures which reflect recent legislative changes
- a system to ensure compliance with criminal check requirements and completion of a statutory declaration by staff in relation to criminal history in countries other than Australia
- monitoring of professional registrations, licenses and insurance of relevant contractors and external providers
- stakeholders are informed of accreditation visits.

### **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

Management has systems to ensure staff have the appropriate skills and knowledge to perform their roles effectively. Educational opportunities are identified through observation of staff practices, audits, meetings, changes to legislation and regulatory compliance, staff appraisals and verbal requests. All new employees attend a suite of training sessions upon recruitment and an annual educational planner includes mandatory educational sessions for all staff. Staff have access to educational training and professional development opportunities through internal and external educational programs advertised through email, flyers and noticeboards. Records of attendance are maintained, sessions evaluated and feedback provided. Staff confirm they are satisfied with the educational opportunities.

Recent education and staff development opportunities relevant to management systems include:

- bullying and harassment
- effective communication and conflict resolution
- preparing for 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 internal and external comments and complaints system is accessible to care recipients and representatives, staff, visitors and other interested parties. The system includes feedback forms, meetings for care recipients and staff, satisfaction surveys and an 'open door' policy of access to management. Information about internal and external complaint services and feedback forms and reply paid envelopes are accessible and provided. Most complaints are verbal and are immediately actioned at the time to prevent escalation of

issues. Written complaints are entered into the electronic system and the health service central quality department monitor and ensure resolution. Care recipients and representatives said they are satisfied with access to internal and external comments and complaints mechanisms.

### **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 health service's vision and values statement is documented in care recipient and staff handbooks, included in staff orientation and is displayed within the home. The approved provider and other stakeholders conduct strategic planning and oversee the home's quality systems. Staff practices reflect the commitment to the vision and values of the home.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

Management demonstrate there are appropriately skilled and qualified staff sufficient to ensure delivery of care and services in accordance with the Accreditation Standards. A registered nurse is rostered on all shifts. Management advertise vacant positions internally and externally if needed, and conduct an interview and selection process of prospective staff. Potential candidates provide evidence of their qualifications and ongoing suitability to work in aged care. Position descriptions document the skill requirements of the role. An orientation program assists new and temporary staff to undertake their duties. The health service employs an annual appraisal system to monitor staff skills/training needs and document the performance management processes. Management monitor care recipients' needs and modify rosters to ensure adequacy of staff numbers. Staff and care recipients said there were sufficient staff rostered to meet the care needs and provision of services to those living at the home.

### **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 effective systems to ensure appropriate stocks of goods and equipment including ordering and storage systems. There are adequate supplies of goods including appropriate storage for clinical needs, cleaning, laundry and catering supplies. Food items are stored appropriately and staff follow stock rotation processes. An asset register is in place, all new equipment is trialled by staff prior to purchase and there are effective systems to ensure the safety and working order of goods and equipment. Care recipients and staff

said there is adequate and appropriate provision of supplies and equipment to deliver care and services.

### **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. Documented policies and procedures as well as clearly defined roles and responsibilities assist staff in the delivery of care and in fulfilling their duties. Appropriate documentation and communication systems identify care recipients' care needs and help ensure delivery of care. Meetings, staff handovers, newsletters and various feedback mechanisms, including the approved provider's intranet, assist stakeholders with effective communication throughout the health service. The home's computer systems are protected with passwords and are backed up on a daily basis. Care recipients and their representatives stated they are kept well informed of events and improvements in the home. Archival systems and secure storage areas ensure effective archiving records required as per legislative requirements. Staff expressed satisfaction with communication and management systems in fulfilling their duties while care recipients and their representatives also stated satisfaction with communication systems throughout the health service.

### **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

Provision of externally sourced services occurs in a way that meets the home's service's needs and quality goals. The home maintains details of service providers including agreements, criminal checks where required, insurances and qualifications and these are reviewed at the expiry of each contract. External suppliers complete an induction process prior to commencement of contract. Relevant staff participate in a review of external contractors' services prior to renewal of contracts. Staff and care recipients said they are satisfied with the quality of services sourced externally including allied health providers, maintenance of pest control and fire and emergency equipment.

## **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

Management actively pursues continuous improvement across aspects of care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvements implemented in relation to Standard 2 Health and personal care include:

- Management reviewed the duties of the hotel services supervisor and distributed the duties to three different staff members. There is an increased review of the nutrition and hydration needs of care recipients and changes made to the distribution of morning and afternoon tea to promote independence and reflect care recipient choices. There is regular communication with staff and referrals to allied health staff. Feedback is positive.
- To ensure each care recipient is reviewed on a monthly basis and documentation is updated, management introduced a care recipient of the day process. Staff contact care recipients' next of kin to seek feedback on care and answer any queries. Verbal feedback is positive.
- To meet the needs of care recipients who are under the governance of State Trustees, management has ensured end of life care wishes are documented.

### **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

Procedures and systems for recording and reporting relevant information and monitoring compliance ensure the home is meeting its obligations regarding care recipients' health and personal care. Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

Examples of regulatory compliance related to Standard 2 Health and personal care include:

- systems which ensure skilled and qualified staff and medical practitioners provide appropriate care to care recipients and registered nurses oversee care recipients' care
- secure storage of medication and evidence that medications are managed in a safe manner by appropriately qualified staff in accordance with regulatory compliance
- policies, procedures and a register are maintained for unexplained absence of care recipients.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their provision of care recipients’ health and personal care. Staff complete relevant training in assisting them in fulfilling their duties. Refer to Expected outcome 1.3 Education and staff development for details of the service’s education and staff development system.

Recent education and staff development opportunities relevant to Standard 2 Health and personal care include:

- asthma management for the elderly
- gastrostomy tube feeding
- medication safety
- wound care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

There are processes to ensure care recipients receive appropriate clinical care, using assessments, care planning, evaluation and consultation. When care recipients move into the home staff complete assessments and compile a care plan that outlines individual needs and preferences. Appropriately qualified and experienced staff provide care and document in clinical charts and progress notes. Staff review the appropriateness and currency of each care recipient’s needs and adjust care plans accordingly. There is a clinical team review process where each care recipient is regularly reviewed by the medical and psychiatric team. Staff said that they have sufficient rostered time to provide the planned care for care recipients. Care recipients are complimentary of the care provided and said that any episodes of ill-health or accident are responded to quickly and properly and representatives are informed appropriately.

### **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

There are processes to ensure the appropriate identification and management of care recipients’ specialised nursing care needs. There are health service policies and procedures to support and guide staff and education in areas of complex care is provided as required. Registered nurses oversee or provide the specialised care needs of care recipients and develop a nursing care plan in response to assessments and consultation with care recipients and representatives. Staff monitor changes in each care recipient’s condition through regular clinical team reviews and evaluations. Equipment for specialised nursing

care is available and maintained. Residents said they are satisfied with the specialised care received.

## **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

Staff refer care recipients to appropriate health care specialists for review, advice and management in accordance with their needs and preferences. Staff support care recipients to access health specialists of their choice and inform care recipients and representatives of referral processes and any arrangements needing their input. Regular care reviews ensure reassessment of care recipients’ needs by health specialists occur as necessary. Care recipients and representatives said staff refer care recipients to specialists as needed and assist them in visiting outside specialists as 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

There are processes to ensure care recipients’ medication is managed safely and correctly. The health service has medication policies and procedures to manage supply, storage, administration and disposal of medications. There are checking mechanisms to ensure medications are maintained according to legislative requirements and a process to ensure supplies of medication required out of hours. Registered and endorsed enrolled nurses administer medications directly from original packaging. Medication charts and care plans guide staff in the administration of each care recipient’s medications. Management monitor the system through audits, observation, education, documentation of incidents and independent medication reviews. Care recipients and representatives said they are satisfied with the home’s approach when managing care recipients’ medication requirements.

## **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 processes to ensure care recipients are as free as possible from pain. Staff assess and monitor care recipients’ verbal, non-verbal and behavioural indications of pain when they move into the home to determine their pain management needs. Staff develop and regularly review care plans with input from care recipients, family and medical staff as required. Pain relief measures used include medications, massage, heat packs and exercise. Medications administered on an as needs basis are recorded in progress notes and include an evaluation of the medication intervention. Care recipients and representatives said they are satisfied with the way in which staff manage care recipients’ 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

Staff provide care and maintain the comfort and dignity of care recipients who are terminally ill. When care recipients move into the home staff establish terminal wishes which are reviewed when care recipients’ health status deteriorates and if needed. Staff access medical care for care recipients as necessary and access hospice services if required. Care includes the management of physical symptoms and psychological, spiritual wellbeing and complementary care. Consultation with representatives occurs regarding the care environment and their role in the care recipients’ care. Staff confirmed their approach to care is to maintain comfort and respect the choices of care recipients and representatives during palliative care.

## **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

There are processes to ensure care recipients receive adequate nutrition and hydration. Staff assess care recipients’ nutritional needs and personal dietary preferences when they move into the home and compile care plans which contain strategies to guide staff. Staff monitor care recipient’s weights and food and fluid intake if required. Modified food and meal supplements are available and staff consult with the general practitioner and specialists as required to ensure optimal nutritional intake. There are strategies in place to ensure the maintenance of care recipient’s independence and dignity during meal times. Care recipients and representatives confirm they are satisfied with the home’s approach to meeting care recipients’ nutrition and hydration needs.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to promote care recipients’ skin integrity consistent with their general health. Staff undertake an assessment of care recipients’ skin integrity when they move into the home and develop care plans which outline strategies to prevent skin breakdown. Staff identify risks of incontinence, nutrition and hydration deficits and personal hygiene issues which may impair care recipients’ skin integrity. Staff assist care recipients with ambulation and position changes when needed, monitor skin tears and wounds, access consultants as required and maintain records of care. Staff said resources and equipment are available for the provision of care recipients’ skin care and wound management. Care recipients said they are satisfied with the staff’s approach to maintaining their skin integrity.



## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Processes ensure care recipients’ continence needs are managed effectively. Staff assess each care recipient’s continence needs when they move into the home and develop care plans which document the level of assistance necessary and any continence aids required. Continence aids are stored discreetly and staff said sufficient supplies are maintained and they attend education on continence management. Staff support care recipients to maintain their privacy, dignity and independence while assisting them with continence management. Care recipients and representatives said they are satisfied care recipients’ continence needs are met.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Staff assess care recipients’ behaviours when they move into the home and identify medical, emotional and cognitive reasons for challenging behaviour. Care plans provide staff with strategies to manage episodes of challenging behaviour. There are regular clinical reviews with aged mental health specialists and the consultant psychiatrist to monitor care recipients and review behaviour management strategies. Psychiatric nurses are part of the nursing team who provide mental state assessment, risk management and behavioural interventions. Staff have access to education and resources on care and activities to reduce and manage behaviours and provide assistance to care recipients in a calm, respectful manner. Care recipients and representatives said they are satisfied with the management of behavioural issues within 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

Staff promote and optimise care recipients’ mobility and dexterity. Staff assess needs related to mobility and dexterity and identify aids care recipients may require to enhance independence. Staff apply falls prevention/risk management strategies according to care recipients’ identified needs and use mobility and transfer aids, fall sensor mats and hip protectors. When required staff provide dexterity aids such as adaptive cutlery and crockery and assist care recipients during meal times as needed. Staff follow organisational procedures when incidents occur where care recipients have fallen. Appropriate transfer equipment is available and staff have manual handling training. Care recipients and representatives said staff assist care recipients to achieve optimal 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

There are systems to maintain care recipients’ oral and dental needs and preferences. Staff complete an oral and dental care assessment and formulate a care plan when care recipients move into the home. The plan generally includes level of assistance required and interventions to meet each care recipient’s needs. Staff make referrals for care recipients to speech pathology and dental services as appropriate. Staff assist care recipients to access their preferred providers of dental care when required. The kitchen provides alternative food textures to accommodate oral, dental or swallowing difficulties. Care recipients said staff assist them to maintain their preferred dental care regimes.

## **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

There are processes to identify and manage care recipients’ sensory losses. When care recipients move into the home staff assess their sensory needs to identify a decline or loss. External providers attend the home and review care recipients and staff arrange and facilitate appointments to relevant specialists outside the home as required. The home is well lit, has adequate handrails, wide corridors, accessible signage and secure outdoor areas. Staff are aware of individual needs and assist care recipients who require help with care, maintenance, fitting and cleaning of aids and devices. Care recipients said staff assist with their sensory needs.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to assist care recipients to achieve natural sleep patterns where able. Staff assess care recipients’ personal preferences and routines when they move into the home and include strategies in care plans to assist with settling and waking, bedding and environmental preferences for sleep. To help care recipients sleep staff ensure care recipients are comfortable, free from pain where possible, noise and light is at a minimum and provide warm drinks when required. Both medication and non-medication methods are used to promote sleep. Staff said they are aware of care recipients’ sleep patterns and their environmental and comfort preferences. Care recipients said the home is quiet at night and they sleep well.

### **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

Management actively pursues continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvements implemented in relation to Standard 3 Care recipient lifestyle include:

- To facilitate access to transport and enhance independence management introduced a taxi card program for care recipients. Care recipients particularly those using wheelchairs are now able to enjoy trips to the shopping complex.
- Following identification that some care recipients without close relatives may feel isolated at Christmas time, management organised a Christmas present to be given to care recipients from staff. Staff and care recipients enjoyed the gift giving.
- To improve the quality of life for a care recipient with limited family representative, management provided external carers to take the care recipient on outings. Feedback is very positive.

#### **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

Policies, procedures and staff education provide guidance to staff in meeting regulatory requirements. Systems help ensure the service meets its obligations and monitors compliance relating to care recipient lifestyle. Refer to Expected outcome 1.2 Regulatory compliance for information about how the home identifies and ensures compliance with relevant legislation.

Examples of regulatory compliance related to Standard 3 Care recipient lifestyle include:

- management offer agreements to all care recipients that specify care, services, rights and responsibilities and security of tenure
- the Charter of care recipients’ rights and responsibilities is prominently displayed throughout the facility
- implementation of procedures and practices that comply with privacy legislation and ensure the security and privacy of confidential information
- policies, procedures and a register are maintained for reporting of all incidents involving alleged elder abuse.

### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for details of the service's education and staff development system.

Recent educational sessions undertaken relevant to Standard 3 Care recipient lifestyle include:

- diversional therapy
- guardianship and advocacy
- respecting privacy and dignity.

### **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. The home has processes to identify the care recipients' emotional support needs in adjusting to living in the home and on an ongoing basis. The care recipient's social, religious and cultural requirements are assessed when they move into the home and a care plan is developed in consultation with care recipients and/or their representatives. Care recipients and representatives are oriented to the home and new care recipients are introduced to fellow care recipients and families. Staff are encouraged to support the care recipient in the settling in process. Care recipients stated that they felt supported by staff in adjusting to their new environment 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 are assisted to achieve their independence, maintain friendships and to participate within the community. Care recipients are assessed when they move into the home to ascertain their ability to perform personal tasks such as daily hygiene routines, degree of involvement in activities provided and ability to ambulate. Care recipients who are unable to make their own decisions have advocates act on their behalf to ensure they can retain as much independence as possible. The team observed staff encouraging care recipients to remain independent such as during meals and performing their daily activities. Care recipients and their representatives confirmed that care recipients are supported to be as independent as possible in the home.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Management and staff ensure each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Staff identify care recipients' privacy and dignity needs and preferences in respect to personal space, the delivery of care and ways staff can support care recipients. Staff are discreet when managing care recipient care needs, knock on doors prior to entering care recipient rooms and address care recipients using their preferred name. Files are securely stored and handover occurs discreetly. Care recipients and representatives expressed satisfaction with the manner in which staff demonstrate respect for care recipients' privacy and dignity.

### **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

There are processes to identify care recipient's interests and preferred activities and the lifestyle program supports a range of interests and activities. Social and human needs assessments are completed when care recipients move into the home and the information gathered from this and the care recipient's social profile contribute to the development of individual goals for the care recipient. Lifestyle staff encourage participation in activities and volunteers support the activities program and family members also join in. We observed care recipients participating in a number of activities in the home and care recipients and their representatives spoke highly of the range of activities offered not only within the home but within the wider community.

### **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

There are processes for identifying and fostering each individual care recipient's customs, beliefs and ethnic backgrounds. Personal beliefs, religious affiliation and days of cultural significance are observed in response to care recipient wishes. The home's activities program incorporates cultural celebrations and theme days as well as individual celebrations such as observance of birthdays. Links with cultural and community groups are developed and encouraged. Representatives from religious and cultural groups visit the home on a regular basis. Care recipients and their representatives said they are satisfied with the cultural and spiritual support given 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 services care recipients receive. Personal preferences and needs are identified when they move into the home. Care recipients, and where relevant, their representatives, are encouraged to exercise choice and control in decisions relating to care recipients' care and lifestyle, appropriate to the care recipient's needs and preferences on an ongoing basis. Examples of exercise of choice and decision-making include participation in the review of the care recipients' care plan, engaging in activities provided within and outside the home and furnishing of room. Care recipients and their representatives confirm their participation in decisions about care and services, their right to exercise choice and that they are encouraged to discuss their needs and requirements with care staff.

### **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

Management have processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Management provide information about security of tenure and care recipients' rights and responsibilities to care recipients and representatives when care recipients move into the home. This occurs through conversation, the provision of the residential care agreement and information packs. A change of room or transfer to another home can occur if necessary, following consultation with management, care recipients and representatives. Care recipients and representatives are satisfied with the security of tenure.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Management actively pursues continuous improvement activities in relation to aspects of the physical environment and safe systems. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvements implemented in relation to Standard 4 Physical environment and safe systems include:

- Management identified the laundry required an upgrade to meet infection control guidelines and meet the needs of care recipients. The construction is currently underway. The new laundry will assist improving the work flow process for laundry staff.
- Management identified that the carpets were difficult to keep clean and odour free. The carpets have been replaced with new linoleum to improve safety and the aesthetic appearance of the home. This has also improved the ability to maintain the cleanliness of the floor.
- To encourage care recipients to use the outdoor areas and to assist care recipients comfort while outside and management utilised a grant to upgrade the outdoor furniture. This included the purchase of two new outdoor settings. Care recipient feedback is positive.

### **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

Environmental internal and external audit reports, essential services inspections and maintenance processes ensure the home meets its regulatory compliance obligations in relation to physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance for information relating to the service’s systems for identifying and ensuring compliance with legislation.

Examples of regulatory compliance related to Standard 4 Physical environment and safe systems include:

- external auditing of compliance with food safety regulations.
- mandatory education in infection control, manual handling and food safety handling for all relevant staff
- provision of staff access to material safety data sheets in relevant work areas
- recording and reporting of infectious illnesses

- secure storage of chemicals, oxygen and hazardous items.

#### **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

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for details of the service's education and staff development systems.

Recent education and staff development opportunities relevant to Standard 4 Physical environment and safe systems include:

- fire and emergency
- hand washing competency
- infection control
- manual handling.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment consistent with care recipients' care needs. The home's fittings and furnishings are sufficient and appropriate for care recipients' needs. A preventative and responsive maintenance system helps ensure a safe, well maintained environment and all electrical equipment is tagged and monitored. The home's grounds are well maintained and provide attractive and secure areas for care recipients and other stakeholders. Keypad access provides a secure internal and external environment for all stakeholders. Care recipients and representatives said the living environment is safe and comfortable and stakeholders expressed satisfaction with the home's maintenance systems.

#### **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 is actively working to provide a safe working environment that meets regulatory requirements. Trained occupational health and safety representatives in conjunction with health service personnel attend regular meetings to monitor incidents, hazards, subsequent risk assessments and relevant data as well as outcomes of environmental audits. The committee also monitors a range of key performance indicators relating to incidents, the



findings of which are reported to relevant committees. Education and training records confirm that staff attend training in manual handling as per the home's mandatory training requirements for all staff. Management is proactive in providing equipment and resources to maintain a safe working environment and staff trial and evaluate equipment prior to purchase.

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

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

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

The home meets this expected outcome

Procedures provide for a safe environment and the maintenance of systems which minimise fire, security and emergency risks. Fire and emergency training is compulsory for all staff upon orientation and upon an annual basis thereafter. Evacuation plans and procedure charts are located throughout the facility. An accredited external contractor monitors and maintains the safety and functioning of the fire and emergency equipment. Staff expressed satisfaction with training provided in fire and emergency procedures. Management has developed emergency and evacuation plans in the event of a major incident. The home has keypad security at external doors and staff work areas. Stakeholders said they feel safe and secure in the home and were able to explain actions to be taken in the event of an 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

There is an effective infection control program. The health service preventative system ensures availability of personal protective equipment, hand hygiene facilities, policies and procedures, audits, orientation and education. Staff collect surveillance data on care recipients' infections which management use to identify any trends and strategies are discussed at relevant meetings. The kitchen has a current food safety plan and there are infection control policies and procedures related to laundry and cleaning systems. There are pest control processes, appropriate waste disposal including contaminated waste and policies, procedures and equipment related to outbreak management. Staff complete hand washing assessments and education in relation to infection control practices and demonstrated an awareness and knowledge of appropriate infection control practices relevant to their duties.

#### **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 manner that enhances care recipients' quality of life and the staff's working environment. The health service manages all aspects of catering, cleaning and laundry services. All food is prepared on-site daily in line with a food safety program, dietitian's review, and a four-week rotating menu which is responsive to care

recipients' needs and preferences. Processes ensure diet provision is responsive to individual needs and specialised dietary and beverage needs are met. Laundry services are available on-site and a clothing labelling process minimises the incidence of misplaced laundry. Cleaning staff are guided by schedules that assist with planned cleaning programs of the home. Care recipients and representatives are satisfied with the quality of hospitality services.