



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

**Reconsideration Decision**

**Labrador Aged Care Residence RACS ID: 5926**

**Approved Provider: TriCare Labrador Aged Care Pty Ltd**

**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 25 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 21 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 27 September 2015 to 27 April 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 27 September 2015

Accreditation expiry date 27 April 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Labrador Aged Care Residence**

RACS ID 5926

71 Brighton Street

BIGGERA WATERS QLD 4216

Approved provider: Tricare (Country) Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 27 September 2018.

We made our decision on 21 August 2015.

The audit was conducted on 14 July 2015 to 15 July 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**

**Labrador Aged Care Residence 5926**  
**Approved provider: Tricare (Country) Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 14 July 2015 to 15 July 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 14 July 2015 to 15 July 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:	Mark Rankin
Team member/s:	Meredith MacLeod

## Approved provider details

Approved provider:	Tricare (Country) Pty Ltd
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## Details of home

Name of home:	Labrador Aged Care Residence
RACS ID:	5926

Total number of allocated places:	70
Number of care recipients during audit:	66
Number of care recipients receiving high care during audit:	65
Special needs catered for:	Dementia and related conditions

Street/PO Box:	71 Brighton Street	State:	QLD
City/Town:	BIGGERA WATERS	Postcode:	4216
Phone number:	07 5537 1066	Facsimile:	07 5537 6187
E-mail address:	korrie.greenway@tricare.com.au		

## Audit trail

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

### Interviews

	Number		Number
Facility Manager	1	Care recipients/representatives	10
Clinical Manager	1	Registered Staff	5
Operations Manager	1	Education Officer	1
Care staff	6	Activities staff	2
Services staff	4	Maintenance Officer	1

### Sampled documents

	Number		Number
Care recipients' files	10	Medication charts	7

### Other documents reviewed

The team also reviewed:

- Activity attendance record
- Activity calendar
- Audits
- Bowel charts
- Care recipient agreements
- Care recipient information pack/handbook
- Care recipients' information package and surveys
- Charter of care recipients rights and responsibilities
- Controlled drug register
- Dietitian/nutrition summary of reviews
- Duties lists
- Employee handbook
- General observation forms
- Handover sheets
- Incident reports
- Job descriptions
- Lifestyle assessments
- Maintenance documentation
- Meeting minutes
- Memorandum
- Orientation documentation

- Plan for continuous improvement
- Policies and procedures
- Recruitment policies and procedures
- Restrictive practice forms
- Staff communication notes/education planner
- Staff handbook
- Staff roster
- Surveys
- Temperature logs
- Wound assessment and treatment plan

### **Observations**

The team observed the following:

- Activities in progress
- Assembly areas
- Clinical practice
- Communal areas
- Display of brochures
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Living environment
- Meal service
- Notice boards
- Security of records maintained
- Short group observations
- Stock rotation
- Storage of medications
- Suggestion box
- Work environment



## 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

TriCare Labrador Aged Care Residence (the home) has a continuous quality system program, maintained by the Facility Manager (FM). Improvement suggestions are captured through meetings, surveys, verbally, customer feedback and audits through the Plan for Continuous Improvement (PCI) and logged into the Improvement Log (IL). Care recipients unable to complete a suggestion form are assisted by staff and are encouraged to raise concerns at meetings. Improvement forms are collected, reviewed and entered into the IL by the FM who monitors through feedback from care recipients, staff and meetings. The quality system is monitored organisationally in conjunction with the PCI. The FM provides feedback to originators of suggestions. Care recipients and staff are familiar with the home's forums to initiate a suggestion and are satisfied that management is receptive to their suggestions, gives feedback and responds to their requests in a timely manner.

Recent examples of improvements related to Standard 1 include:

- As a result of feedback from representatives, meeting minutes are now emailed out to all care recipient representatives and family members as requested. Management reported and representatives interviewed confirmed that there has been a positive response to this. Representatives said that they now feel more informed and up to date with the happenings of the home.
- As a result of staff feedback and an improvement form, a labelling system has now been introduced to alert staff to care recipients with similar or identical names. These labels are placed on files and medication documentation with staff commenting positively on the new labels.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has systems to address regulatory compliance, identifying updates to legislation, regulatory requirements, professional standards and guidelines through involvement with professional bodies and industry memberships. Policies are written and reviewed organisationally with management communicating the information to staff using meetings, memoranda and staff education sessions. Minutes of meetings are available to staff to ensure accurate knowledge, as are copies of policy, intranet access, procedures, professional guidelines and legislative requirements for example police certificates,

professional staff qualifications and reportable assaults. Compliance is monitored by the FM; the homes risk management framework and observation by key personnel, incident reporting, quality systems audits and via the home's management systems. Stakeholders were informed in advance of the Australian Aged Care Quality Agency re-accreditation audit visit.

### **1.3 Education and staff development:**

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

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

The home meets this expected outcome

The home has systems to ensure that management and staff have appropriate knowledge and skills to be effective in their roles through education and ongoing staff development. The home encourages personal development through their education program and encourages staff to continually improve their skills and knowledge. Education needs are captured using staff requests, identified skill requirements and trend analysis with education programs implemented by management and organisationally. Staff are informed of mandatory education and training records are available on site, with attendance at mandatory sessions monitored by administration and the FM. Additional education opportunities are available to staff on a range of topics such as compulsory reporting, attitude and team work, effective documentation and human resource policies and procedures, designed to parallel mandatory training requirements. Evaluation of education is conducted via staff feedback and skills assessments to monitor the education and staff development program.

### **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

Care recipients/representatives and interested parties have access to internal and external mechanisms to raise issues at the home. Initiators of compliments and complaints are responded to and these are entered where appropriate in the home's internal log of complaints, with action taken to quality improvements if required. Care recipients/representatives are able to raise issues with management using written documentation and at meetings. Care recipients are informed of the internal and external comments and complaints mechanisms on entry to the home through verbal and written communication and at resident meetings. Information is on display internally at the home. Care recipients/representatives are familiar with the mechanisms to raise complaints and are satisfied that issues are resolved in a timely manner.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

Management incorporates documented philosophy and commitment ideals into the home's daily activities. These ideals are available to care recipients/representatives, staff and other interested parties via a variety of information documents. The home's ideals are provided to care recipients/representatives in resident information documentation and to staff during orientation. The home's philosophy and ideals are displayed throughout the home.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has human resource policies and a formal recruitment system maintained organisationally and by the FM that includes interviewing, appointment and orientation of staff. Police certificates, evidence of qualifications, and reference and registration checks form part of the recruitment process. Care recipients' changing care needs, staff availability and skill mix are monitored and form the basis for staff rostering by the Administration Officer (AO) and the FM. Employment contracts, position statements, the orientation process and participating in education sessions ensure new staff members are aware of the requirements of their positions. A range of strategies are used to manage staff performance and include a probationary period, ongoing performance reviews, competency checks and supervision of staff. Care recipients/representatives are satisfied with the responsiveness of staff and the care they receive.

### **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 systems and processes to ensure that a stock of appropriate goods and equipment is available. Input from care recipients and staff through meetings are included in the processes of maintaining and introducing new equipment as is management input. Storage for equipment and goods is available at the home with staff able to access storage areas. Stock levels are ordered and monitored by the clinical team and the FM. Preventative maintenance schedules monitor equipment useability, including daily monitoring through maintenance requests by the Maintenance Officer (MO). Faulty equipment is identified, removed from service and replaced or returned to suppliers for replacement. Staff are satisfied with the stocks of appropriate goods and equipment.

## **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 processes and procedures to ensure information is managed in a secure and confidential manner, including restricted access to service information, care recipient and personnel files, locking of storage areas and offices and restricted password access to computers. Information is updated to guide care delivery and administration needs of care recipients with back-up systems in place to prevent loss of information. Information is communicated to staff via meetings and meeting minutes, memoranda, notice boards, intranet, handover processes and care recipients' clinical files. Staff have position limited access to electronic information. Management communicates with care recipients/representatives via newsletters, meetings, feedback sheets and one-to-one discussions. The home has policies for archiving and destroying documents. Care recipients/representatives and staff are satisfied with information management provides to them.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

External service agreements are reviewed organisationally and by the FM. The home has contracts with external services including, but not limited to, air conditioning, allied health professionals, continence products, medical and chemical supplies. Feedback from identified key personnel, care recipients and representatives is provided to management to ensure quality services are maintained. Service providers are supervised by relevant personnel when conducting services at the home with a contractor sign in log located at the entrance to the home. Allied health professionals are consulted as required to ensure residents' needs are reviewed regularly. Staff and management are satisfied with the external services provided.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

Recent examples of improvements related to Standard 2 include:

- As a result of staff feedback, staff found it difficult to access the electronic care system for care plans. Management now print hard copies of all care plans which are placed in a folder in each nurse's station. Staff commented that this system allows them to access care plans as they require.
- It was identified that the heating of heat pads was not consistent for care recipients with staff having varying regimes to heat the pads. To ensure consistent heating temperature of heat pads used in pain management, new electronic pads have been implemented. Staff commented positively on the consistency of temperature now achieved.

### **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 compliance systems and processes.

In relation to Standard 2 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff are aware of their responsibilities in relation to the notification of unexplained absences of care recipients and medication management.

### **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

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples include wound, hydration, cytotoxic drugs and behaviour education. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ clinical needs are assessed on entry to the home through interviews with care recipients and their representatives, assessment information and discharge summaries as provided. Interim care plans are formulated which guide staff practice until individualised care plans are established. Completion of identified assessment tools guide staff in the development of care plans. Registered staff review assessments and care plans. Care staff are knowledgeable of individualised care recipient requirements, and their knowledge is consistent with care plans. Information relating to care recipients’ health status and progress notes is communicated through the home’s electronic care management system. Care recipients/representatives are satisfied with the clinical care provided by staff.

## **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

The home has systems and processes to support the specialised nursing care needs of care recipients. The home is currently providing, and has equipment and skills to support care needs such as diabetes management, anti-coagulant therapy, cytotoxic therapy, wound and pain management. Registered staff assess initial and ongoing specialised nursing care needs, and establish care recipients’ preferences. Care plans and management plans are developed to guide staff practice, care guidelines support specific care needs and interventions are evaluated regularly or as required. Registered staff are onsite 24 hours a day, and oversee and assess specific care requirements. Care recipients/representatives are satisfied with the quality of care provided at the home and the support received with specialised care needs.

## **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 the care recipient’s needs and preferences. Referral processes are followed by registered nursing staff to access mental health professionals, specialised health clinics, podiatrist, speech pathologist, dietician, optometrist, audiology and dental 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 and health specialists visit the home to meet the needs of the less mobile care recipients. Health specialist visits are monitored by the Clinical Manager and registered nursing staff through regular care plan review processes. Care recipients/representatives stated care recipients are referred to other health specialists if a need is identified and are satisfied with the assistance of staff to attend appointments.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Medical officers prescribe medication orders and these are dispensed by the external pharmacy service. The home utilises both multi dose sachet packs and original dispensed containers. Care recipients’ medication is stored safely and securely. Medication incidents are recorded and reviewed by the Clinical Manager. Effectiveness of the medication management system is monitored through the completion of medical and pharmaceutical reviews and audits. Staff administering care recipients’ medications demonstrated awareness of their responsibilities in relation to medication administration and of the guidelines in place to ensure care recipients’ medications are administered safely and correctly. Care recipients are satisfied with the management of their medications, as well as with the assistance and support provided.

## **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 as free as possible from pain. Care recipients’ pain is identified during the initial assessment, and reassessment is undertaken as needed. Care plans are developed from the assessed information and care plans are reviewed by the registered nurse to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients’ pain; strategies to manage pain include non-pharmacological and pharmacological interventions. Pain is monitored by the registered staff. Care recipients are satisfied with current pain management strategies and the provision of additional assistance if and when pain persists.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients’ is maintained. The initial assessment process is used to obtain care recipients’ end of life care wishes in consultation with care recipients and/or representatives, the information obtained is recorded in the care recipients’ clinical record and provided to staff as care recipients’ care needs change. Care recipients at the end of life are supported and cared for at the home whenever possible and according to the care recipients and/or representatives wishes. Care recipients’ pain, comfort and spiritual needs are managed in consultation with the care recipients/or representatives, to provide physical, psychological, emotional, cultural and spiritual support to care recipients and family members according to their needs and preferences. Palliative care is monitored by the registered staff and the clinical management team.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Care recipients’ dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and this information is forwarded electronically to the catering staff. Care recipients are weighed on entry and then monthly and any variations are assessed, monitored and actioned with strategies implemented to manage unplanned weight loss or gain if required. The registered staff monitor the weight management at the home. Care recipients’ are assisted with meals and fluids, and special eating utensils supplied as necessary. Care and catering staff are aware of the dietary requirements of care recipients. Care recipients’ are satisfied that their nutrition and hydration requirements are met.

## **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. On entry to the home care recipients are assessed for their skin care needs through the initial assessment process and in consultation with care recipients to determine their needs and preferences. Care plans reflect strategies to improve and/or maintain care recipients’ skin consistent with their general health. Care strategies include the daily application of moisturisers, correct manual handling procedures, pressure area care, and pressure relieving aids. The clinical management team oversees wound management and registered staff are responsible for wound treatments, completion of treatment records and documenting interventions. Care recipients are satisfied with the assistance provided to maintain 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

Care recipients’ continence needs are assessed on entry to the home and on an ongoing basis. Care recipients’ continence programs are assessed and developed by the registered staff in consultation with care staff trained in continence management. Care plans direct staff practice and individual care recipients’ preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every two months. Individualised bowel management programs are developed and include medication and other natural methods. Care recipients are satisfied with the assistance by staff to maintain their continence.



### **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. On entry to the home, care recipients with challenging behaviours are assessed including the identification of known or potential triggers and a behaviour care plan developed. Care recipients are reassessed as care needs change or current interventions are ineffective. Behaviour management is monitored by the registered staff and the clinical management team. The home provides secure accommodation for care recipients who require it. Care recipients and/or representatives are satisfied with the management of challenging behaviours 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

The home has processes in place to ensure that care recipients achieve optimum levels of mobility and dexterity. Care recipients are assessed by a physiotherapist on entry to the home. Assessed needs and strategies for care are communicated to staff through the care plan, and care plans are reviewed to ensure interventions remain effective. The care staff and physiotherapists assist care recipients with mobility programs. Falls are reported and are monitored by the Clinical Manager. Aids to maintain and improve mobility and dexterity such as walking aids and specific dietary utensils are available. Care recipients are satisfied with the assistance they 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’ oral and dental health is maintained. Care recipients’ needs and preferences relating to teeth and denture management and other oral/dental care requirements are identified through the initial assessment. Care strategies are documented on the care plan. Care staff assist care recipients with their oral care and the registered staff arrange dental referrals as necessary. Equipment to meet care recipients’ oral hygiene needs is available. Care recipients are satisfied with the assistance given by staff to maintain their dentures and overall oral hygiene. Care recipients are satisfied with the oral and dental care they receive.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. Assessment processes identify hearing and vision loss and management interventions are captured in care planning processes. Care interventions are developed with consideration of care recipients’ hygiene and lifestyle care planning. Care recipients are referred to specialists including an audiologist, optometrist and speech pathologist as needs indicate. Staff assist care recipients to manage assistive devices, such as spectacles and hearing aids, to maximise sensory function and are aware 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

Care recipients are able to achieve natural sleep patterns. Care recipients usual sleep patterns, settling routines and personal preferences are identified during the initial assessment. Care plans are developed and reviewed to ensure interventions remain effective. Care recipients experiencing difficulty sleeping are offered warm drinks and snacks and assisted with hygiene requirements should this be required. Registered staff monitor ongoing needs. Care recipients are satisfied with the care and comfort measures implemented by staff in relation to promoting sleep.

### **Standard 3 – Care recipient lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

Recent examples of improvements related to Standard 3 include:

- As a result of feedback from care recipients and representatives, a new library area has been established making available books and magazines for care recipients to use. The library is maintained by care recipients and a representative with care recipients interviewed speaking highly of the new library and range of reading material available.
- As a result of feedback from care recipients, the weekly calendar of events and activities is now a monthly calendar, allowing care recipients to see the month’s activities at a glance. A further suggestion to increase the font size of the words has also been well received with care recipients commenting that it is now easier to read.

#### **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 compliance systems and processes.

In relation to Standard 3 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. Staff are aware of their responsibilities in relation to alleged and suspected reportable assaults.

#### **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 manage the ongoing education program.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents’ lifestyle requirements. Examples include choice and decision making, behaviour, and privacy

and dignity. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 outcomes.

### **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

Information collected during entry to the home is incorporated into care plans to assist care recipients to adjust to a new living environment. Care recipients are provided with the Resident Handbook and orientated to the home's environment and community. Staff provide ongoing informal support for care recipients and representatives as they settle into the home. The emotional health of care recipients is evaluated through feedback from care recipients, at meetings, case conferences and audits conducted by the home. Multi faith support is available in times of need; the activity program of the home includes group and one on one activities and visits by volunteers. Care recipients/representatives are satisfied with the support provided by the staff in adjusting to the home's environment.

### **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 maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. The home assists care recipients to maintain independence through initial and ongoing review of their needs utilising clinical and social assessments. Strategies to promote and maximize independence are reviewed during the care plan reviews. Care recipients are supported to access the local community with regular outings. Care recipients are encouraged to maintain friendships and social networks, care recipients are supported by the lifestyle staff to achieve this. Care staff are aware of their responsibility to promote care recipients independence and follow care plans to assist care recipients to achieve a maximum level of independence. Care recipients/representatives are satisfied with the level of independence and autonomy care recipients can exercise at 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

Care recipients/representatives receive information on privacy, dignity and confidentiality on entry to the home through the Resident Handbook. Education provided by the home outlines the expectations of staff to maintain and support privacy, dignity and confidentiality. Management monitor staff practices in relation to ensuring staff have consent prior to entering care recipients' rooms, use of preferred names and actioning individual requests and preferences. Confidential documentation is securely stored and electronic access is

password protected. Care recipients/representatives are satisfied staff provide care in a respectful and courteous manner and ensure confidentiality is maintained.

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

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities. Information on care recipients' social history, interests and lifestyle is collected on entry to the home, through the social assessments and one to one interview with the care recipient and/or representatives and a care plan developed. Care recipients provide feedback on activity programs individually and in meetings. The program is monitored by the lifestyle staff. Care recipients/representatives are satisfied that staff provide encouragement and support to participate in activities they wish to attend and that there is a range of activity opportunities of interest to them.

### **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

Individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Care recipients' cultural and spiritual needs are assessed on entry to the home; a care plan is developed as required from the assessment information. Care recipients' have access to religious services at the home. Care recipients are assisted to attend cultural activities conducted in the home and the community, and days of significance are celebrated at the home. Care recipients ongoing cultural and spiritual needs are monitored by the lifestyle staff. Care recipients/representatives are satisfied with the spiritual and cultural support provided.

### **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/representatives are encouraged and supported to make decisions about their care, lifestyle and routines; information is provided to care recipients' and/or representatives on entry outlining their rights and responsibilities. Staff provide opportunities for choice and utilise strategies to incorporate choice into care recipients' daily care routines and leisure interests and care recipients are provided a choice with meal selection where appropriate. Staff practice regarding choice and decision making is monitored by the clinical management team, registered and lifestyle staff. Care recipients/representatives are satisfied that they are able to exercise choice in relation to care recipients' care and lifestyle.

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

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

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

The home meets this expected outcome

Care recipients have secure tenure within the home and understand their rights and responsibilities. Processes are in place to provide information to care recipients and/or representatives in regard to security of tenure and their rights and responsibilities. The residential care agreement and handbook offered to new care recipients contains information about rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about dispute resolution. Care recipients and/or representatives are consulted should any changes in needs require a room transfer. Care recipients/representatives are satisfied they have been provided with sufficient information in relation to security of tenure and understand 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.

Recent examples of improvements related to Standard 4 include:

- As a result feedback from staff as to the visual appearance of the secure area of the home, management have painted this area creating a lighter and improved ambience to the living environment with staff and representatives commenting positively on the new appearance.
- It was identified through an audit and staff feedback that the carpeted area of the activities room was not appealing and that at times odour could be a problem. Management have replaced the carpet with a vinyl covering which has made the sun room more visually appealing with care recipients and staff commenting that it now looks lighter and adds to the existing sunshine that comes into the room.

### **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 compliance systems and processes.

In relation to Standard 4 the home maintains compliance with all aspects of regulatory compliance through monitoring, surveys, audits and observations of staff practices. The home’s food safety program has been accredited by Council with food safety training available to guide staff with all staff attending fire training.

### **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 manage the ongoing education program.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents have a safe and comfortable living environment that supports

the quality of life and welfare of residents, staff and visitors. Examples include infection control and chemical handling with staff feedback demonstrating their knowledge and responsibilities under Standard 4 outcomes.

#### **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

The home has processes to provide a safe and comfortable environment both internally and externally with care recipients encouraged to maintain their independence and have access to appropriate equipment. Cleaning and monitoring processes ensure the continued safety and cleanliness of the environment and prevention of clutter. Work instructions detail the frequency of cleaning programs and cover all areas of the home. Effectiveness of cleaning is monitored through audits, surveys, management and key staff. Identified hazards are risk assessed and actions taken through the plan for continuous improvement. Preventative and corrective maintenance is conducted by the MO and external contractors. Consent and authorisation is obtained for those care recipients who may require protective assistance with care recipients individually assessed for risk in relation to their safety and appropriate preventive and/or corrective actions are taken. Staff are aware of practices that ensure the safety and comfort of residents. Care recipients/representatives are satisfied with the living environment of the home.

#### **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

Work health and safety policies and procedures, risk assessments and audit tools are used to guide the home's safety system which is monitored by the FM and the organisation. The homes designated staff member combined with the safety system including hazard/incident reporting, staff training and maintenance activities ensure the home is a safe environment to work. Care recipients are informed about the safety system through regular meetings. Risk assessments are conducted and control measures are implemented by relevant staff. Incidents are documented and reviewed by the FM, CM and designated safety staff with deficiencies discussed at meetings. Staff have access to hazard/incident reporting forms; safety training is provided to staff during orientation and workplace health and safety is part of the home's training program. Staff are satisfied that management provides a safe working environment.



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

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

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

The home meets this expected outcome

The home actively works to provide an environment and safe systems of work that minimise fire, security and emergency risks through the use of an external provider monitoring all fire and safety processes. Emergency exits are clearly marked, pathways to exits are free of obstructions with exit doors operating as designed. Electrical equipment is inspected by the MO. Staff are provided with fire safety education at orientation and annually. Fire safety is part of the home's orientation and mandatory training programs and fire drills are conducted regularly. Staff have access to resident emergency lists, emergency plans/procedures and firefighting equipment. Evacuation diagrams are displayed in public areas throughout the home. Work instructions for night duty staff include lock up procedures, and visitors/contractors are required to sign a register when arriving on-site. Staff and care recipients are knowledgeable of the home's fire and emergency procedures with care recipients feeling safe at the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an infection control program consisting of preventative procedures and practices, appropriate and sufficient equipment and staff training relevant to their role and responsibilities. The home has pest control measures, waste management processes and a vaccination program in place for staff and residents. Staff have access to hand washing facilities and personal protective equipment located throughout the home. There is information to guide infection control processes throughout the home with outbreak information to guide staff practice should an outbreak occur. There is a monitoring program that oversees the incident of infections to identify trends that may occur. Staff attend infection control training on a yearly basis and have knowledge of and practice infection control principles during care recipient service delivery.

#### **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

Catering services are provided to meet care recipients' dietary needs and preferences that are identified on entry and on an ongoing basis. Meals are prepared and regenerated on site and served in the various dining rooms and transported to rooms as required. Care recipients have input into the menu verbally, through feedback forms, and meetings. The home's kitchen has monitoring systems to ensure food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure resident rooms, common areas and service areas are cleaned on a regular basis with all laundry done on site. Laundry is delivered in individual baskets promoting privacy and dignity to each resident. The home monitors the effectiveness of hospitality services through resident/representative feedback and regular control audits and

identified deficiencies are actioned in a timely manner by the FM. Care recipients/representatives are satisfied with the catering, cleaning and laundry services provided by the home.