



Aged Care  
Standards and Accreditation Agency Ltd

**Carindale Lodge**  
Approved provider: Queensland Rehabilitation  
Services Pty Ltd

This home was assessed as meeting 44 of the 44 expected outcomes of the Accreditation Standards and accredited for three years until 8 September 2014. We made the decision on 4 August 2011.

The audit was conducted on 4 July 2011 to 5 July 2011. The assessment team's report is attached.

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

## Home and approved provider details

### Details of the home

Home's name:	Carindale Lodge				
RACS ID:	5481				
Number of beds:	39	Number of high care residents:	28		
Special needs group catered for:	<ul style="list-style-type: none"> <li>• Nil</li> </ul>				
Street/PO Box:	79 Foxglove Street				
City:	MOUNT GRAVATT EAST	State:	QLD	Postcode:	4122
Phone:	07 3343 1222		Facsimile:	07 3849 4897	
Email address:	lorraine.garland@qrs.org.au				

### Approved provider

Approved provider:	Queensland Rehabilitation Services Pty Ltd
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### Assessment team

Team leader:	Sandra Henry
Team member/s:	Louize Fulton
Date/s of audit:	4 July 2011 to 5 July 2011

**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	Accreditation 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

**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	Accreditation 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

**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		Accreditation 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

**Principle:**

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

Expected outcome		Accreditation 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



Aged Care  
Standards and Accreditation Agency Ltd

# Site Audit Report

Carindale Lodge 5481

79 Foxglove Street

MOUNT GRAVATT EAST QLD

Approved provider: Queensland Rehabilitation Services Pty Ltd

## Executive summary

This is the report of a site audit of Carindale Lodge 5481 from 4 July 2011 to 5 July 2011 submitted to the Accreditation Agency.

## 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

The Australian Government provides subsidies to accredited residential aged care homes. To maintain a home's accreditation and remain eligible for these government subsidies an approved provider must be able to demonstrate that it meets the Accreditation Standards. There are four standards – each with a defining principle – comprising 44 expected outcomes.

When a home applies for re-accreditation, an assessment team from the Accreditation Agency visits the home to conduct a site 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 each of the 44 expected outcomes. The Accreditation Agency then makes a decision to re-accredit or not to re-accredit the home.

Each of the Accreditation Standards, their principles and expected outcomes are set out in full in the following pages, along with the assessment team's reasons for its findings.

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 4 July 2011 to 5 July 2011

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

## Assessment team

Team leader:	Sandra Henry
Team member/s:	Louize Fulton

## Approved provider details

Approved provider:	Queensland Rehabilitation Services Pty Ltd
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## Details of home

Name of home:	Carindale Lodge
RACS ID:	5481

Total number of allocated places:	39
Number of residents during site audit:	38
Number of high care residents during site audit:	28
Special needs catered for:	Nil

Street/PO Box:	79 Foxglove Street	State:	QLD
City/Town:	MOUNT GRAVATT EAST	Postcode:	4122
Phone number:	07 3343 1222	Facsimile:	07 3849 4897
E-mail address:	lorraine.garland@qrs.org.au		

## Audit trail

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

### Interviews

	Number		Number
Chief executive officer	1	Residents/representatives	8
General manager	1	Lifestyle coordinator	1
Facility manager	1	Hospitality and environmental services management	2
Registered nurse	1	Catering staff	2
Administration officer	1	Cleaning staff	1
Workplace health and safety officer	1	Laundry staff	1

### Sampled documents

	Number		Number
Residents' clinical files	6	Medication charts	6
Personnel files	7	Residential agreements	5

### Other documents reviewed

The team also reviewed:

- Activity descriptions
- Annual building approval compliance review
- Audit schedule
- Audits
- Cleaning schedules
- Clinical incident reports
- Clinical pathway-weight management
- Comments and complaints data flow chart
- Comments and complaints form
- Communication diary
- Contractors handbook
- Disaster management plan
- Duties lists
- Equipment service records
- External service agreements
- Fire and emergency manual
- Food business licence
- Food safety program
- Food temperature monitoring records
- Hazard reports
- Hazard risk control register
- Hazardous substances and dangerous goods register
- Incident data and analysis

- Induction checklist
- Kitchen appliance temperature monitoring records
- Maintenance request book
- Mandatory reporting register
- Mandatory training records
- Material safety data sheets
- Meal selections list
- Medication administration competency checklist
- Medication competencies
- Meeting minutes
- Menu
- Methods for dealing with complaints
- Minutes of meetings
- Monthly comments and complaints tally sheet
- Orientation program handbook
- Performance appraisals
- Pest control records
- Pest sighting record
- Plan for continuous improvement
- Police checks
- Policies and procedures
- Position descriptions
- Preventive maintenance schedules
- Professional registration currency certificates
- Program event evaluation
- Refrigerator temperature logs
- Register of opportunity for improvement reports
- Resident evacuation register
- Resident handbook
- Resident information pack
- Resident social and lifestyle profiles
- Resident satisfaction survey
- Residents' dietary profile
- Residual current device testing records
- Risk assessments
- Schedule 8 drug register
- Staff accident and incident reports
- Staff education attendance records
- Staff handbook
- Staff incident reports
- Staff roster
- Status log for comments and complaints
- Suggestion box
- Thermometer calibration records
- Wandering residents policy
- Weekly activities calendar
- Weekly handover sheets
- Workplace assessment



## **Observations**

The team observed the following:

- Activities in progress
- Archives storage room
- Break glass alarms
- Chemical spills kits
- Cleaner's trolley
- Colour coded cleaning equipment
- Colour coded emergency flip chart
- Emergency assembly areas
- Emergency evacuation diagrams
- Emergency exits and signage
- Equipment and supply storage areas
- Fire hose reels, extinguishers and blankets with metal tags (dated)
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Laundry
- Living environment
- Lunch time meal service
- Medication refrigerator
- Medication round
- Menu board
- Morning and afternoon tea beverage rounds
- Notice boards
- Residents' dietary needs/allergies/likes and dislikes notice board
- Staff interaction with residents
- Staff using personal protective equipment
- Storage of medications
- Suggestion box

## **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.

### **1.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

The home actively pursues continuous improvement by seeking feedback from staff, residents and representatives through improvement forms, meetings, surveys and an ‘open-door’ policy with management. The home continues to review processes across the four Standards through regular auditing and opportunities for improvement and solutions are discussed at staff and resident forums. Resident, staff and clinical data is collected and reviewed on a regular basis. The home captures improvement opportunities and objectives on a plan for continuous improvement. Residents and staff indicated that management are responsive to suggestions for improvement.

Recent examples of improvements related to Standard One include:

- Following an increase in the number of residents at the home, management conducted a review of staffing requirements. One extra care staff shift was implemented in February 2011 for both the morning and evening shifts. Residents interviewed by the team expressed satisfaction with the timeliness of staff response to requests for assistance and care staff indicated that they are now able to spend more time with each resident on an individual basis.
- The home has introduced an electronic data base for resident information management and has completed the implementation of the administrative and financial components of the system including details of residents’ next of kin, preferred doctor, enduring power of attorney, spiritual and cultural preferences, allergies and weights. Residents’ photographic identification and mobility status in the event of an emergency are also recorded in the system and have been used to develop an emergency evacuation list. Management indicated that residents’ details are now more readily available should a resident be transferred to hospital.

### **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 recommendation**

Does comply

The organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The home receives regular updates of legislative and regulatory requirements via email from the industry peak body. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard One is monitored through surveys, audits and observations of staff practices. Criminal record checks are implemented for all staff and relevant external service providers.

### **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 recommendation**

Does comply

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are assigned a 'buddy' for a period of up to six months and the ongoing skills and knowledge needs of staff are monitored through competency assessments, performance appraisals and staff and resident feedback. All staff attend mandatory training including manual handling, infection control, mandatory reporting and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard One including computer skills, comments and complaints and continuous improvement.

### **1.4 Comments and complaints**

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

#### **Team's recommendation**

Does comply

The home's comments and complaints mechanisms are discussed during the admission process and are documented in the residents' handbook and the resident agreement. Pamphlets and brochures are on display regarding external complaints processes. Staff are aware of the complaints mechanisms available for residents and confirm their role should a complaint be raised directly with them. Management maintains an 'open door' policy to both residents and representatives to discuss issues of concern should they arise. All written complaints are investigated and a response is made to the complainant; ongoing monitoring of resident satisfaction with care and services is conducted through audits, surveys and meetings. Residents and/or their representatives confirm knowledge of the complaints mechanisms available to them and are satisfied that management address matters of concern when raised.

### **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 recommendation**

Does comply

The home's 'mission and vision' statements are documented in the resident handbook and in the staff information booklet.

## **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 recommendation**

Does comply

The home's staffing levels and skill mixes are determined by management in accordance with the current care needs and health and well-being status of residents and operational needs of support and administrative services. The home follows organisational policy and procedures for recruitment and selection and there are systems in place to ensure criminal record checks are current and employees' professional registrations are checked annually. New staff are assigned a 'buddy' for a period of up to six months; printed duties lists and procedure manuals are available and staff performance is reviewed on a regular basis. Management has mechanisms to ensure coverage at all times and a registered nurse is available through the co-located nursing home at all times. Management obtain feedback from residents and staff to monitor sufficiency of staffing across the service types and staff indicated that under normal circumstances they have sufficient time to complete their required duties. Residents/representatives confirmed they are satisfied with the responsiveness of staff and adequacy of care and services.

## **1.7 Inventory and equipment**

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

### **Team's recommendation**

Does comply

The home has processes in place to ensure that suitable goods and equipment appropriate for the delivery of services are available to meet residents' needs. Key staff from each area submit regular orders to ensure stock is maintained within preferred limits and according to budget. Cleaning products are supplied through a preferred external supplier and inventory and equipment is stored appropriately to ensure accessibility and prevent damage. A preventive maintenance program ensures equipment is serviced on a regular basis and requirements for additional or replacement equipment are identified through staff feedback and resident care needs. Staff demonstrated that quality service delivery is maintained in relation to routine and specialised health and personal care, resident lifestyle, catering, housekeeping, cleaning and resident and staff safety. Residents and staff reported that sufficient and appropriate goods and equipment are provided by the home to meet their needs.

## **1.8 Information systems**

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

### **Team's recommendation**

Does comply

The home has established processes to identify and record key information and changes to resident care, quality improvement, administration, financial, human resource and maintenance needs. Residents/representatives, staff and other stakeholders have access to current information on the processes and general activities and events of the home via internal email, memos and meetings for staff and residents/representatives. Electronic and

paper based records are maintained by the home; information is securely stored, access to information is based on designation and computer based information is password protected and backed up daily. Monitoring of the information management system occurs through internal auditing processes and staff feedback. Communication processes between staff are effective in ensuring that they receive information relevant to their role. Staff and management analyse a range of clinical and management data and this information is discussed at meetings. The home is guided by organisational policies and procedures to guide staff practice and information is archived, stored and destroyed according to organisational policy and legislative requirements. Residents and staff are satisfied that information is communicated effectively either verbally or in writing.

### **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 recommendation**

Does comply

The home identifies external service requirements based upon resident, operational and legislative requirements including incontinence aids, medical supplies, plumbing, electrical and fire safety maintenance. Support services of catering, cleaning and laundry are provided through external contractors. The home also has an external contract with an air-conditioning service provider and a list of preferred external service providers including a local newsagency for paper goods. The home obtains staff and resident feedback and uses internal auditing processes to monitor the performance of external service providers. Management liaise with external providers to address any dissatisfaction with services or supply of stock. Residents and staff are satisfied with the quality of services provided by external service providers.

## **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.

### **2.1 Continuous improvement**

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

#### **Team's recommendation**

Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Recent examples of improvements related to Standard Two include:

- Management has implemented a resident focussed primary care model whereby care staff are directly responsible for a group of individual residents on a continuing basis. Care team members are allocated the same group of primary residents each shift, wherever possible, enabling continuity of care and the development of a relationship between the resident and the primary care giver. Care staff indicated that they are now more familiar with the residents and their care needs and better able to recognise changes as they occur.
- The home has introduced regular counselling services for residents and staff on a confidential basis for those who wish to receive emotional support or advice. Management indicated that the service is free of charge and has been beneficial for a number of residents and staff.

### **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 recommendation**

Does comply

The organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The home receives regular updates of legislative and regulatory requirements via email from the industry peak body. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Two is monitored through surveys, audits and observations of staff practices. Systems are in place to ensure that specified care and services are provided as per the *Quality of Care Principles 1997* and the home was able to demonstrate it has processes in place to meet the various laws and guidelines which govern medication management practices. Management and staff are aware of their responsibilities with regard to residents who may go missing from the facility.

### **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 recommendation**

Does comply

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are assigned a ‘buddy’ for a period of up to six months and the ongoing skills and knowledge needs of staff are monitored through competency assessments, performance appraisals and staff and resident feedback. All staff attend mandatory training including manual handling, infection control, mandatory reporting and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Two based on the current health and well-being status and care needs of residents including recent sessions on pain management, sleep, and mobility and dexterity.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

Does comply

Residents’ initial clinical care needs are determined by reference to pre-admission medical and allied health assessments and/or hospital discharge summaries. An interim care plan is developed to guide individual care requirements and a suite of assessment documents are used to record baseline data to assist in the development of care plans which are reviewed on a three monthly basis. Discussions regarding ongoing care needs are held with residents/representatives on a regular basis and case conferences are offered at three monthly intervals to ensure that the nursing and allied health team have an opportunity to input into clinical care delivery and to discuss if the current care plan continues to meet resident care needs. Communication books and progress notes record details regarding residents’ changing care needs and upcoming appointments. Residents’ general practitioners of choice and allied health specialists visit the home on a regular basis. Monitoring of clinical care is undertaken through clinical care audits, resident surveys and reviews of clinical incident data. Residents/ representatives are satisfied with clinical care services provided.

### **2.5 Specialised nursing care needs**

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

#### **Team’s recommendation**

Does comply

Residents’ specialised nursing care needs are identified either on entry to the home or when residents’ health status changes; specific focus assessments are initiated where more information is required to plan and direct care. Either a specific clinical needs care plan is devised or amendments made to existing care plans to guide staff in the delivery of residents’ individual nursing care needs. Registered nurses from the co-located nursing

home are available to assess, plan, monitor and evaluate specific specialised nursing care requirements. Education/training updates are available should staff be unfamiliar with aspects of resident care needs. Currently registered nursing staff report that no residents in the home have specialised nursing care needs.

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

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

### **Team’s recommendation**

Does comply

Residents are referred to appropriate health services when a need for particular services is identified. Appointments are arranged and where allied health professionals visit the home they have access to the resident’s clinical file and current care strategies. Details of assessments and recommendations regarding ongoing management are documented in clinical care notes and where applicable transferred to relevant care plans. Implementation of the recommended care strategies is monitored and the effectiveness of care is evaluated. Residents/representatives are satisfied with the timely referral to health specialists and the follow up care provided on recommendation of the health specialists.

## **2.7 Medication management**

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

### **Team’s recommendation**

Does comply

The home has policies and guidelines in place to ensure that residents’ medication is managed safely and correctly by appropriately qualified and competency trained staff. Medication summary and signing sheets record medications prescribed by the resident’s medical practitioner. Those residents who self medicate undertake an assessment and are monitored regularly for their continuing ability to be able to safely self-medicate. Medications are stored according to legislation and manufacturer’s instructions in locked medication trolleys, cupboards, safes (schedule 8 medications) and a designated medication refrigerator. An imprest system in the co-located facility provides after hours access to those medications which may be urgently required. The effectiveness of the medication management system is monitored through the completion of audits and medical and pharmaceutical reviews. Staff assisting residents with their medications demonstrated awareness of their responsibilities in relation to the home’s medication system and the guidelines that are in place to ensure residents’ medications are administered safely and correctly. Residents/representatives are satisfied with the management of their medications and staff assistance available.

## **2.8 Pain management**

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

### **Team’s recommendation**

Does comply

Residents are consulted as part of the initial assessment process in relation to past pain experiences, identified triggers for pain and strategies that have been effective in alleviating or relieving pain. Re-assessment and monitoring occurs when residents experience new/acute pain. Strategies to manage pain are documented in care plans and include both



pharmacological and non-pharmacological interventions. Alternative therapies such as heat/cold applications and relaxation therapy are available and a massage therapist provides one on one treatment for selected residents on a regular basis. Staff consult with the resident's general practitioner where further intervention is required. Residents are satisfied that their pain is managed effectively and that staff are responsive to their changing needs.

## **2.9 Palliative care**

*This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".*

### **Team's recommendation**

Does comply

Palliative care, emotional and spiritual support for residents and their representatives is provided in accordance with residents/representatives previously identified wishes, specific cultural observances and current needs. The community palliative care team is available to provide guidance as needed and specialised equipment is available and constant monitoring by staff assists residents to remain as free from pain as possible during terminal stages. Staff, have access to special resources and have a clear understanding of how to meet both the physical and emotional needs of residents sensitively while supporting residents' families during the end of life stage. Residents/representatives commented staff are caring and attentive and respect residents' need for comfort and dignity.

## **2.10 Nutrition and hydration**

*This expected outcome requires that "residents receive adequate nourishment and hydration".*

### **Team's recommendation**

Does comply

Residents' nutrition and hydration requirements are assessed on entry to the home and needs and preferences are documented in the dietary profile. Communication processes between nursing and kitchen staff ensures updated resident dietary profiles are current and residents receive the appropriate textures and diets. Baseline admission data includes the determination of the resident body mass index (BMI). Residents are routinely weighed on a monthly basis and more frequently if required; a tracking system is used to monitor residents' weight variances in relation to their BMI. Significant weight variances are reported to the resident's doctor and referrals may be initiated to a speech pathologist and or dietitian. Where recommended or indicated; care plans are modified and interventions (including supplements, and textured or modified diets) are implemented and regularly evaluated for their effectiveness. Residents/representatives expressed satisfaction with the quantity of food and fluid offered to them.

## **2.11 Skin care**

*This expected outcome requires that "residents' skin integrity is consistent with their general health".*

### **Team's recommendation**

Does comply

Residents' skin integrity is assessed on entry to the home and planned interventions are included in the resident's care plan to guide staff. The potential for compromised skin integrity is also assessed and preventative strategies implemented as appropriate; inclusive

of pressure reducing/relieving devices, pressure area care, the use of skin care products to ensure a healthy skin pH, assistance with personal hygiene and the provision of adequate nutrition and hydration to ensure skin texture is supple and well hydrated. Guidelines are in place to manage skin tears and the incidence of injury/skin tears is captured on incident reports and analysed for trends/triggers; interventions are then implemented as appropriate. Wounds and treatments are monitored via wound charts and wound management specialists are accessed where required. Residents are satisfied with the assistance provided to maintain their skin integrity.

## **2.12 Contenance management**

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

### **Team’s recommendation**

Does comply

Residents’ continence status is assessed on entry using an initial database; urinary flow and bowel charts are commenced to identify patterns and trends. Following review of this information, interventions are implemented including regular toileting programs and/or supply of appropriate continence aids and medication and dietary reviews. Designated staff monitor continence needs of residents and initiate re-assessment, if necessary. Care staff receive regular update training in the management of residents’ continence and are able to access advice in the ongoing management of individual residents. Residents’ bowel status is monitored each care staff shift and if there are concerns regarding constipation increased fluids and dietary fibre may be given as well as prescribed aperients. Residents are satisfied with the level of support provided by staff and the discreet manner in which they provide assistance.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

Does comply

Residents demonstrating challenging behaviours are assessed over a period of time to identify the context of their behaviours, possible triggers and effective interventions. Care plans reflecting assessment data are developed in consultation with the resident, their family and members and general practitioner. Assistance from external consultants is accessed as required. Various strategies are implemented including distraction, one on one interaction; encouraged family support and medication review. Staff have received education in the management of challenging behaviours and both care and activity staff implement strategies to prevent and/or minimise the occurrence of those behaviours that may impact on other residents. Residents/representatives are satisfied with the way challenging behaviours are managed and report that staff are discreet and supportive in their interventions.

## **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".*

### **Team's recommendation**

Does comply

Residents' level of mobility, dexterity and rehabilitation needs are identified through baseline health assessment processes and by a physiotherapy assessment on entry to the home. An individual care plan is developed and provides care staff with information regarding how best to support residents' mobility and dexterity during the course of activities of daily living and exercise programs may be devised according to residents' individual needs. Exercise forms part of the activity program and mobility aids are made available for resident use. Falls are reported as incidents and the data obtained from these reports is collated and analysed for possible trends and to assist in implementing preventative measures for future falls. Residents/representatives are satisfied with the level of support and assistance provided to maintain optimum levels of mobility and dexterity.

## **2.15 Oral and dental care**

*This expected outcome requires that "residents' oral and dental health is maintained".*

### **Team's recommendation**

Does comply

Residents' oral and dental history, preferences relating to management of their teeth and dentures and other oral/dental care needs are identified on entry through interview and assessment of their oral health status. Care staff monitor residents' ability to self manage their oral care and assist when required. A dental service does visit the home and residents are assisted to attend external dental appointments when the need is identified. Equipment to meet residents' oral hygiene needs is provided to residents. Staff are currently completing competencies in the management of residents' oral and dental hygiene. Residents are satisfied with the assistance provided by staff in relation to the maintenance of their oral health and dental needs and access to oral care supplies.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Team's recommendation**

Does comply

Information about each resident's care needs in relation to hearing, vision and speech is collected through the initial and ongoing assessment processes. Care interventions reflect identified personal preferences and sensory needs and are linked with other relevant care plans such as hygiene, skin care, behaviour management and leisure activities. Residents are referred to specialists including audiologists, optometrists and speech pathologist as needs indicate and in consultation with the resident/representative. Residents with identified sensory loss issues are satisfied with the individual management strategies and the assistance provided by care staff.

## **2.17 Sleep**

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

### **Team’s recommendation**

Does comply

Information regarding residents’ usual sleep patterns, including past habits and routines, and any aids/rituals that have previously been of assistance to achieve natural sleep is obtained on entry; this information is included in the resident’s care plan to guide the provision of care. Night routines maintain an environment that is conducive to sleep and factors that may compromise sleep such as confusion, incontinence, pain, excessive light, temperature and noise are identified and addressed to promote sleep. Residents are offered warm drinks and preferred settling and rising times are supported. Residents indicated that they are generally able to sleep well and are satisfied with the assistance provided by staff.

### **Standard 3 – Resident lifestyle**

**Principle:** Residents 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 recommendation**

Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Recent examples of improvements related to Standard Three include:

- Following a residents’ food satisfaction survey which highlighted the need for a wider variety of meals, residents now advise staff of their preference for the next day’s meal including a choice of hot meal, salad or sandwiches. Two large print daily menu boards are placed in the dining room and residents interviewed by the team expressed satisfaction with the choice of meals provided by the home.
- A coffee shop and outdoor relaxation area for use by residents and visitors has been completed with extra areas of concrete laid, murals completed and provision of outdoor furniture including tables, chairs and umbrellas. Whilst the area affords privacy it is also used for more formal leisure and lifestyle activities.
- Two large, flat screen television sets have been purchased, one being installed in the main activities area downstairs and one in the communal lounge area near the nurses’ station. The team observed that the location of the new sets encourages residents to converse with each other whilst watching television programs.

#### **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 resident lifestyle”.*

##### **Team’s recommendation**

Does comply

The organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The home receives regular updates of legislative and regulatory requirements via email from the industry peak body. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Three is monitored through surveys, audits and observations of staff practices. Management and staff are aware of their responsibilities with regard to reportable assaults, privacy, security of tenure and residents’ rights and responsibilities.

### **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 recommendation**

Does comply

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are assigned a 'buddy' for a period of up to six months and the ongoing skills and knowledge needs of staff are monitored through competency assessments, performance appraisals and staff and resident feedback. All staff attend mandatory training including manual handling, infection control, mandatory reporting and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Three, including mandatory reporting.

### **3.4 Emotional support**

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

#### **Team's recommendation**

Does comply

Processes are in place to support residents to adjust to their new environment and on an ongoing basis. Residents' emotional, cultural and spiritual needs are assessed during the settling in period through one on one consultation and assessment processes. Residents have access to support services including counselling sessions. Residents are encouraged to personalise their rooms with items such as photographs and memorabilia. Care and activities staff manage changes in residents' emotional support needs in consultation with residents' families or representatives. Residents/representatives are satisfied with the emotional support provided by the home on entry and on an ongoing basis.

### **3.5 Independence**

*This expected outcome requires that "residents 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 recommendation**

Does comply

The home has processes in place to assess residents' needs in regard to optimising physical, emotional, social, cultural and financial independence. Staff recognise individual resident needs for independence and assist them to achieve this as part of their daily routines. Residents are encouraged to develop new friendships and interests within and outside the home and report they are satisfied that they are provided with support and encouragement to maintain their independence, to develop friendships within the home and to continue involvement in community life within their capabilities.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

Does comply

The home has systems and processes in place to ensure that the privacy, dignity and confidentiality of residents is maintained. Sensitive discussions with residents are held in private and residents' information is stored securely. All residents are accommodated in single rooms with ensuites. There are a number of quiet indoor and outdoor areas throughout the home available for residents to have privacy with relatives and visitors. Staff practices are monitored by way of observation, feedback from key personnel and audits. Residents and relatives are satisfied that their privacy, dignity and confidentiality is recognised and respected by staff.

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

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

#### **Team's recommendation**

Does comply

Residents' care and lifestyle needs and preferences are identified and assessed and this information informs the weekly and monthly activities program and individual care planning. Individual care plans are developed and interventions consider the resident's interests and their physical, cognitive, sensory, cultural, social and emotional needs. Activities displayed in the monthly program include a wide range of individual, group and community events. Attendance records, residents' feedback and evaluation of activities enables diversional therapy staff to ensure that activities provided meet residents' preferences; one-on-one activities are provided to residents who are unable to or prefer not to participate in group activities. Residents/representatives are satisfied with the variety of leisure activities offered and with the support provided by staff to enable them to participate in activities 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 recommendation**

Does comply

Residents' preferences in relation to cultural and spiritual needs are identified and information is communicated to staff to ensure that these preferences are reflected in the delivery of care, leisure pursuits and other services. Clergy and pastoral care visitors are welcomed to visit individual residents within the home. The individual beliefs and customs of residents are observed and known by staff. The home celebrates days of cultural significance and when required is able to meet residents' specific dietary considerations. Residents/representatives feedback indicates that they are satisfied that their cultural and spiritual needs are being met at the home.

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

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 recommendation**

Does comply

Residents are enabled and encouraged to participate about their care and services through information provided at time of entry to the home, assessment and care planning processes, case conferences, resident meetings, comments and complaints' mechanisms and surveys. Residents' appointed decision makers are identified and accessed as required. Staff interactions with residents support residents to make choices and decisions within their capacity regarding activities of daily living. Residents have access to information from advocacy services and are made aware of their rights and responsibilities. Residents/representatives confirm residents are offered choices and are satisfied with their involvement in decision-making and are enabled to exercise choice in all aspects of care and lifestyle.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

Does comply

On entry to the home, residents/representatives are informed through interview and via the resident information handbook about security of tenure. The residential care agreement offered to new residents contains information about residents' rights and responsibilities, the services provided, and fees and charges. Consultation occurs with the resident and/or their representative if any change in security of tenure is considered by the home's management. Resident/representatives report satisfaction with the security offered by the home and understand their rights and responsibilities.



## **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.

### **4.1 Continuous improvement**

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

#### **Team’s recommendation**

Does comply

For further information refer to Expected Outcome 1.1 Continuous improvement.

Recent examples of improvements related to Standard Four include:

- The home has recently undergone a refurbishment program including repainting of communal areas in selected colours and replacement of carpet in eight residents’ rooms. One wall of the communal area near the nurses’ station has been revamped by installing framed china plates as a decorative feature. Residents/representatives indicated to the team that the feature provides a more ‘homely’ environment.
- The home has recently purchased a back-pack vacuum cleaner for use by the contract cleaning staff. A risk assessment completed by the home indicated that the likelihood of staff injury would be reduced by using the new, light weight vacuum cleaner rather than the previous ‘barrel’ style of vacuum cleaner on wheels.

### **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 recommendation**

Does comply

The organisation has an overarching system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to all Accreditation Standards. The home receives regular updates of legislative and regulatory requirements via email from the industry peak body. Amendments to legislation, regulations and policies are communicated to residents, representatives, staff and other interested parties via memos, meetings and staff education. Compliance with all aspects of regulatory compliance in relation to Standard Four is monitored through surveys, audits and observations of staff practices. The home operates under an accredited food safety plan.

### **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 recommendation**

Does comply

Management ensure staff have the required knowledge and skills to perform their roles effectively through duties statements, job specific orientation and mandatory training. The home supports on-going education for all staff and staff from all levels are encouraged to take personal responsibility for their professional development. Orientation occurs on the first day of employment and staff complete assessment questionnaires to ensure understanding. New staff are assigned a ‘buddy’ for a period of up to six months and the ongoing skills and

knowledge needs of staff are monitored through competency assessments, performance appraisals and staff and resident feedback. All staff attend mandatory training including manual handling, infection control, mandatory reporting and fire safety and the home considers the effectiveness of each session through evaluation reports. Management coordinate in-service education sessions relevant to Standard Four based on the current care needs of residents and legislated training requirements in relation to the physical environment and safe systems.

#### **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 residents' care needs".*

##### **Team's recommendation**

Does comply

Residents are accommodated in single rooms with ensuites and are encouraged to personalise their areas. There is easy and safe access to clean and well-maintained communal, private, dining and outdoor areas for residents. A preventive maintenance program, incident reporting processes and maintenance requests ensure the safety and comfort needs of residents are met. Regular audits, incident/hazard reports and risk assessments are conducted and discussed at staff and resident meetings. Resident accidents and incidents are reported and strategies implemented to prevent recurrence whenever possible. Regular cleaning programs are in place and residents expressed satisfaction with the maintenance and comfort of the living environment.

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

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

##### **Team's recommendation**

Does comply

New staff attend orientation sessions covering a range of occupational health and safety topics and staff complete mandatory education sessions annually. The home has an occupational health and safety officer available to guide staff at the home and there are organisational policies and specific work instructions. Maintenance is conducted on buildings and equipment to ensure safety and useability, and staff are guided on the use of equipment and chemicals. Reporting of risks and potential and actual hazards related to the physical environment, chemicals or dangerous goods, equipment, staff infections and systems of work are discussed at the occupational health and safety committee meetings and there is active follow-up of audit/inspection results and incident data. Chemicals are stored securely and material safety data sheets are accessible to staff. Staff demonstrated knowledge of incident and hazard reporting processes and their role in maintaining a safe environment, and indicated satisfaction with management's response to safety issues.

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

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

##### **Team's recommendation**

Does comply

Independent fire safety inspections occur at regular intervals and maintenance records confirm regular checks by an external contractor of fire safety installations. Fire detection systems provide an immediate alert to local fire brigade and fire extinguishers, hoses, hydrants and blankets are inspected regularly. Evacuation plans and procedures are displayed and there are clearly marked emergency exits free from obstruction leading to the emergency assembly area. Guidelines for the management of other emergencies are generally in place. The home conducts initial training for all staff in fire, security and emergency procedures as part of the orientation process. Staff attend fire safety training on a regular basis, have access to current resident mobility lists and understand their role in the event of an emergency or evacuation.

#### **4.7 Infection control**

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

##### **Team's recommendation**

Does comply

The home has established an effective infection control program that is based on contemporary infection control principles and the implementation of practices to minimise the risk of cross infection. The program is managed by the Facility Managers of the home and the co-located facility and includes mechanisms to identify residents with an infection or suspected infection, to refer residents to their medical officer and to provide and track prescribed treatments. Infection data is collected and reviewed to identify infection trends. Facilities and processes are in place for hand washing, personal protective equipment, food hygiene, pest control and waste management. Staff are provided with education in infection control practices and outbreak management strategies..

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".*

##### **Team's recommendation**

Does comply

Assessment of residents' dietary needs and preferences is conducted by a registered nurse on admission to the home and a dietary profile is completed to guide catering staff. Residents indicated satisfaction with the variety of food and drink offered and with the quantity, availability and frequency of meals and snacks. Cleaning services provide regular and frequent cleaning of resident rooms, the general living environment, common areas, staff areas and equipment. Cleaning staff demonstrated they use colour coded cleaning equipment such as mops and buckets which are regularly cleaned and use personal protective equipment in accordance with health and hygiene standards. The laundry service is scheduled to provide sufficient frequency of service for linen and personal items and residents confirmed their satisfaction with the service provided. Management seeks feedback about hospitality services from residents through regular meetings and satisfaction surveys. Residents have the opportunity to provide feedback on all hospitality services at meetings and through one on one consultation with staff and management.