



Aged Care  
Standards and Accreditation Agency Ltd

## **Ozcare Port Douglas**

RACS ID 5250

Martin Scullett Drive

PORT DOUGLAS QLD 4871

Approved provider: Ozcare

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for two years until 17 February 2014.

We made our decision on 4 January 2012.

The audit was conducted on 29 November 2011 to 30 November 2011. 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	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

### 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	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

**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		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

**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		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

**Ozcare Port Douglas 5250**

**Approved provider: Ozcare**

## Introduction

This is the report of a site audit from 29 November 2011 to 30 November 2011 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 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 the Standards. The Accreditation 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

# Site audit report

## Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 29 November 2011 to 30 November 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:	Chris South
Team member/s:	Stewart Brumm

## Approved provider details

Approved provider:	Ozcare
--------------------	--------

## Details of home

Name of home:	Ozcare Port Douglas
RACS ID:	5250

Total number of allocated places:	74
Number of residents during site audit:	68
Number of high care residents during site audit:	50
Special needs catered for:	Dementia specific

Street/PO Box:	Martin Scullett Drive	State:	QLD
City/Town:	PORT DOUGLAS	Postcode:	4871
Phone number:	07 4087 2805	Facsimile:	07 4098 5314
E-mail address:	carole.heath@ozcare.org.au		

## Audit trail

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

### Interviews

	Number		Number
Director of nursing	1	Residents/representatives	11
Relief director of nursing	1	Catering staff	1
Clinical nurse consultant	1	Laundry staff	1
Registered/endorsed nurses	3	Cleaning staff	2
Care staff	7	Maintenance staff	1
Diversional therapist	1	State manager quality	1
Administration staff	3		

### Sampled documents

	Number		Number
Residents' files	7	Medication charts	13
Audit reports	7	Hazard reports	4
Complaints	7	Activity care plans	10

### Other documents reviewed

The team also reviewed:

- Activity calendars
- Bowel monitoring tools
- Breakfast choices list
- Case conference records
- Chemical inventory
- Cleaning records
- Client activity record
- Clinical incident reports
- Competency assessments
- Continuous improvement plan
- Controlled drug books
- Duty statements
- Emergency procedures
- External service agreements
- Fire system and fire equipment maintenance records
- Fluids/supplements list
- Food safety program
- Food temperature records
- Improvement forms
- Incident reports
- Infection control manual
- Infection reports
- Infections – resident monthly summary
- Insulin sliding scale management plans

- Maintenance plan
- Maintenance records
- Maintenance request forms
- Mandatory reporting register
- Mandatory training register
- Material safety data sheets
- Minutes of meetings
- Nurse registration register
- Organisational structure diagram
- Outbreak report
- Police certificate monitoring registers
- Procedures
- Resident diet charts
- Resident lists
- Resident newsletter
- Resident serial weight charts
- Resident information handbook
- Review/assessment of restraint forms
- Risk assessments
- Shift handover information
- Staff handbook
- Staff induction booklet
- Staff qualification certificates
- Staff roster
- Staff training records
- Weight loss/gain summary record
- Wound management records.

### **Observations**

The team observed the following:

- Activities in progress
- Emergency systems and equipment
- Equipment and supply storage areas
- Handover process
- Interactions between staff and residents
- Internal and external living environment
- Medication administration
- Outbreak kits
- Palliative care box
- Spills kits
- Staff washing hands and using personal protective equipment.

## **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 findings**

The home meets this expected outcome

Ozcare Port Douglas (the home) actively pursues continuous improvement. The organisation has implemented a quality management system at the home to guide the delivery of care and services and to ensure that continuous improvement is actively pursued. The system supports the identification of improvement opportunities, the review and implementation of improvement initiatives and the monitoring of the home’s performance. Staff, residents and representatives participate in improvement activities by making improvement suggestions and by providing feedback on the home’s performance. Management provided the following examples of recent improvement activities in this standard:

- In response to feedback from staff and a reviews of needs, a range of new equipment has been purchased to improve the delivery of care and services. Examples include electric beds, air mattresses, chairs of suitable height, hoist slings for individual residents, automatic hand sanitiser dispensers and blankets.
- Following a review of the performance of an external service provider, management sourced a new provider. Management and staff report that the performance of the new provider meets the home’s service delivery goals and residents’ needs.
- Following a review of the home’s record keeping processes, colour coded progress notes entries were introduced to distinguish the entries of care staff, medical officers and allied health professionals thus improving clarity and monitoring. Care staff informed the team that the colour coding has improved the recording information in the correct area of the clinical records.

### **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 organisation’s management has implemented systems to identify relevant legislation, regulations, standards and guidelines, to inform staff at the home of these requirements and to monitor ongoing compliance. Personnel at the organisation’s head office are notified of new regulatory requirements or changes in existing requirements by external service providers and reviews are undertaken to determine relevance and the required changes in policies and procedures. Processes are in place to ensure compliance by informing management and staff about new policies and procedures. Training required by relevant regulations is provided to ensure that staff have appropriate qualifications. Records required by relevant regulations are maintained. The home has a system in place to ensure that all staff and volunteers have a current police certificate indicating that they do not have a criminal conviction for assault, a system to ensure that the registrations of nursing staff are current and a system to notify residents and their representatives about accreditation audits.



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

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

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

The home meets this expected outcome

Management, care and support staff employed at the home are recruited according to education and experience criteria specific to their role. All staff are provided with an orientation that includes the philosophy and objectives of the organisation, emergency and evacuation procedures and an assessment of competency in key skills. Processes are in place to identify the ongoing training needs of staff and to develop a training program to meet these needs. The home provides training in a wide range of topics that pertain to each of the accreditation standards. The performance of staff is monitored and action is taken to address performance deficiencies. Residents are satisfied that management and staff have appropriate knowledge and skills.

### **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 findings**

The home meets this expected outcome

Processes are in place to inform residents, their representatives and others about internal and external complaints mechanisms. This information is provided during the admission process, is documented in publications and is readily available throughout the home. Residents are supported to bring forward complaints or raise issues of concern directly to management and staff or at regular meetings. Complaint management processes ensure that action is taken to review complaints, to ensure confidentiality and to provide feedback on resolution. Residents are aware of the informal and formal complaint processes available to them at the home and reported satisfaction with the response from management when they raised issues of concern. Relative satisfaction with complaint management is monitored through satisfaction surveys and the most recent survey indicates that all respondents are satisfied.

### **1.5 Planning and leadership**

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

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

The home meets this expected outcome

The organisation has documented the home's vision, values, philosophy, objectives and commitment to quality in publications provided to residents, their representatives and staff and in documents on display 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

Management has processes in place to identify and monitor the number of skilled and qualified staff. Skilled and qualified staff are available to deliver care and services in a way that meets the needs of residents and staff, meets these standards, meets relevant regulatory requirements and meets the organisation's philosophy and objectives. Residents are satisfied that there are sufficient skilled and qualified staff available to meet their needs. Staff are satisfied that they are able to meet residents' needs and able to perform their roles effectively. Qualified nurses are available at all times to meet specialised nursing needs. Staff are available overnight to ensure that residents' safety is maintained.

## **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

Staff are satisfied with the effectiveness of the home's stock control and stock ordering processes. Residents and/or their representatives are satisfied with the availability of stocks or goods and equipment. Effective processes are in place to monitor stock levels and to order replacement stock, including emergency stocks. Stocks held at the home are stored appropriately. The organisation has processes in place to guide management in the review of equipment needs and to manage the purchase of new equipment. Where appropriate, trials are conducted of new equipment prior to deployment in the home. There is an effective equipment maintenance program in place.

## **1.8 Information systems**

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

### **Team's findings**

The home meets this expected outcome

The home's has a range of information management systems in place to support the delivery of care and services in a way that meets the needs of residents and the expected outcomes of these standards. Residents and their representatives are satisfied with the home's communication processes. Residents' assessments, care plans and lifestyle plans are up to date, securely stored and are accessible to care and support staff. Systems in place to collect and analyse incident data are generally effective. Processes are in place to manage the security of current and obsolete information. Staff receive education about maintaining confidentiality.

## **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

Management has established criteria to determine what services are provided by external service providers and how these services are provided. External services are provided under an agreement and these agreements are managed by management at the home or by staff at the organisation's head office. Formal processes are in place to evaluate the performance of external service providers and to take action when performance does not meet the home's expectations.

## **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 findings**

The home meets this expected outcome

The home actively pursues continuous improvement. The organisation has implemented a quality management system at the home to guide the delivery of care and services and to ensure that continuous improvement is actively pursued. The system supports the identification of improvement opportunities, the review and implementation of improvement initiatives and the monitoring of the home's performance. Staff, residents and representatives participate in improvement activities by making improvement suggestions and by providing feedback on the home's performance. Management provided the following examples of recent improvement activities in this standard:

- Weekly clinical review meetings were established to improve the review and analysis of resident falls, skin tears, rashes, wounds, infections, pain management, palliation, challenging behaviours and weight. Management report that the meetings have improved communication of ongoing care and care monitoring.
- A personal carer model has been introduced at the home to assist with the medications of low care residents. This change has improved care by providing registered staff with additional time to conduct assessments and evaluate residents' care.
- The office of the clinical nurse has been moved from the low care unit to the high care unit to improve access by care staff and residents.

### **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

The organisation's management has implemented systems to identify relevant legislation, regulations, standards and guidelines, to inform staff at the home of these requirements and to monitor ongoing compliance. Personnel at the organisation's head office are notified of new regulatory requirements or changes in existing requirements by external service providers and reviews are undertaken to determine relevance and the required changes in policies and procedures. Processes are in place to ensure compliance by informing management and staff about new policies and procedures. Training required by relevant regulations is provided to ensure that staff have appropriate qualifications. Records required by relevant regulations are maintained. The home has systems in place to ensure that specialised nursing care is provided by registered nurses, systems to ensure that medications are managed according to relevant protocols and a system to ensure that unexplained absences of residents are reported.

### **2.3 Education and staff development**

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

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

The home meets this expected outcome

Management, care and support staff employed at the home are recruited according to education and experience criteria specific to their role. All staff are provided with an orientation that includes the philosophy and objectives of the organisation, emergency and evacuation procedures and assessments of competency in key skills. Processes are in place to identify the ongoing training needs of staff and to develop a training program to meet these needs. The home provides training in a wide range of topics that pertain to each of the accreditation standards. The performance of staff is monitored and action is taken to address performance deficiencies. Residents are satisfied that management and staff have appropriate knowledge and skills.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

Residents' care needs are assessed on entry and an interim care plan developed. A clinical assessment is then undertaken by a registered nurse and from this information a care plan is developed. Care plans are reviewed three monthly by registered nurses. Progress notes and handover processes are also utilized to ensure care staff have current information to provide care. Resident/representative consultation occurs during the assessment process and annual case conferences are held. Care delivery is monitored by the Clinical Nurse Consultant. Residents are referred to their medical officer or specialist service as required. Staff are aware of the care requirements of residents. Residents and/or their representatives are satisfied with the care being 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**

The home meets this expected outcome

Residents requiring specialised nursing care are identified on entry through the initial assessment process and specialised nursing care directives are recorded on their care plan. Registered nurses conduct assessments and the management of specialised nursing procedures. Staff have access to resources and specialist information. Equipment requirements are identified and are available to ensure residents' care requirements are met. Implementation of specialised care is monitored by the Clinical Nurse Consultant and the effectiveness of care is reviewed and processes are in place for ongoing evaluation. Residents and/or their representatives advised that they are satisfied with the care provided.

## **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**

The home meets this expected outcome

The home has a system and processes in place to assess residents’ needs for referral to health specialists such as dietician, physiotherapist, audiologist, optometrist and podiatrist. Nursing staff, liaise with the resident’s medical officer, to co-ordinate health specialist appointments for residents in a timely manner. Staff and resident representatives support and assist residents to attend external appointments with health professionals of their preference. Care plans are amended as required following referrals. Residents are satisfied they receive referrals to appropriate health specialists of their choice when required.

## **2.7 Medication management**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has processes in place to ensure that residents’ medication is managed safely and correctly by appropriately qualified and trained staff. Medical officers prescribe medication orders and these are dispensed by the external pharmacy service. The home utilises a multi dose sachet system. Resident medication is stored safely and securely. Medication incidents are recorded and reviewed by the Clinical Nurse Consultant. Effectiveness of the medication management system is monitored through the completion of medical and pharmaceutical reviews and audits. Staff administering resident medications demonstrated awareness of their responsibilities in relation to medication administration and of the guidelines in place to ensure residents medications are administered safely and correctly. Residents and/or their representatives are satisfied with the management of medications, as well as with the assistance and support provided.

## **2.8 Pain management**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents’ pain is identified during initial assessment, and reassessment is undertaken as needed. Care plans are developed from the assessed information and care plans are reviewed by a registered nurse to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of residents’ pain; strategies to manage pain include non-pharmacological and pharmacological intervention. Non-verbal pain assessment tools are available for residents unable to articulate their pain. Residents and/or their representatives 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 residents is maintained”.*

### **Team’s recommendation**

The home meets this expected outcome

Systems and processes are in place to obtain and record residents’ end of life care wishes in consultation with residents/representatives, on entry to the home or as the needs of residents indicate; information obtained is recorded in the resident’s clinical record and provided to staff as residents’ care needs change. Residents at the end of life are supported and cared for at the home whenever possible and according to the resident’s/representative’s wishes. Residents’ pain, comfort and spiritual needs are managed in consultation with the resident and/or their representatives, to provide physical, psychological, emotional, cultural and spiritual support to residents and family members according to their needs and preferences. Palliative care is monitored by the Clinical Nurse Consultant.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents’ dietary requirements, preferences, allergies and special needs are identified and recorded on entry to the home and this information is forwarded to the catering staff. Residents 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. Registered nurses monitor the weight management at the home. Residents are assisted with meals and fluids, and special eating utensils supplied as necessary. The care staff monitor food wastage. Residents and/or their representatives are satisfied that nutrition and hydration requirements are being met.

## **2.11 Skin care**

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

### **Team’s recommendation**

The home meets this expected outcome

On entry to the home residents are assessed for their skin care needs through the assessment process and in consultation with residents to determine their needs and preferences. Care plans reflect strategies to improve and/or maintain residents’ 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. Podiatry services are provided. Registered nurses oversee wound management and are responsible for wound treatments, completion of treatment records, and documenting interventions. Residents and/or their representatives are satisfied with the assistance provided to maintain skin integrity.

## **2.12 Continence management**

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

### **Team’s recommendation**

The home meets this expected outcome

Processes are in place for ensuring that residents’ continence is managed effectively. Residents’ urinary and faecal continence needs are assessed during the entry assessment and supported with the use of focal assessments; reassessments occur as required. Care staff outlined continence management strategies for individual residents and understand reporting requirements should there be a change to residents normal patterns. Residents and/or their representatives are satisfied with the care provided by staff in relation to continence management.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

The home meets this expected outcome

On entry to the home residents with challenging behaviours are assessed, including the identification of known or potential triggers, then a behaviour care plan is developed. Residents are reassessed as care needs change or current interventions are ineffective. Behaviour management is monitored by registered nurses and Clinical Nurse Consultant. Recreational activities are used to enhance effective behavioural management intervention. The assessment team observed staff interacting calmly with residents when attending to cares or when re-directing residents. Residents and/or their 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 residents”.*

### **Team’s recommendation**

The home meets this expected outcome

The home has processes in place to ensure that residents achieve optimum levels of mobility and dexterity. Residents are assessed by a physiotherapist on entry to the home. Assessed needs and strategies for care are communicated to staff through the physiotherapy care plan, and care plans are reviewed to ensure interventions remain effective. Falls are reported and are monitored by the Clinical Nurse Consultant. Aids to maintain and improve mobility and dexterity such as walking aids and specific dietary utensils are available. Residents and/or their representatives are satisfied with the assistance provided to achieve 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**

The home meets this expected outcome

Residents’ 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 and regularly reviewed. Care staff assist residents with their oral care and the care staff arranges dental referrals as necessary. Equipment to meet residents’ oral hygiene needs is available. Residents and/or their representatives are satisfied with the assistance given by staff to maintain dentures and overall oral hygiene.

## **2.16 Sensory loss**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents care needs in relation to sensory loss which include vision, hearing, smell, touch and taste, is collected through the initial assessment. Care plans identify needs and individual preferences and are reviewed three monthly. Residents are referred to specialists such as audiologists and optometrists according to assessed need or resident request and are assisted to attend appointments as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the interventions required to meet individual residents’ needs. Residents and/or their representatives are satisfied with the assistance provided by staff to optimise sensory function.

## **2.17 Sleep**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents 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. Residents experiencing difficulty sleeping are offered warm drinks and snacks and assisted with hygiene requirements should this be required. The care staff monitor ongoing needs. Residents and/or their representatives are satisfied with the care and comfort measures implemented by staff in relation to promoting sleep.

## **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 findings**

The home meets this expected outcome

The home actively pursues continuous improvement. The organisation has implemented a quality management system at the home to guide the delivery of care and services and to ensure that continuous improvement is actively pursued. The system supports the identification of improvement opportunities, the review and implementation of improvement initiatives and the monitoring of the home’s performance. Staff, residents and representatives participate in improvement activities by making improvement suggestions and by providing feedback on the home’s performance. Management provided the following examples of recent improvement activities in this standard:

- The home has improved access to hairdressing services by developing a new purpose built hairdresser salon.
- A new activity program has been developed for residents with dementia in the special care unit. The program has improved the range of activities available to residents and the support provided by staff.
- Outdoor areas have been developed to improve the options available for outdoor activities.
- The introduction of a bowls competition between residents and a community group has improved opportunities for residents to maintain links with the local community.

### **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 findings**

The home meets this expected outcome

The organisation’s management has implemented systems to identify relevant legislation, regulations, standards and guidelines, to inform staff at the home of these requirements and to monitor ongoing compliance. Personnel at the organisation’s head office are notified of new regulatory requirements or changes in existing requirements by external service providers and reviews are undertaken to determine relevance and the required changes in policies and procedures. Processes are in place to ensure compliance by informing management and staff about new policies and procedures. Training required by relevant regulations is provided to ensure that staff have appropriate qualifications. Records required by relevant regulations are maintained. The home has systems in place to ensure that residents have security of tenure, to ensure that privacy is maintained and to ensure that compulsory reports of assaults are made to appropriate authorities.

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

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

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

The home meets this expected outcome

Management, care and support staff employed at the home are recruited according to education and experience criteria specific to their role. All staff are provided with an orientation that includes the philosophy and objectives of the organisation, emergency and evacuation procedures and assessments of competency in key skills. Processes are in place to identify the ongoing training needs of staff and to develop a training program to meet these needs. The home provides training in a wide range of topics that pertain to each of the accreditation standards. The performance of staff is monitored and action is taken to address performance deficiencies. Residents are satisfied that management and staff have appropriate knowledge and skills.

### **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**

The home meets this expected outcome

Residents and/or their representatives are provided with information on entry which provides an overview of life within the home. Residents are assessed for their emotional support needs during the initial assessment phase. Residents are monitored for ongoing support needs by care staff and the diversional therapist. Care staff are advised of any ongoing emotional support needs through the handover process. Staff provide residents with one to one support and will refer residents to registered nurses for additional support as required. Pastoral care support is available to residents. Residents and/or their representatives are happy with the level of emotional support provided, and residents are encouraged to furnish their rooms to their liking.

### **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**

The home meets this expected outcome

The home assists residents 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. Residents are supported to access the local community with regular bus outings. Residents are encouraged to maintain friendships and external social networks, residents are supported by the diversional therapist to achieve this. Care staff are aware of their responsibility to promote resident independence and follow care plans to assist residents to achieve a maximum level of independence. Residents are satisfied with the level of independence and autonomy they can exercise at the home; residents reported they are supported to maintain friendships and access the local community.

### **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**

The home meets this expected outcome

The home has policies and procedures to govern staff practices in maintaining residents' privacy and dignity. Staff are provided training on privacy and dignity issues during orientation. Resident information is stored in secure locations. Staff practices are monitored by registered nurses. Staff are aware of strategies to maintain residents' privacy and dignity when providing resident cares. Residents and/or their representatives are satisfied with the level of privacy and respect for dignity being provided by staff at the home.

### **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**

The home meets this expected outcome

Information on residents' social history, interests and lifestyle is collected on entry to the home, through the initial assessment and one to one interview with the resident and/or their representative and a therapy care plan developed. The diversional therapist develops a monthly activity calendar and this is communicated to residents verbally, and on noticeboards. Residents provide feedback on activity programs individually and in meetings and surveys. The program is monitored by the diversional therapist. Residents advised that staff provide encouragement and support to participate in activities they wish to attend and that they have 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 recommendation**

The home meets this expected outcome

Residents' cultural and spiritual needs are assessed on entry to the home; a care plan is developed as required from the assessment information. Residents have access to religious services. Residents are assisted to attend cultural activities conducted in the home and the community, and days of significance are celebrated at the home. Residents' ongoing cultural and spiritual needs are monitored by the diversional therapist. Residents and/or their representatives are satisfied with the spiritual and cultural support provided.

### **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**

The home meets this expected outcome

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

The home meets this expected outcome

Processes are in place to provide information to residents in regard to security of tenure and their rights and responsibilities. The residential care agreement offered to new residents contains information about residents' rights and responsibilities, the terms and conditions of their tenure, fees and charges and information about dispute resolution. Residents and/or their representatives are consulted should any changes in resident care needs require a room transfer, or removal from the home. Residents and/or their representatives are satisfied that they have been provided with sufficient information in relation to security of tenure and understand residents' 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 findings**

The home meets this expected outcome

The home actively pursues continuous improvement. The organisation has implemented a quality management system at the home to guide the delivery of care and services and to ensure that continuous improvement is actively pursued. The system supports the identification of improvement opportunities, the review and implementation of improvement initiatives and the monitoring of the home’s performance. Staff, residents and representatives participate in improvement activities by making improvement suggestions and by providing feedback on the home’s performance. Management provided the following examples of recent improvement activities in this standard:

- Following consultation with an external service provider, new door mats have been introduced. The mats are placed inside the doors to each wing of the home and are designed to absorb moisture from wet shoes thus improving safety by reducing risk.
- The home’s infection control program has been improved through the replacement of hand operated antibacterial gel dispensers with automatic non touch dispensers. In addition, a self directed infection control learning package was introduced to improve staff knowledge and skills.
- The external security of the home was improved through by the placement of additional security lighting overlooking the car park.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The organisation’s management has implemented systems to identify relevant legislation, regulations, standards and guidelines, to inform staff at the home of these requirements and to monitor ongoing compliance. Personnel at the organisation’s head office are notified of new regulatory requirements or changes in existing requirements by external service providers and reviews are undertaken to determine relevance and the required changes in policies and procedures. Processes are in place to ensure compliance by informing management and staff about new policies and procedures. Training required by relevant regulations is provided to ensure that staff have appropriate qualifications. Records required by relevant regulations are maintained. The home has systems in place to ensure that buildings are certified, to ensure that fire equipment is inspected and maintained, to ensure that food safety standards are met and to ensure that the working environment meets workplace health and safety regulations.

#### **4.3 Education and staff development**

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

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

The home meets this expected outcome

Management, care and support staff employed at the home are recruited according to education and experience criteria specific to their role. All staff are provided with an orientation that includes the philosophy and objectives of the organisation, emergency and evacuation procedures and assessments of competency in key skills. Processes are in place to identify the ongoing training needs of staff and to develop a training program to meet these needs. The home provides training in a wide range of topics that pertain to each of the accreditation standards. The performance of staff is monitored and action is taken to address performance deficiencies. Residents are satisfied that management and staff have appropriate knowledge and skills.

#### **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 findings**

The home meets this expected outcome

Residents and/or their representatives are satisfied with the living environment at the home. Residents feel safe and comfortable and report that staff are available to assist them when required. The home is air conditioned and has adequate lighting and furniture appropriate to meet residents' needs. Residents are encouraged to personalise their room to make them feel more comfortable. Incidents are documented, residents are assessed and action is taken to provide aid and ongoing monitoring. Processes are in place to monitor residents' safety and minimise risk. The home has a maintenance program that includes scheduled maintenance and a maintenance request process to ensure that fixtures, fittings and equipment are in a safe working order.

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

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

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

The home meets this expected outcome

Management have established a safety system to ensure that the home is a safe working environment. Trained safety officers and senior staff manage the system. Hazards are identified, risk assessed and controlled. A register of hazardous substances is maintained and staff have access to material safety data sheets. Staff receive training in the home's safety systems and the use of equipment. Staff incidents are documented and reviewed by management at the home and at the organisation's head office; records are maintained. The working environment is regularly audited and when issues are identified, action is taken to address them.

#### **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's fire safety system and buildings have been assessed and they meet current building certification requirements. Fire systems in place are designed to minimise risk and include fire detection and alarm, automatic notification to local fire brigade, a sprinkler system, fire/smoke doors and accessible fire fighting equipment. Records of inspection and maintenance indicate that these systems and equipment are being appropriately maintained. Multiple emergency exits are accessible from each building. Staff receive training in fire emergencies and evacuation and have access to evacuation procedures and resident lists. Fire evacuation practices are conducted. Procedures, emergency stocks and equipment are available for emergencies other than fire. Internal and external security systems are in place.

#### **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's infection control program is managed by senior clinical staff and is based on current infection control practice. Aspects of the program include infection identification, referral and monitoring, infection data collection and analysis, outbreak management, staff education and the use of a range of practices designed to minimise risk of cross infection. An annual vaccination program is in place for residents and staff. Staff education in infection control covers the key element of hand washing and includes an assessment of competency. The home's records indicate that the infection control program is effective and is able to identify and manage both individual infections and infection outbreaks.

#### **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 findings**

The home meets this expected outcome

Residents and/or their representatives are satisfied with the way catering, cleaning and laundry services are provided at the home, complimenting the quality and size of meals and hospitality staff. Processes are in place to assist residents to select meals and snacks from the home's four week rotating menu. The menu, reviewed by a dietician, provides a variety of meal options that cater for residents' dietary needs and food preferences. Dining furniture and table settings enhance residents' dining experience. A regular laundry service is provided by the home. Residents' clothing is identified and is returned to their rooms hung, folded or ironed. Cleaning services are provided by the home's cleaners. A cleaning schedule is used to ensure that room cleaning, spot cleaning and high cleaning is conducted. Hospitality staff are satisfied with the working environment at the home.