

Opal Lakeview

RACS ID: 3562

Approved provider: Domain Aged Care (Victoria) Pty Ltd

Home address: Uplands Drive LAKES ENTRANCE VIC 3909

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards. This home remains accredited until 06 October 2018.  We made our decision on 01 September 2017.  The audit was conducted on 09 August 2017 to 16 August 2017. 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

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



Audit Report

Name of home: Opal Lakeview

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# Introduction

This is the report of a Review Audit from 09 August 2017 to 16 August 2017 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Review Audit from 09 August 2017 to 16 August 2017.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three registered aged care quality surveyors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

# Details of home

Total number of allocated places: 76

Number of care recipients during audit: 70

Number of care recipients receiving high care during audit: 54

Special needs catered for: N/A

# Audit trail

The assessment team spent three days onsite and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Facility manager | 1 |
| Regional manger | 1 |
| National quality manager | 1 |
| State quality advisor | 1 |
| Work health and safety advisor | 1 |
| Nursing staff | 6 |
| Care staff | 9 |
| Administration officer | 1 |
| Chef | 1 |
| Care recipients | 22 |
| Representatives | 1 |
| Lifestyle staff | 2 |
| Laundry staff | 1 |
| Cleaning staff | 2 |
| Relieving maintenance staff | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 25 |
| Medication charts | 18 |
| Diabetes charts | 21 |
| Wound assessment and management plans | 16 |
| Personnel files | 5 |

## Other documents reviewed

The team also reviewed:

* Abbey pain scales
* Activities calendar, participation records and associated documentation
* Appointment lists
* Approved contractor register and associated documentation
* Audit schedule and audit results
* Blood glucose monitoring spot check tool
* Blood thinning medication (warfarin) treatment charts
* Care consultation family case conference notes
* Care plan tracker
* Care recipient ‘My profiles’
* Care recipient admission details report, care recipient lists, evacuation lists
* Care recipient agreement sample
* Care recipient meal satisfaction survey August 2017
* Care recipient, staff and agency staff information handbooks, service brochures
* Catheter care management plan
* Cleaning schedules, cleaning records and material safety data sheets
* Clinical charts, assessments, care plans progress notes and specialised nursing care documentation
* Clinical indicator policy and procedure and data analysis and review
* Clinical risk assessments
* Comments and complaints records
* Completed feedback forms
* Consolidated record of compulsory reporting incidents
* Continuous improvement plan and related documents
* Dangerous drugs registers and stock checklist
* Diabetes management in Australia resource information
* Diabetic and wound lists and wound photographs
* Dietitian referral
* Education schedule, attendance records, evaluations, templates for staff non-attendance
* Escalation protocol-recognition of a deteriorating resident procedure
* Fire service records
* Food safety program, associated documentation, certifications and third party audits
* General treatment charts for pain management
* Handover sheet and communication diaries
* Hazard reports
* Hospital return checklist
* Incident reports, management notes and neurological observation charts
* Infection control manual and guidelines
* Infection control records, clinical data and outbreak reports
* Manual handling charts
* Lifestyle documentation including assessments and care plans
* Maintenance request books and samples of preventative maintenance
* Master emergency management plans
* Master roster, human resource repository information, working roster day sheets
* Medical practitioner notes and specialist information
* Medication imprest process procedure and medication list
* Medication patch charts
* Medication refrigerator temperature monitoring logs
* Meeting minutes, meeting schedule and memoranda
* Monitoring charts
* Nightly medication audits
* Pain management program folder including heat pack assessments
* Palliative care pathway and care plans
* Pest control records
* Physiotherapy reviews and podiatry review list
* Policies, procedures, work process maps
* Position descriptions, job analysis guides, duty list, task guidelines
* Procurement information
* Sign in/out registers
* Social, cultural, spiritual and emotional care plans
* Statement of choice
* Supplement administration form
* Swallowing screen pathway
* Website information and ‘The Village’ intranet information
* Weight tracker and weight charts
* Work health and safety documentation
* Workplace inspection documentation.

## Observations

The team observed the following:

* Activities in progress, lifestyle displays and resources
* Activity calendar of events displayed
* Administration and storage of medications and related documentation
* Care recipient and staff noticeboards and displays
* Chemical store
* Cleaning and laundry in progress
* Clinical equipment and resources
* Dining services both lunch and dinner and snack service
* Equipment and supply storage areas
* External complaints and advocacy information
* Feedback forms displayed and suggestion box
* Fire-fighting equipment, evacuation pack
* Hand hygiene facilities, personal protective equipment and outbreak resources   
  including barrier nursing stations
* Interactions between staff and care recipients
* Internal and external living environment
* Kitchen operations and food storage
* Medication refrigerators
* Medication rooms, pharmacy supplies and storage of medications
* Noticeboards and information displayed
* Notification of flu type illness in the home
* Notification of Quality Agency visit displayed
* Oxygen storage and signage
* Palliative care kit
* Short group observation in the Manor during meal services
* Staff wearing personal protective equipment
* The 'Charter of care recipients' rights and responsibilities - residential care' displayed
* Waste management systems
* Wound management trolley and supplies.

# Assessment information

This section covers information about the home’s performance against each of the expected outcomes of the Accreditation Standards.

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

### Principle:

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

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across the Accreditation Standards and shows improvements in management, staffing and organisational development. Management identify opportunities for improvement from sources including ‘We value your feedback’ forms, verbal feedback from stakeholders, meetings, audits, questionnaires and care recipient and representative satisfaction surveys. Management maintain a continuous improvement plan to achieve objectives. Local management regularly benchmark and analyse a range of quality indicator data at local, state and national level and take action where indicated to improve quality outcomes. Management monitor and evaluate improvement processes and outcomes through stakeholder feedback, meetings, audits and data analysis. Care recipients and staff are satisfied ongoing improvements occur.

Examples of recent improvement initiatives in relation to Standard 1 Management systems, staffing and organisation include:

* To improve human resource management, the organisation in consultation with facility managers, collated and expanded existing resources into an electronic human resource repository. The repository shows clear steps in the staff recruitment, selection and on boarding processes. Management said the improvement enhances the consistency, effectiveness and efficiency of human resource management processes at local, state and national levels.
* Regional management identified an opportunity to strengthen the home’s facility manager position. Where formerly there was a hub management model with the facility manager working between two homes, since March 2017 the facility model changed to a singular management structure where the manager works solely at Opal Lakeview. Stakeholders are satisfied the change of management model promotes management continuity and leadership.
* A new part time reception role has been developed from Monday to Friday to provide a point of contact for care recipients, representatives and visitors to the home. The new role enhances customer service.

### 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 systems to identify and promote compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation’s national quality team are informed of legislative changes through membership of a legislative update service, notifications from sector bodies and government communications. Compliance requirements are discussed at appropriate meetings throughout all levels of the organisation and national and state quality teams support the implementation of regulatory change. Local management inform staff of regulatory changes through meetings, memoranda, safety alerts, intranet resources, electronic care system messaging and electronic mail as appropriate. The monitoring of regulatory compliance occurs at national, state and local levels through data analysis processes, audits, database reviews, observation of practice and stakeholder feedback. Staff are satisfied management inform them of regulatory requirements. Care recipients and representatives are satisfied management provide them with information updates.

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

* Management maintains an action plan for continuous improvement across the Accreditation Standards.
* Management has a system for maintaining current police certificates and applicable statutory declarations for staff, volunteers and external contractors as appropriate.
* Confidential documents are stored, archived and disposed of securely.

### 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 and staff have the appropriate knowledge and skills to effectively perform their roles and meet the organisation’s objectives. The education program is responsive to the training needs of management and staff and includes training across the Accreditation Standards. Education and staff development opportunities include toolbox training, e-learning, self-directed learning packages and learning sessions by external providers. Topics, determined with the support of state and national quality teams, are identified through training needs analysis, identification of care recipient needs, staff feedback, observation of practice and monitoring processes. Management record education attendance, action any non-attendance at required education and evaluate education as appropriate using staff feedback. Staff are satisfied with the education and professional development opportunities provided. When asked about staff knowledge, one care recipient expressed a neutral response and all other care recipients agreed or strongly agreed that staff know what they are doing. When asked whether the home was ‘well run’, one care recipient’s response was neutral and all other care recipients agreed the home was well run.  
  
Recent training and development opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

* funding documentation
* Opal values
* professional behaviour.

### 1.4 Comments and complaints

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

#### Team’s findings

The home meets this expected outcome

Internal and external comments and complaints mechanisms are accessible to care recipients, representatives and other interested parties. The system includes ‘We value your feedback’ forms, meetings and an ‘open door’ policy of access to key staff and management. Management ensures external complaint and advocacy information is accessible and conveys information about ways to comment and complain in information handbooks for care recipients and representatives, at meetings and during informal contact. An organisational complaints management policy and flow chart guides complaint response. Regional and current local management ensure comments and complaints are addressed in a timely and proactive manner according to Opal processes. Local, state and national management monitor the effectiveness of the complaints system through analysis of complaint data and stakeholder feedback. Staff said avenues for them to raise any comments and complaints have recently been strengthened. Care recipients said they would be comfortable to comment or complain if the need arose.

### 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 approach, mission and value statements documented in information accessible to care recipients, representatives, staff and management. The service philosophy and objectives are inherent in the leadership statements that convey organisational values of respect, compassion and accountability. Management demonstrates its commitment to quality in documentation throughout the service.

### 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

There are sufficient, appropriately skilled and qualified staff to ensure the delivery of services in accordance with the Accreditation Standards and service philosophy and objectives. A national human resource division and state based human resource advisory services work in partnership with local management in human resource engagement activities. The recruitment process includes information sessions, interviews, credential checks and assessment of fitness for work practices required. Management reviews staffing levels, skill mix and staff performance through use of an electronic roster management system, consideration of care recipient needs, observation of practice, staff appraisals and feedback and audit mechanisms. Management seek to replace staff on planned and unplanned leave, using familiar staff whenever possible. Regional and local management said a proposal for a staffing increase is currently under consideration. Staff said more staff would be of benefit, particularly in the afternoons and they work hard to provide care and services to care recipients. While a sole care recipient said staff follow up issues some of the time, other care recipients said staff follow up occurs most or all of the time. Care recipients were generally complimentary of the care and services provided by staff with the majority of care recipients satisfied that there are enough staff.

### 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

Established procurement systems ensure appropriate goods and equipment are available for quality service provision. Designated staff organise the purchase of inventory and equipment through established ordering and supply processes, compliance with instruments of delegation and the use of preferred suppliers and contractors. Management and staff identify equipment needs through mechanisms such as a template for approved products and frequently ordered items, identification of care recipient need, observation, data analysis processes, audits and stakeholder feedback. Staff within the organisation trial and evaluate new equipment prior to purchase. Goods are secured in clean areas and new stock checking and rotation processes are being introduced. Maintenance programs and regular electrical testing and tagging processes operate. Staff said recent equipment purchases ensured sufficiency for care recipient need. When asked about equipment availability, care recipients said they are satisfied with the availability of equipment for their use.

### 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

Management and staff demonstrate there are generally effective information management systems in place. Documented policies and procedures as well as clearly defined roles and responsibilities assist staff in the delivery of care and in fulfilling their duties. Meetings, appointment schedules, handover, handbooks and various feedback mechanisms, assist with effective communication with all stakeholders. Noticeboard displays and a public address system ensure regular information updates regarding the care and services are available. Paper based care recipient and staff files are securely stored with confidential document disposal bins utilised. Electronic files are protected by password with access restricted, according to staff role and purpose. Archived material is catalogued and stored securely pending destruction according to legislated requirements. There are processes to routinely collect, analyse key data and information with results tabled at relevant meetings. Care recipients and staff are generally satisfied with the communication mechanisms management utilise to keep them adequately informed. We did identify opportunities for improvement to strengthen documentation and monitoring systems in relation to information management across the Accreditation Standards.

### 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 ensures externally sourced services meet service needs and quality goals. External services include equipment suppliers, allied health services, pharmacy and fire services. Contracted services and suppliers are selected at national and local levels through tender processes. Procurement resources are documented on the organisational intranet and accessible according to roles and need level. External service arrangements and credential checks apply and approved contractors are registered with the organisation. External service providers receive and are required to acknowledge written site induction information. Management monitor the quality of services provided through consideration of service outcomes, stakeholder feedback and observation of quality and timeliness. Care recipients and staff are satisfied with external services.

## Standard 2 – Health and personal care

### Principle:

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

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in care recipients’ health and personal care. A range of clinical indicator data is collated and analysed for trends. Care recipients and staff are satisfied the home is improving in Standard 2 Health and personal care. Please refer to expected outcome 1.1 Continuous improvement for a description of the continuous improvement system.

Examples of recent improvement initiatives in relation to Standard 2 Health and personal care include:

* To improve data analysis and benchmarking, the organisation recently developed an electronic facility care summary that is now in the second stage of software testing. The clinical data dashboard can be filtered to show the performance of each home in the organisation in relation to clinical data such as blood glucose levels reported, wounds, weights, assessment completion and unevaluated care plans. Management said the summary data, accessible to all levels of management, enables increased clinical insights and the removal of barriers to quality clinical care.
* To enhance clinical skills education for nursing staff, management considered risk within the home, established key focus areas and scheduled monthly clinical update sessions. Topics for discussion are identified through risk analysis, audits, requests and staff feedback and the forums will address policy and clinical documentation moving forwards. Management and staff are satisfied the skills update sessions promote staff clinical education and consistency of practice.

### 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

Management has systems to identify and promote compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Please refer to expected outcome 1.2 Regulatory compliance for details of the regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and

personal care include the following:

* A current drugs and poisons licence is maintained in relation to the onsite medication imprest system.
* A documented policy guides staff practices in the event of the unexplained absence of a care recipient.
* Appropriately qualified and trained staff plan, supervise and undertake the provision of specialised nursing care.

### 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

A recently refined education and staff development system supports management and staff to have the knowledge and skills to effectively meet role requirements for the provision of health and personal care. Staff are satisfied with the education and staff development opportunities provided. Care recipients are satisfied staff meet their health care needs most of the time or always. Please refer to expected outcome 1.3 Education and staff development for a description of the education and staff development system.

Recent training opportunities in relation to Standard 2 Health and personal care include:

* blood glucose level charting and management
* clinical training for nursing staff including escalation of deteriorating care recipient, specialised nursing care, palliative care, end of life care, incident reporting, advanced health care directives, handover and care alert management
* deep brain stimulator training
* internal monitoring of clinical processes, care plan review
* medication management
* sensory loss
* wound management.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. An established system for completing assessments and care plans is available as care recipients enter the home using an electronic care documentation program. A review of care needs occurs on a regular basis and a formal care plan evaluation is scheduled four monthly, through a ‘care plan tracker’. Qualified nursing staff undertake and oversee assessment, care planning and evaluation procedures. Care consultation occurs with the care recipient or their representative post entry to the home, annually and on a regular basis. Communication with medical practitioners and a range of other health professionals takes place regarding clinical care needs, with recommendations generally followed by staff. Nursing staff provide a verbal handover to staff as shifts change and an ‘appointment schedule’ assists staff with attending to specific, individual care requirements. Nursing staff receive support in their clinical practice through education programs and access to clinical resources and equipment. When asked about clinical care two care recipients said their health care needs are met most of the time, with the majority of care recipients satisfied their health care needs are met according to their individual preferences.

### 2.5 Specialised nursing care needs

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Specialised care plans outline interventions with staff generally following documented instructions and directives. The system for monitoring specialised nursing care needs is being refined, following a sentinel event in December 2016, to support nursing staff in their delivery of specialised nursing care. Qualified nurses review and evaluate specific specialised nursing care outcomes in consultation with medical practitioners and a range of external health professionals. Specialist consultants visit the home including a palliative care team, geriatrician and a local hospital clinical in reach team. Care recipients are satisfied with the support to access specialists and with the delivery of specialised nursing care provided.

### 2.6 Other health and related services

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

#### Team’s findings

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their assessed needs and preferences. Other health professionals provide services onsite including a physiotherapist, podiatrist, dietitian and speech pathologist. Care recipients are supported either by family or staff to attend dental, hearing, and eye care appointments outside the home or onsite depending on the availability of services. Care recipients are satisfied with the choices offered for referral to health specialists and the assistance provided.

### 2.7 Medication management

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ medication is managed safely and correctly. Currently qualified nurses undertake medication administration and receive competency training annually. Medications are administered from a multi-dose packaging system and photographic identification of care recipients is generally provided on individual packs. Medical practitioners monitor, review and document care recipient medication requirements. Storage of medication is secure and there are systems for monitoring the ongoing supply of medications. Emergency stocks of medication are held onsite to assist with out of hours access to medications. Monitoring of medication incidents occurs through an electronic risk management system with reviews conducted by management and discussed at the medication advisory committee meeting six monthly. Care recipients are generally satisfied staff provide their medications in a safe and timely manner.

**2.8 Pain management**

This expected outcome requires that “all care recipients are as free as possible from pain”.

#### Team’s findings

The home meets this expected outcome

All care recipients are generally as free as possible from pain. An initial pain flow chart and assessment is conducted on entry to the home and includes pain history details, the identification of current pain and the effectiveness of any treatments or therapies. Verbal and non-verbal responses to pain are recorded using validated assessment tools. An onsite physiotherapist and registered nurse provide a range of pain management strategies to assist with pain relief including heat packs, massage and exercise. Consultation with medical practitioners occurs regularly for monitoring pain and the effectiveness of pain relief medication. Care recipients are satisfied with how staff respond to their pain management and the strategies used to assist them with their pain relief.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. A statement of choice is completed on entry to the home and advanced care plans are encouraged to be completed in order to provide staff with care recipient choices to follow for end of life care. As care recipients enter the palliative phase a trajectory pathway is implemented. Palliative care plans contain information on individual care needs and preferences including comfort and dignity strategies. Consultation occurs with representatives, the medical practitioner and relevant health professionals including specialised palliative care services as necessary. Staff and local clergy provide spiritual and emotional support for care recipients and their representatives according to documented preferences.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to ensure care recipients’ nutritional and hydration needs are adequately met. On entry to the home, assessment of care recipients’ nutritional needs occurs, taking into consideration individual likes, dislikes, allergies, medical requirements and the level of assistance required with eating and drinking. Catering staff receive notification of care recipients’ specific dietary needs on entry to the home and when there is a change in a care recipient’s diet. Staff weigh care recipients regularly with significant variations in weight prompting clinical review and medical or dietitian liaison, as needed. Availability of supplements and texture modified foods assist care recipients with their food and fluid intake as needed. Menus are distributed to care recipients for them to select their choice of meals based on personal preference and health requirements. Provision of morning tea, afternoon tea and a range of food and beverage choices facilitate adequate nourishment and hydration. Care recipients are generally satisfied there is enough to eat and drink.

### 2.11 Skin care

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to ensure care recipients’ skin integrity is consistent with their general health. The assessment of care recipients’ skin condition occurs on entry to the home and on an ongoing basis. Staff implement interventions to maintain skin integrity such as regular repositioning, the provision of pressure relieving mattresses and the use of moisturising cream and massage. There is a system to capture skin related incidents to monitor for trends and reduce reoccurrence. Nursing staff review care recipients’ wounds and promote healing through appropriate dressing application with wound specialist consultation occurring as required. Regular photographs of wounds assist in the documentation of wound progress to identify if further intervention, to promote healing, is required. There are adequate supplies of wound dressings, with ongoing education and training to further support staff in the provision of wound and skin management as needed. Care recipients are satisfied with the way in which the home promotes their skin integrity.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to effectively manage care recipients’ continence care needs. There are ongoing review and evaluation systems for identifying and managing care recipients’ continence care requirements. Processes include initial assessments, regular care plan review and staff monitoring for any changes in the care recipient’s continence needs. Care plans document any known strategies to meet care recipients’ continence care requirements whilst maintaining independence as much as possible. Such strategies and interventions may include the level of staff assistance needed and equipment required. Audits of urinary tract infection rates occur to identify trends and minimise reoccurrence. Increased hydration, a high fibre diet and appropriate exercise promotes optimum bowel health. Care recipients are satisfied staff attend to their continence needs appropriately.

### 2.13 Behavioural management

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to effectively manage the needs of care recipients with challenging behaviours. During the assessment process staff identify care recipients’ behavioural management needs. In consultation with the care recipient and their representative, staff develop care plans which record strategies to manage episodes of challenging behaviours. Referral to medical practitioners and mental health professionals occurs as required. The leisure and lifestyle program enhances behavioural management with the provision of diversional therapy. The scheduling of activities into the evening also assists in reducing any confusion, or restlessness often demonstrated by people living with dementia, at this time of day. Care recipients are satisfied staff respond to care recipients’ behavioural needs.

### 2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there is a system to promote care recipients’ mobility and dexterity. During the assessment process staff establish care recipients’ mobility needs and develop strategies to reduce the risk of falls and increase independence. Corresponding care plans document the level of staff assistance required and any aids or equipment needed to reduce fall or associated injury. Such strategies include the provision of sensor mats, hip protectors, transfer and mobility equipment. Physiotherapy and occupational therapy services are utilised to assess care recipients’ mobility and dexterity needs. Review occurs regularly, in response to a fall or a change in mobility status. Provision of regular exercise programs further enhances care recipients’ mobility and dexterity. Policies and procedures guide staff in falls prevention and post fall protocol. The documentation and review of fall related incidents provides opportunity for analysis, at a corporate level, to reduce the likelihood of reoccurrence. Care recipients are satisfied staff support their mobility and dexterity as needed.

### 2.15 Oral and dental care

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate processes to ensure care recipients’ oral and dental health is maintained. As part of the assessment process, staff record the assistance required for daily care of teeth*,* mouth and dentures as appropriate. The corresponding care plan documents strategies to enhance oral and dental health and if any aids or assistance is needed. Staff arrange appointments for care recipients to visit dentists in response to a specific request or identified need. There are adequate supplies of equipment to enhance care recipients’ oral and dental health needs with toothbrushes replaced seasonally to promote oral hygiene. Care recipients are satisfied with the oral and dental care provided.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate processes to ensure care recipients’ sensory losses are identified and managed effectively. Staff capture information across all five senses during the admission process and thereafter, as part of the ongoing review process of care recipients’ needs. Staff record, on care recipients’ care plans, identified strategies and any aids required to reduce impact of sensory loss. Where a heat pack is used, staff conduct an additional assessment regarding the care recipient’s ability to touch and feel to prevent discomfort and/or damage to the skin. Staff arrange appointments to relevant specialists as required. The leisure and lifestyle program contributes to the enhancement of care recipients’ senses with the inclusion of activities that highlight the senses of touch, smell and taste. The home is uncluttered, has good lighting, adequate handrails and accessible signage.Care recipients are satisfied staff assist them to minimise the impact of any sensory loss.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate processes to ensure care recipients are able to achieve natural sleep patterns. Assessment of personal preferences and routines occur on entry to the home and are reviewed at regular intervals to ensure these strategies remain current and effective. Staff utilise a range of different methods to promote sleep for care recipients including the provision of warm drinks and snacks with consideration to pain and continence needs. All care recipients have access to call bells overnight and there is a registered nurse on duty. Consultation with the medical practitioner occurs if medication is required to aid sleep when alternatives have proven to be ineffective. Care recipients are satisfied with the way in which the home promotes sleep.

## Standard 3 – Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in care recipient lifestyle. Care recipients and staff are satisfied with improvements in care recipient lifestyle. Please refer to expected outcome 1.1 Continuous improvement for a description of the continuous improvement system.

Examples of recent improvement initiatives in relation to Standard 3 Care recipient lifestyle include:

* At management and staff suggestion, lifestyle staff implemented a ‘This is my life’ initiative to capture and display a visual story of the individual care recipient’s life. The story is displayed on the wall of the care recipient’s bedroom. Management and staff said the initiative promotes conversation and enhanced awareness of the individual person and said care recipients expressed enjoyment of the process.
* Management identified an opportunity to enhance the lifestyle program and has employed a new lifestyle coordinator who commenced 14 August 2017. Management says the position has been appointed to provide leadership and new directions in leisure interests and activities.

### 3.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Management has systems to identify and promote compliance with relevant legislation, regulatory requirements, professional standards and guidelines in the area of care recipient lifestyle. Please refer to expected outcome 1.2 Regulatory compliance for details of the regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 Care recipient lifestyle include the following:

* A consolidated compulsory reporting register is maintained.
* Care recipients or their representatives receive information on care recipients’ rights and responsibilities and security of tenure.
* Policies and procedures guide the maintenance of care recipients’ privacy and confidentiality.

### 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

An education and staff development system supports management and staff to have the knowledge and skills to effectively meet role requirements for the support for care recipient lifestyle. Staff are satisfied with care recipient lifestyle education and development opportunities. Care recipients are satisfied management and staff have the appropriate skills and knowledge to support care recipient lifestyle. Please refer to expected outcome 1.3 Education and staff development for a description of the education and staff development system.

Recent training opportunities in relation to Standard 3 Care recipient lifestyle include:

* compulsory reporting
* respecting care recipient choices
* privacy, dignity and emotional needs- barriers and considerations.

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

Care recipients receive support in adjusting to life in the new environment initially and on an ongoing basis. On entry, staff assist individuals with orientation to the home and facilitate introductions to other care recipients and staff. Staff identify specific emotional needs in consultation with care recipients and representatives and consider further opportunities to provide emotional support as needs change, during times of grief or when experiencing emotional distress. Social and emotional information is generally documented as matters arise and strategies in care plans guide staff in their approach to providing support. Local visiting clergy provide additional emotional support as required. Although some care recipients said they would access emotional support only from family members or responded in the neutral, the majority of care recipients are satisfied with the emotional support they receive at the home.

### 3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

#### Team’s findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Staff identify and document strategies to support individuals with their physical and social independence according to their preferences and needs. Care recipient independence is optimised by the provision of assistive aids for mobility, support during meals and from staff assistance when necessary to enable participation in leisure and lifestyle activities. The majority of care recipients said they are encouraged to do as much as possible for themselves and are satisfied with the approach taken by staff in order to maximise their independence.

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

Each care recipient’s right to privacy, dignity and confidentiality is recognised and respected. An organisational privacy policy, staff code of conduct and staff agreements specify each care recipient’s right to privacy, dignity and confidentiality. On entry staff identify each person’s preferences regarding privacy relevant to care, services and the approach from staff for respecting their wishes. Personalisation of rooms is encouraged and management and staff support and encourage care recipients to receive visitors at any time. The majority of care recipients said staff treat them with respect and are satisfied their right to privacy and dignity is recognised.

### 3.7 Leisure interests and activities

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are systems to encourage and support care recipients to participate in a wide range of interests and activities of interest to them. Staff document preferences and interests in discussion with care recipients and representatives, on entry to the home. Lifestyle staff organise activities in small and large groups or provide one on one support with consideration to care recipients’ choice and level of cognitive and physical ability. Noticeboard displays and regular announcements via the public address system keeps care recipients informed of what activities are being offered. Lifestyle staff utilise outdoor spaces for activities with gardening being a particular area of interest for many care recipients. The scheduling of activities into the evening, including on weekends, assists in reducing any confusion or restlessness often demonstrated by people living with dementia, at this time of day. Other activities include visits from community groups and entertainers with volunteers available to support the program as needed. Care recipients are generally satisfied they are encouraged to attend activities.

### 3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are systems to foster and value care recipients’ individual interests, customs and beliefs. Staff consider care recipients’ cultural, religious, spiritual and ethnic preferences in planning care, resources and activities. There are regular church services scheduled with access to additional religious personnel as required. Days of significance including cultural and celebratory days and birthdays are commemorated and offered to care recipients who wish to participate. Staff demonstrate knowledge of care recipients’ individual preferences and cultural backgrounds. Care recipients are satisfied with the support and respect given to care recipients in regard to their cultural and spiritual needs

### 3.9 Choice and decision-making

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are systems to support care recipients to exercise their choice and control over their daily lives and care needs. Care recipients are provided with information about their rights and responsibilities enabling them to make informed choices and decisions about their care and the running of the home. Consultation processes ensure care recipient choice of meals and beverages, care provision, daily routines and participation in the leisure and lifestyle program. Individual care plans outline choice and preferences and regular reviews occur routinely and as needs change. Care recipients and representatives are able to express their wishes and requirements through meetings, care consultations surveys and feedback mechanisms.Care recipients are satisfied management and staff promote their choice and decision making and respect their rights.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team’s findings

The home meets this expected outcome

The organisation has a system to ensure care recipients have security of tenure within the home and understand their rights and responsibilities. An information pack for prospective care recipients and representatives includes a handbook with information about conditions of tenure, care and services. The information handbook and displayed ‘Charter of care recipients’ rights and responsibilities’ further inform care recipients and representatives about security of tenure and responsibilities. Agreements refer care recipients to clauses about security of tenure in the information handbook. Management and staff assist care recipients to understand their rights and responsibilities through responding to individual queries, meetings and information displays. Management showed how consultation with the care recipient and representative occurs prior to any room change. Management and staff monitor security of tenure through agreement management processes and stakeholder feedback. Care recipients said they felt secure within the home.

## Standard 4 – Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement in the physical environment and safe systems. Care recipients and staff are satisfied with improvements to the physical environment and safe systems. Please refer to expected outcome 1.1 Continuous improvement for a description of the continuous improvement system.

Examples of recent improvement initiatives in relation to Standard 4 Physical environment and safe systems include:

* In response to care recipient and staff feedback about heating and cooling systems, management recently installed a reverse cycle air conditioner in every care recipient’s room, in staff areas and offices. In total, approximately 84 air conditioners were installed. Care recipients and staff are satisfied with the improvements in the comfort of the living environment.
* Following feedback from care recipients and staff, management opened the doors between The Manor area of the home and the Lodge where formerly care recipients with higher care needs were accommodated. In addition, management has ensured care recipients can access the courtyard area from their rooms as appropriate. Care recipients expressed satisfaction at the opportunity to move around the whole home and said they felt more freedom in the living environment.
* A new reception area was created at the front entrance, with a section of wall being removed and a reception desk installed. The area accommodates a new reception position and is a focal point for customer service within the home.
* As a result of observations identifying opportunities to improve the external living environment, gardeners and an arborist improved plantings in the entrance, external grounds and courtyards. Care recipients and staff are satisfied with improvements to the external living environment.

### 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

Management has systems to identify and promote compliance with relevant legislation, regulatory requirements, professional standards and guidelines, about the physical environment and safe systems. Please refer to expected outcome 1.2 Regulatory compliance for details of the regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include the following:

* Management supports an active workplace health and safety program.
* Safety data sheets are available where chemicals are stored.
* The catering service complies with a food safety program.

### 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

An education and staff development system supports management and staff to have the knowledge and skills to effectively meet role requirements for the physical environment and safe systems. Management and staff are satisfied with education in relation to safe systems. When asked about staff knowledge, one care recipient expressed a neutral response and all other care recipients agreed or strongly agreed that staff know what they are doing. Please refer to expected outcome 1.3 Education and staff development for a description of the education and staff development system.

Recent training opportunities in relation to Standard 4 Physical environment and safe systems include:

* dining room meal service
* emergency preparedness in aged care
* infection control and outbreaks
* lifter education
* manual handling.

### 4.4 Living environment

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

#### Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe and comfortable living environment. Care recipients are accommodated in recently air conditioned private rooms with ensuite bathrooms. There are clutter free communal lounges, dining and kitchenette areas, with recently increased access to landscaped surrounds. Management and staff maintain the living environment through service provision arrangements, an electrical test and tag program and through maintenance programs. Call bells and security arrangements promote environmental safety. Management monitor the safety and comfort of the environment through observation, inspections and risk assessments. Staff described ways they ensure care recipients are safe and comfortable. All care recipients interviewed said they felt safe and the majority of care recipients said they always feel safe.

### 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 actively work to provide a safe work environment that meets work health and safety regulatory requirements. The organisation provides work health and safety advisory services, an employee assistance program and resources that promote occupational health and safety. Management inform staff of their responsibilities in relation to safe work practices through induction programs, staff information handbooks and noticeboard, intranet resources, initial and ongoing manual handling training, policies, procedures and meetings. Work health and safety representatives are accessible to staff. Processes to monitor work health and safety include audits and inspections, risk assessments, maintenance requests and incident and hazard reporting and analysis. Staff are satisfied management works to provide a safe environment.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

Management and staff actively work to provide a safe environment and systems of work that minimise fire, security and emergency risks. The home’s fire protection system includes alarms, fire panel, sprinklers, smoke detectors and firefighting equipment. Fire services personnel check emergency equipment and emergency lighting. Initial and ongoing fire and other emergencies training and a master emergency plan guide staff response to fire and emergencies such as gas leaks and natural disasters. Evacuation lists, an evacuation kit and equipment including a generator are maintained. Established security systems operate. Fire, security and other emergency risks are monitored through internal and external audits and inspections and incident reporting processes. Staff said they participate in mandatory fire and emergency training. Care recipients are satisfied staff would assist them in an emergency.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

There is an effective infection control program. Infection surveillance and monitoring is conducted and monthly infection data is analysed and evaluated and discussed at quality and clinical meetings. Policies and procedures including outbreak procedures are available for staff to follow. Hand hygiene, personal protective equipment and appropriate waste disposal systems are available throughout the home. Catering, cleaning and laundry departments follow infection control guidelines. There is a food safety program. Cleaning schedules are available and followed. Documentation confirms a vaccination program is offered to care recipients and staff. Care recipients are satisfied staff respond to infectious outbreaks in an effective manner.

### 4.8 Catering, cleaning and laundry services

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

#### Team’s findings

The home meets this expected outcome

Hospitality services are provided to enhance care recipients’ quality of life and the staff working environment. Food is prepared freshly onsite according to a seasonal rotating menu. Care recipients are offered menu choices and specialised dietary needs and preferences are catered for. The chef attends care recipient meetings and consults with each care recipient about their needs and preferences. Staff compliance with a food safety program ensures food is stored, prepared and served according to recommended guidelines. Cleaning programs are established and staff ensure the environment is clean, and uncluttered. Linen and care recipients’ personal clothing are laundered onsite and labelling and clothing return systems ensure lost clothing is minimised. Management monitor hospitality services through food satisfaction surveys, stakeholder feedback, audits, and observation. While a small proportion of care recipients never like the food or like it some of the time, the majority of care recipients like the food most or all of the time. Care recipients are satisfied with the cleaning and laundry services provided.