



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Ozcare Keith Turnbull Place**

RACS ID 5103  
52 Imperial Parade  
LABRADOR QLD 4215

**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 three years until 11 September 2019.

We made our decision on 05 August 2016.

The audit was conducted on 28 June 2016 to 30 June 2016. 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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 service and in the community.

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Ozcare Keith Turnbull Place 5103**

**Approved provider: Ozcare**

### **Introduction**

This is the report of a re-accreditation audit from 28 June 2016 to 30 June 2016 submitted to the Quality Agency.

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

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

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

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

### **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 28 June 2016 to 30 June 2016.

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

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

## Assessment team

<b>Team leader:</b>	Bridgette Lennox
<b>Team member:</b>	Anita Camenzuli

## Approved provider details

<b>Approved provider:</b>	Ozcare
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## Details of home

<b>Name of home:</b>	Ozcare Keith Turnbull Place
<b>RACS ID:</b>	5103

<b>Total number of allocated places:</b>	137
<b>Number of care recipients during audit:</b>	133
<b>Number of care recipients receiving high care during audit:</b>	117
<b>Special needs catered for:</b>	Care recipients requiring a secure environment.

<b>Street/PO Box:</b>	52 Imperial Parade
<b>City/Town:</b>	LABRADOR
<b>State:</b>	QLD
<b>Postcode:</b>	4215
<b>Phone number:</b>	07 5500 7600
<b>Facsimile:</b>	07 5537 6301
<b>E-mail address:</b>	<a href="mailto:angela.aitken-smith@ozcare.org.au">angela.aitken-smith@ozcare.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Corporate management	3
Manager clinical services	1
Manager client services	1
Clinical nurses	2
Registered staff	4
Care staff	1
Care recipients/representatives	16
External health professional	1
Allied health professional	1
Administration assistant	1
Diversional therapy staff/activity officers	3
Hospitality staff	10
Maintenance staff	1

### Sampled documents

Category	Number
Care recipients' files	14
Personnel files	3
Medication charts	16

### Other documents reviewed

The team also reviewed:

- Activity evaluations, profiles and participation records
- Admission and welcome pack
- Agreement
- Assessment of ability to self-administer medications
- Audit summary/corrective action records

- Audits
- Checklists
- Cleaning schedules
- Clinical monitoring charts
- Communication books and diaries
- Compliments and complaints records
- Consent for restraint
- Continuous improvement plan
- Controlled drug registers
- Dietary reports and meal lists
- Duties lists
- Education resources and associated competencies
- End of life care pathway
- Equipment maintenance and calibration of equipment records
- Facsimiles, letters and electronic mail
- Feedback forms
- Fire and equipment servicing records
- Fire safety and emergency management plan
- Handbooks
- Handover folder
- Maintenance records
- Memoranda
- Minutes of meetings
- Newsletter
- Nutrition supplement records
- Outbreak management plan
- Policies and procedures
- Qualification and police certificate records/matrix
- Roster and replacement records



- Self-assessment
- Service agreements
- Temperature monitoring records
- Wound folder including assessments and monitoring records

## **Observations**

The team observed the following:

- Activities in progress and activity calendars on display
- Administration and storage of medications
- Care recipient/representative and staff notice boards
- Catering, cleaning and laundry operations in progress
- Charter of care recipients' rights and responsibilities on display
- Complaint and advocacy brochures and posters displayed
- Equipment and supply storage areas
- Fire equipment and evacuation diagrams
- Handwashing facilities/anti-bacterial gel access
- Infection control equipment in use
- Interactions between staff, care recipients and representatives
- Internal and external living environment
- Meal and beverage service and dining experience
- Menu displayed
- Pharmacy ordering systems
- Safety signage
- Secure boxes for feedback forms
- Short group observation
- Spill kits
- Staff assisting care recipients with meals and mobility
- Staff work practices
- Whiteboards

## **Assessment information**

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

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

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

## 1.1 Continuous improvement

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

### **Team’s findings**

The home meets this expected outcome

Ozcare Labrador - Keith Turnbull Place (the home) has systems and processes to identify, implement and evaluate continuous improvements through mechanisms including feedback forms, audits conducted across the four Accreditation Standards, reports and investigation of incidents and hazards, collection of key clinical indicator data and meetings. Improvements are logged and raised as agenda items at relevant meetings, actions are planned and monitored before being evaluated through to completion. Stakeholders are provided feedback via correspondence, noticeboards and meetings. Care recipients/representatives, staff and contracted staff are aware of ways to raise improvement requests and to contribute to the home’s continuous improvement.

Examples of improvements related to Standard 1 include:

- The organisation reviewed the structure of management at the home which resulted in appointing a Manager of Clinical Services and the Director of Nursing’s role became the Facility Manager. In addition the restructure has seen the appointment of two clinical nurses, with shared responsibilities to be on site seven days a week. The roles have delegated responsibilities and management advised the new structure provides improved clinical oversight of the home and improved time management to ensure care and services are provided in way that meets organisational goals.
- Management reviewed the education provided to staff in regard to compulsory reporting to increase staff knowledge and awareness. Previously the home used a digital versatile disc (DVD) however the new education information provides examples of compulsory reporting utilising role play, with resulting discussions about when and what to report. In addition the home now includes person centred care and privacy and dignity as part of the orientation and annual education process.
- In preparation for the implementation of an electronic clinical care system, management and staff undertook a complete review of the documentation and information procedures in regard to care plans. Delegated staff completed education and were assigned to develop care plans within the new format. Ongoing monitoring processes ensure all applicable information has been captured to reflect the individual care recipient’s lifestyle needs and preferences.
- The organisation has an electronic risk management system and the Manager of Clinical Services has developed trending reports utilising this system to monitor the incidents occurring at the home. Management advised the reports have enabled improved analysis and investigation of the causative factors contributing to an incident, resulting in improvements. For example, an increase in falls in one unit of the home in the afternoons triggered the redistribution of staff to the unit which has resulted in a decrease in falls.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify current legislation, regulatory requirements, professional standards and guidelines that relate to the Accreditation Standards. Policies and procedures are updated to reflect change and are accessible electronically and hardcopy and through information from management. Compliance with legislation is monitored through audits, surveys and observation of staff practice. Staff are informed of relevant changes through meetings, education sessions, memoranda, communication books and notice boards. Care recipients/representatives are notified of re-accreditation audits and the organisation has systems and processes to monitor currency of police certificates and designated personnel receive alerts for staff, volunteers and relevant service providers.

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The home has recruitment processes to ensure that management and staff have the appropriate knowledge and skills to perform their roles. Management identify key roles and support staff to maintain the required personal and professional development and education to sustain these roles and responsibilities. Internal and external education sessions are communicated to staff via education calendars, meetings and notice boards. Management monitor the skills and knowledge of staff through audits, observation of staff practice, attendance of mandatory education and via incident and hazard monitoring. Staff demonstrate skills and knowledge relevant to their roles and are satisfied with the support they receive from the home to identify and develop their skills. In relation to this Standard relevant education includes changes to organisational systems such as documentation and ordering systems.

## 1.4 Comments and complaints

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

### **Team’s findings**

The home meets this expected outcome

Care recipients/representatives and other interested parties are aware of how to access the complaint mechanisms within the home. Management and key personnel provide opportunities for care recipients/representatives to voice concerns and management maintain an open door policy. Complaints information is published in handbooks and discussed at meetings. Complaints are captured through individual or group meetings and management provides either verbal or written feedback to the complainant until the complaint is closed. Changed processes or requirements to manage the complaint are communicated to relevant

staff. External complaints information is displayed and available for care recipients/representatives to access.

## **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 home's guiding principles and quality policy statement are documented and displayed throughout the home. Care recipients, staff and other stakeholders are informed about the home's philosophy, mission, values and commitment to quality through information handbooks, staff orientation processes and on an ongoing basis.

## **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

Employment processes at the home include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff are provided with 'buddy' shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified at annual performance appraisals, competency assessments, audits and attendance at education/training. The home maintains a roster to ensure that there is appropriate and adequate staffing for all shifts, which is reviewed regularly in response to the care recipients' changing care needs. Planned and unplanned leave replacements are maintained from current staffing numbers or agency staff. Care recipients are satisfied that their needs are met by appropriately skilled 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

Processes to ensure there are appropriate goods and equipment available for service delivery include key personnel being responsible for maintaining stock and ordering procedures. Equipment needs are identified by management, staff and health professionals based on the needs and preferences of care recipients. Equipment and stock for specialised health and personal care, lifestyle, catering, support services and maintenance is monitored in line with food safety requirements, infection control and occupational health and safety practices. Equipment is maintained via preventative and/or corrective maintenance. Care recipients/representatives and staff are satisfied that adequate stocks of goods and equipment are provided by the home.

## 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

Systems and processes ensure that management, staff and care recipients/representatives have access to and use of accurate and appropriate information. Processes to provide information to relevant stakeholders include written and electronic correspondence, individual and/or group meetings and memoranda that are distributed and displayed. Electronic information is password protected with access restricted to appropriate personnel.

Information is stored in established areas within the home. Monitoring of the information management system occurs through internal auditing processes as well as staff and care recipient/representative feedback. Sufficient information is provided to staff to enable their duties to be carried out effectively. Care recipients/representatives are satisfied that the communication of information is timely and that management provides them with the information to make informed decisions.

## 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

The organisation has systems to ensure external services are provided in a way that meets the home's service needs and quality goals. Processes ensure contract/service agreements and information provided remains current in regards to relevant licences, insurance details, registration certificates and police certificates, within the terms of their agreements. Service agreements are reviewed as required and feedback is sought to ensure consistent quality in service delivery processes. Care recipients/representatives and staff are satisfied with the quality of services provided by external suppliers.

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

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

## 2.1 Continuous improvement

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to this Standard, staff record adverse events and this information is analysed for trends. Care recipients/representatives and staff are satisfied that the organisation actively promotes and improves care recipients’ health and personal care.

Examples of improvements related to Standard 2 include:

- Management reviewed the wound management process which has resulted in the following initiatives being implemented.
- Wound care products and the ordering process was reviewed to ensure appropriate stocks of applicable wound care products available for use.
- Additional cameras were purchased to ensure all wings of the home have access to this equipment as required for improved monitoring of care recipients’ wounds.
- Wound care folders are monitored by clinical nurses and the information is discussed at regular weekly meetings with registered nurses to monitor care recipients’ wounds and develop strategies as required.
- An education package has been completed by registered staff to ensure their knowledge and awareness of the wound care system.
- In consultation with care recipients/representatives, clinical staff and the dietitian, the way in which supplements are provided has been reviewed. It was identified care recipients were refusing or not finishing the pre-packaged supplements provided. Management considered the time supplements were provided and how meals are fortified. This has resulted in the following initiatives,
- Protein shakes and ‘smoothies’ supplements have replaced the pre-packaged supplements. These supplements are now offered to care recipients, following recipe guidelines developed by the dietitian and modified by staff as required, to meet the care recipient’s individual needs. Care recipients were provided with opportunities to discuss their likes and preferences about protein shakes or pre-packaged supplements.
- Fortification of meals occurs at production of meals in the main kitchen which means catering staff are not required to fortify individual meals when serving meals in the dining area.

Management and staff advised there is a decrease of supplements returned to the kitchen and care recipients weights have remained stable.



## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with the legislation relevant to health and personal care. In relation to this Standard, there are established systems to ensure relevant staff have current registration and reporting guidelines in the event of unexplained absence of care recipients.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education and training for staff in relation to health and personal care services and management and staff demonstrate knowledge and skills relevant to their roles in relation to promoting care recipients’ physical and mental health. In relation to this Standard relevant education includes clinical education on oral and dental care, medication management, nutrition and hydration and information relating to care recipients’ specific diagnoses.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

On entry to the home, clinical care needs of care recipients are assessed through interviews with care recipients/representatives, review of medical history, past assessments and completion of further assessments. An interim care plan guides staff until completion of focus assessments which are used to create individualised care plans. Care needs are reviewed at regular intervals with changes communicated via handover processes, clinical review meetings, care plans and progress notes. Care recipients are attended by a medical officer of their choice with referrals to appropriate health professionals as required. A senior clinical team (Manager of Clinical Services and Clinical Nurses) oversee clinical care, monitor staff practice and provide support and advice as necessary. Clinical incidents are reported and assessed by registered/clinical nurses; appropriate treatment is administered and strategies are implemented to reduce the risk of incident recurrence. Effectiveness of clinical care is monitored through review of clinical indicator data, checklists, auditing processes, care recipient/representative feedback, meetings and observation. Care recipients/representatives are satisfied care recipients receive appropriate clinical care.

## 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

Specialised nursing care needs are identified and met by appropriately qualified staff. Clinical/registered nurses conduct assessments and gather information from care recipients/representatives, medical officers and other health professionals regarding complex clinical care needs. Care is delivered in accordance with individualised care plans and treatment directives specifying needs, preferences, required equipment and parameters.

Procedures and care are delivered by staff according to competence and scope of practice. Registered nurses are on site 24 hours a day and a senior clinical team supervise and monitor provision of care. Staff training is provided to ensure they have the skills and expertise to meet care recipients’ specialised nursing care needs. Care recipients/representatives are satisfied care recipients’ specialised nursing care needs are met by appropriately qualified staff.

## 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

The home has referral processes for care recipients to a range of medical and allied health professionals. Registered nurses coordinate referrals in consultation with the senior clinical team, medical officers and in discussion with care recipients/representatives according to their needs and preferences. A range of allied health professionals attend the home regularly; a physiotherapist is on site four days a week. Care recipients who require or request external appointments are assisted with transport and escort as necessary.

Recommendations and directives from health specialists are communicated to relevant staff and incorporated into care recipients’ documentation. Effectiveness of care is monitored and evaluated by registered staff with additional input sought from health professionals as necessary. Care recipients/representatives are satisfied with the range and access to appropriate health specialists and the follow up care provided to care recipients.

## 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 needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and are administered by registered and care staff following education and assessment of competency. Medication charts and care plans contain information to guide staff regarding assistance required and any special

instructions. Medications are stored securely including controlled medications; appropriate records are maintained. Care recipients wishing to self-medicate are assessed for ability and regularly reviewed; the outcome is documented and locked storage is provided. A pharmacy provides and maintains a medication imprest system for commonly used medications such as antibiotics, anti-nausea and pain medications. Medication incidents are reported, analysed and trended with strategies implemented to minimise risk of recurrence. Effectiveness of medication management is monitored through audits, review of incidents, medical officer and pharmacist reviews. Care recipients/representatives are satisfied with the management of care recipients' medications and the assistance provided by staff.

## **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

Assessment of care recipients' pain is completed on entry to the home and on an ongoing basis. Information is gathered regarding location and type of pain and management strategies that may prove effective in treatment. An ongoing process of monitoring and evaluation of effectiveness of pain management strategies occurs through discussion with care recipients, review of progress notes, monitoring charts and formal assessment. A pain management program is delivered by the physiotherapist to care recipients assessed as likely to benefit from intensive treatment. Pain assessed as not being effectively managed is referred to the treating medical officer and/or physiotherapist to enable further investigation, review and alternative treatment options. Care recipients/representatives are satisfied that care recipients' pain is managed effectively.

## **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

End of life needs and preferences are identified and recorded through initial and ongoing assessment processes and case conferences with care recipients/representatives. Care recipients are supported to remain in the home during the palliative phase of care according to their wishes. Relatives and significant others are supported to be involved in end of life care and staff provide information and support as necessary; overnight stays and meals are provided to visitors as necessary. The home has access to specialised palliative care equipment and advice to ensure comfort needs of care recipients can be maintained.

Emotional, cultural and spiritual care is provided as appropriate by nursing, care and lifestyle staff. Arrangements can be made for clergy to visit according to care recipient's individual wishes. Care recipients' pain and comfort needs are managed in consultation with the care recipient/representative, medical officers, nursing and care staff.

## 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

Dietary requirements are assessed on entry including identification of allergies, catering preferences, special requirements and level of assistance required. Catering staff are advised of dietary requirements and changes are communicated effectively. Care plans and dietary forms reflect assessed need and strategies required to support nourishment and hydration needs; nutrition supplement lists guide staff with special requirements. Care recipients’ weights are monitored according to their specific needs with unintended weight variations investigated for causative factors. Referrals to the medical officer, dietitian and/or speech therapist are completed and attended as appropriate. Strategies to assist care recipients to maintain adequate nourishment include provision of special diets, thickened fluids, supplements, meal fortification, modified equipment, additional encouragement and assistance. Changes to diets are discussed with the care recipient/representative to encourage understanding and compliance with changes. Care recipients/representatives are satisfied with the provision of food and fluids and the support of staff to meet care recipients’ nutrition and hydration needs.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin care and hygiene needs are assessed on entry and preferences are identified. Care plans direct staff regarding skin care needs and strategies to employ in maintenance of skin integrity consistent with care recipients’ health and condition. Staff observe care recipients’ skin condition and pressure points during daily care delivery with changes reported to registered staff to enable further treatment and intervention strategies. Skin integrity incidents are reported to registered nurses for assessment and treatment; healing progress is monitored. Complex wounds and skin conditions are referred to medical officers and wound specialists for review, support and advice. Care recipients/representatives are satisfied with the care provided to care recipients in relation to 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

Assessment of care recipients’ continence needs and preferences is completed on entry and as required. Strategies are developed in conjunction with care recipients to maintain continence levels. Toileting and continence management plans are documented with interventions to manage care recipients’ continence requirements. A continence management advisor reviews assessments and gives support and advice to care recipients and staff. Care

recipients are supplied with continence aids according to their assessed needs in a manner that ensures their privacy is maintained and respected. Staff complete daily bowel monitoring charts and these are reviewed to alert nursing staff to changes in care recipients' continence patterns and allow intervention strategies to be implemented. Care recipients/representatives are satisfied care recipients' continence needs are met and staff support privacy and dignity.

### **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

Care recipients are assessed for behaviours of concern on entry through review of medical history, previous assessments and discussion with representatives. Ongoing assessment of behavioural needs is completed to assist in identifying triggering events that impact on behaviour. Proposed strategies that may be effective in behavioural management are included in plans of care to guide staff. The home has a dedicated secure unit to accommodate care recipients who may exhibit wandering behaviours and require close staff observation and intervention. Diversional therapy staff assist to supervise and provide meaningful activities. Specialist help such as external mental health services, dementia specialist services and psychogeriatric advice are accessed to assist in the management of complex behaviours and provide support and education for staff. Regular medical officer review occurs and staff are aware of their reporting responsibilities in the event of a behavioural incident. Restraint is utilised as necessary to facilitate safety and is discussed with representatives and the medical officer, authorised and reviewed regularly. Care recipients/representatives are satisfied the home manages care recipients with challenging behaviours in an effective manner.

### **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

Care recipients are assessed on entry by clinical/registered nurses to determine their mobility, dexterity and falls risk. A care plan and pictorial summary are formulated which includes mobility, transfer and assistive equipment needs. Care recipients are encouraged to maintain their mobility and dexterity through participation in exercise groups, walks and leisure activities to promote optimal function and minimise functional decline. Mobility aids and specialised assistive devices are available as required; corridors are kept clear and have hand rails. Falls are reported and reviewed by the clinical/registered nurses, the medical officer and/or the physiotherapist; interventions are implemented to prevent recurrence. Staff are provided with mandatory training in manual handling techniques. Care recipients/representatives are satisfied with care recipients' ability to maintain optimum levels of mobility and dexterity and the assistance provided by staff.

## 2.15 Oral and dental care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental needs and swallowing ability are assessed on entry to the home with the level of assistance required to maintain oral and dental health identified and documented. Care recipients are encouraged to maintain independence where possible and attend to their own oral hygiene; staff are available to assist as necessary. Care recipients’ ability to self-manage their oral care is monitored and staff report changes to nursing staff for further investigation. Increased frequency of oral care and specialised equipment is available for palliating care recipients and those requiring additional care. Mouth care equipment and products are supplied and replaced regularly. Alternative menu options are available for care recipients with special oral health needs. Following discussion with care recipients/representatives, oral and dental issues are referred to dental services, a speech therapist and/or the medical officer for review and treatment alternatives. Care recipients/representatives are satisfied with the assistance provided by staff to maintain care recipients’ oral and dental health.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory abilities and losses are discussed on entry. Assessment, review of past history and discussion with care recipients/representatives enables identification of ongoing needs and management strategies. Care plans are developed outlining communication and sensory abilities, individual requirements and personal preferences to manage sensory loss. Staff assist care recipients to care for assistive devices and ensure they are available, functional and appropriate to their needs and preferences. Activities are adapted to manage sensory loss and maximise participation and enjoyment. Care recipients are referred to allied health professionals and specialists when required or requested, to assess sensory loss and provide appropriate strategies and assistive devices. Care recipients/representatives are satisfied with management strategies and assistance provided by staff to support care recipients with identified sensory loss.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ natural sleep patterns are assessed on entry to the home to ascertain their current needs and preferences. Care plans outline preferred rest times, settling routines and usual night sleep times. Staff conduct regular checks overnight to ensure care recipient safety and to provide assistance as required. Drinks and food are available for those who wake in the

night and staff assist them to re-settle as necessary. Disturbed sleep patterns are reviewed to determine if there is an underlying cause such as pain and toileting needs; identified issues are addressed. Medical officers are consulted if ongoing sleep issues are identified and pharmacological strategies are utilised as prescribed. Care recipients/representatives are satisfied with interventions to manage care recipients' sleep.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to this Standard, meetings and surveys are used to gather suggestions and feedback is regularly evaluated from lifestyle and care activities. Staff contribute to improvements to care recipient lifestyle with regular meetings and encourage and support care recipients and others to provide feedback and suggestions.

Examples of improvements related to Standard 3 include:

- Management have appointed a dedicated activity officer five days a week to conduct activities in one area of the home, where care recipients living with dementia require additional support. An individual program of scheduled activities have been developed in this area, to better support care recipients who may experience challenging behaviours in the afternoons and early evenings. Management and staff advised the activity program assists in providing care recipients with meaningful activities which reduces agitation and minimises anxious behaviours.
- In response to care recipients’ feedback a review of scheduled activities has occurred. For example, times of exercise groups have changed to accommodate care recipients’ changing needs, which have led to an increase of care recipients choosing to attend this activity. In addition, specifically targeted activities have been reintroduced to reflect current care recipients’ preferences, such as an increase in gardening activities, outings and fashion shows.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with relevant legislation. In relation to this Standard, the home has systems to ensure reportable and non-reportable events are managed according to legislative requirements.



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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing training and management and staff demonstrate knowledge and skills relevant to their roles in the maintenance of care recipients' rights. In relation to this Standard relevant education includes compulsory reporting, person centred care and privacy and dignity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Care recipients and their representatives receive information and a tour of the home prior to entry where possible. New care recipients receive a welcome pack and orientation to their room, the general environment and the home's daily routines. Care recipients are encouraged to bring in items of significance and personalise their room. Family members and friends are encouraged to be involved during the settling in period and on an ongoing basis; visiting hours are open. Staff encourage care recipients' participation in activities and social outings. Emotional needs are assessed and monitored with increased support needs communicated to relevant staff. Referrals to pastoral carers, medical officers and/or counsellors can be organised as the need is identified or requested. Care recipients/representatives are satisfied with the support care recipients receive during their settling in period and with the ongoing support provided by management and staff.

### **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 assessed by a clinical/registered nurse to identify barriers and strategies to maximise independence to the greatest extent possible. Staff encourage and support care recipients to achieve and maintain independence socially, physically and financially within their capacity; assistance is given with those aspects of personal care and activities they are unable to manage. Equipment such as mobility aids and specialised equipment can be sourced to support independence. Care recipients are assisted to continue to participate in activities of interest both in the home and in the wider community; staff and volunteers assist with attendance and participation. Regular outings are scheduled and community visitors welcomed to allow care recipients to maintain links with their local community. Care

recipients/representatives are satisfied with interventions to maintain care recipients' independence and the assistance they receive from staff.

### **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

The home has established policies and procedures to protect and maintain care recipients' right to privacy, dignity and confidentiality. Entry processes provide care recipients with information about their rights, including their right to privacy. Staff are informed of their obligations in relation to privacy, dignity and confidentiality and are guided by a code of conduct and confidentiality agreement. Care recipients are provided with single rooms or shared rooms with privacy curtains and separate wardrobes. A variety of lounges, indoor and outdoor seating areas are available. Information relating to care recipients' health and personal matters is stored confidentially in locked cupboards and/or rooms with limited access to authorised personnel. Verbal handover and discussion regarding care recipients' needs is conducted in private areas. Staff are aware of care recipients' preferred names and deliver personal cares and procedures in private areas. Care recipients/representatives are satisfied privacy and dignity is maintained and care recipients are treated in a respectful manner.

### **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

Assessment processes identify care recipients' past and current leisure interests, including those in the community. A monthly activities program is developed by the lifestyle team taking into account care recipients' preferences and abilities. Calendars are distributed to care recipients and communicated through noticeboards and whiteboards. Care recipients are invited, encouraged and supported to attend to interests and activities of their choice. Individual needs and preferences are catered for through group and individual programs and outings; care recipients who choose not to participate in activities are respected. Overnight leave and community involvement is encouraged. A dedicated activities officer in the secure unit tailors activities and outings appropriate to care recipients' abilities and changing needs. Activities are monitored and evaluated through individual feedback, comments and complaints, discussion at meetings and consideration of participation rates. Care recipient suggestions for new activities and outings are welcomed and incorporated into the monthly activity calendar where possible. Care recipients/representatives are satisfied care recipients are able to choose from a range of individual and group activities and that staff assist them to be involved in activities of their choice.

### **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

Care recipients' cultural and spiritual needs and preferences and ethnic backgrounds are identified on entry through assessment and discussion. The home caters for specific cultural and spiritual dietary needs. Regular denominational church services are conducted and care recipients are assisted to attend according to their wishes. Pastoral care visitors and ministers can be arranged to conduct individual visits and perform rituals. Care recipients are encouraged to continue links with their ethnic communities. Multicultural resources are available and translator services can be accessed if necessary. Management encourage the recruitment of staff who are able to speak languages relevant to the care recipients in the home. Care recipients/representatives are satisfied that care recipients' cultural and spiritual needs are respected and supported.

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

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

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

The home meets this expected outcome

Care recipients are consulted regarding their individual needs, preferences and choices on entry to the home. Ability to be involved in care and decision-making is assessed with alternative decision makers identified and recorded as appropriate. Input and feedback is sought from care recipients/representatives through participation in case conferences, one on one discussion, meetings, surveys, suggestions and complaints processes. Care recipients retain the right to refusal of care and treatment. The home enables care recipients to participate in activities with a degree of risk involved by liaising with care recipients and/or their representatives, informing them of the risks and involving the medical officer as necessary. The opportunity to exercise voting rights is made available at the appropriate time. Care recipients/representatives are satisfied with choices offered in matters relating to the care and services in the home.

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

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

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

The home meets this expected outcome

Care recipients and representatives are provided with a tour, written and verbal information regarding accommodation, care and service provision prior to entering the home. Care recipients are offered a handbook and an agreement which detail information relating to their rights and responsibilities, feedback mechanisms, security of tenure, complaints management

and advocacy services. Management maintain an open door policy and are available to answer questions and discuss how to manage moving into the home. Care recipients are able to remain in the home as their care needs increase. Any room changes and/or relocation within the home or to other accommodation is only conducted if recipients' requirements dictate and after discussion with the care recipient, their representative and the relevant medical officer. Care recipients/representatives are aware of their rights and responsibilities and are satisfied that care recipients' tenure at the home is secure.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. In relation to this Standard, information is collected through reporting mechanisms about hazards, incidents, infections, and the environment and is analysed for trends. Staff and care recipients are satisfied that the organisation actively monitors and improves the physical environment and safe systems.

Examples of improvements related to Standard 4 include:

- In consultation with care recipients/representatives and management an outdoor area has been refurbished. Aspects of the outdoor area improved include the purchase of more suitable outdoor furniture, the installation of artificial turf, a water feature, gardens and raised garden beds. Care recipients/representatives were consulted regarding the plants for the gardens and scheduled activities occur to support care recipients to care for the raised gardens.
- Management reviewed the security of an internal stairwell in response to an incident, which resulted in the installation of an access control and swipe card security system. This ensures care recipients are unable to access the internal stairs or the external environment through these access points. In addition the access control and swipe card security system has been installed for access to clinical areas of the home. Staff and management advised this system has provided improved security for care recipients and staff.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and processes to maintain regulatory compliance. The home has systems to ensure compliance with legislation relevant to the physical environment and safe systems. In relation to this Standard the home has a food safety program and processes for monitoring workplace health and safety requirements and fire safety.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and processes to ensure staff have appropriate knowledge and skills. The home provides ongoing education related to the physical environment and safe systems and management and staff demonstrate knowledge and skills relevant to their roles in maintaining the welfare of care recipients, staff and visitors in safety and comfort. In relation to this Standard relevant education includes mandatory education for fire and emergency response, manual handling and infection control practices.

### **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

Monitoring of the living environment occurs through the reporting and actioning of hazards and the investigation of incidents. The environment and equipment is maintained in accordance with the preventative maintenance schedule, cleaning duty lists and maintenance requests. Where the need for restraint has been identified, assessment and authorisation is documented and monitoring is undertaken. Care recipients are encouraged to personalise their rooms with furnishings and decorations. Dining and lounge areas are furnished to provide a safe and comfortable environment to support care recipients' lifestyle needs. The home is secured each evening and lighting ensures a safe environment. Care recipients/representatives are satisfied that management is actively working to provide a safe and comfortable environment.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Processes and procedures identify hazards, review safe work practices, evaluate new equipment and provide ongoing education to maintain a safe working environment and the home provides information to direct staff practice. Workplace health and safety information is provided during orientation and staff meetings and annual mandatory training contributes to a safe working environment. Audits and risk assessments, hazards and incidents are logged and discussed at work place health and safety meetings. Staff are aware of the safe use of chemicals and report maintenance issues, hazards and incidents.

#### **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 has documented policies and procedures to manage fire safety, evacuations and other emergencies. Evacuation plans are located across the site in accordance with regulatory guidelines and exits are clear of obstruction. External providers maintain fire systems, equipment and signage. Emergency procedures are documented and available to staff. Mandatory fire safety training and education is provided for staff at orientation and annually and is monitored for attendance. Fire drills are conducted and staff have knowledge of the home's fire and emergency procedures and their role in the event of an alarm and evacuation.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Staff have access to personal protective equipment, handwashing facilities and automatic sanitiser dispensers. Care recipients with a suspected infection are referred to their medical officer for review and treatment. Prescribed treatments are provided in a timely manner; treatment outcomes are monitored. Infections are reported and infection data collated and analysed; further education is delivered if trends are identified. The home has an outbreak management procedure. An annual vaccination program is available to care recipients and staff. The home has a food safety program, waste management processes and laundry and cleaning processes which minimise the risk of cross infection.

#### **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

Care recipients expressed satisfaction with the standard of the catering and cleaning as well as laundry services provided at the home. Care recipients' dietary needs are assessed and identified including allergies, likes, dislikes and cultural preferences which are documented to ensure their individual needs and preferences are met. A dietitian approved menu provides guidance for the provision of meal and beverage services and in consultation with care recipients, alternative meal preferences are provided. Care recipients/ representatives are invited to forums to discuss menu issues and their satisfaction with the meals is monitored via surveys. Cleaning, laundry and catering services are monitored to ensure services are provided in accordance with infection control practices and in a way that supports care recipients' needs.