

Ozcare Villa Vincent

RACS ID: 5875

Approved provider: Ozcare

Home address: 2 Acacia Street MUNDINGBURRA QLD 4812

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| Following an audit we decided that this home met 41 of the 44 expected outcomes of the Accreditation Standards. This home remains accredited until 29 September 2018.We made our decision on 23 August 2017.The audit was conducted on 07 August 2017 to 15 August 2017. The assessment team’s report is attached.The short period of accreditation will provide the home with the opportunity to develop and implement effective monitoring systems while addressing the areas identified as not met. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home’s progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the ‘Most recent decision concerning performance against the Accreditation Standards’ listed below.

# Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 30 November 2017 concerning the home’s performance against the Accreditation Standards is listed below.

## 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

### Principles:

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: Ozcare Villa Vincent

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# Introduction

This is the report of a Review Audit from 07 August 2017 to 15 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:

* 41 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

* 1.8 Information systems
* 2.4 Clinical care
* 3.2 Regulatory compliance

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Review Audit from 07 August 2017 to 15 August 2017.

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

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: 175

Number of care recipients during audit: 168

Number of care recipients receiving high care during audit: 146

Special needs catered for: Care recipients requiring a secure environment

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Facility Manager | 1 |
| Manager Clinical Services | 1 |
| Manager Client Services | 1 |
| Registered Nurses | 12 |
| Care staff | 18 |
| Clinical Nurses | 3 |
| Care recipients/representatives | 36 |
| Pastoral Care Support Officer | 1 |
| Lifestyle and activities staff | 3 |
| Hospitality staff | 8 |
| Occupational Therapist | 1 |
| Students | 3 |
| Maintenance staff | 1 |
| Administration Assistant | 1 |
| General Practitioner | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files includes care plans, assessments, monitoring records and progress notes | 31 |
| Medication charts including medication profiles and summary sheets | 41 |

## Other documents reviewed

The team also reviewed:

* Activity calendar
* Audits and audit results
* Care recipient list
* Cleaning checklists
* Comments and complaints records
* Communication books and diaries
* Continuous improvement plan
* Controlled drug registers
* Diabetic management plans and monitoring records
* Dietary preference records including supplement records
* Duty lists and statements
* Education records
* Electronic record system
* Emergency management plan and chief fire warden instructions
* Enteral nutrition chart
* Evacuation lists
* Food safety program
* Handbooks – employee, care recipients
* Health assessments
* Incident records
* Inventory stocktakes
* Leisure and lifestyle records
* Maintenance checklists and documentation
* Mandatory reporting register and consolidated records
* Meeting minutes
* Newsletters
* Orientation book for registered nurses
* Pharmacy order folder
* Policies
* Reportable assault checklist
* Repositioning records
* Residential aged care client agreement
* Restraint authorisations and monitoring records
* Roster, allocation sheets and replacement records
* Service agreements
* Temperature monitoring logs
* Weight records
* Wound records including wound days overdue report

## Observations

The team observed the following:

* Activities calendar on display
* Activities in progress
* Administration and storage of medications
* Care recipient laundry
* Care recipient meeting in progress
* Charter of care recipients’ rights and responsibilities on display
* Cleaning, catering, laundry and maintenance services in progress
* Colour coded dietary sheets in use
* Equipment and supply storage areas, including established central store for pressure relieving equipment, chemical and food stores
* Fire detection, fire suppression installations, firefighting equipment and evacuation maps
* First aid supplies
* Handover in progress
* Interactions between staff, care recipients and visitors
* Internal and external living environment
* Maintenance workshop and storage areas
* Meal and beverage service and delivery
* Noticeboards – notice of audit on display
* Organisational guiding principles on display
* Personal protective equipment in use
* Pressure relieving equipment and mobility devices in use
* Sensor mats and beams in use
* Weekly menu on display

# 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

Ozcare Villa Vincent (the home) has systems and processes to identify, implement and evaluate continuous improvement via audits conducted across the four Accreditation Standards, reports and investigation of incidents and hazards, collection of key clinical indicator data, surveys and meetings. Improvements are logged and raised as agenda items at relevant meetings; actions are planned and monitored before being evaluated through to completion. Feedback is provided through correspondence, noticeboards and meetings. Care recipients/representatives and staff are aware of ways to raise improvement requests and to contribute to the home’s continuous improvement. A recent example of an improvement in Standard 1 Management systems, staffing and organisational development is:

* The organisation has implemented a new rostering system. The rostering system also identifies the qualification of the staff required for each shift to be replaced. Staff reported the new system is easier to identify upcoming shifts that require replacement.

### 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 a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The home’s management is informed about changes to regulatory requirements from head office. Where changes occur, the home takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. Compliance with relevant requirements is monitored through a planned schedule of internal audits and third party reviews. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Management are aware of their regulatory responsibilities relevant to Standard 1 Management systems, staffing and organisational development, in relation to police certificates and the requirement to provide advice to care recipients and their representatives about re-accreditation site audits.

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

The home has recruitment processes to ensure 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, education records 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 provided has included changes to electronic management systems and workplace bullying and harassment.

### 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 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 verbal feedback, feedback forms and surveys with staff generally reporting verbal complaints to management. Management follow up reported complaints and provide feedback to the complainant until the complaint is resolved. 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 organisation has documented the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents and is displayed throughout the home.

### 1.6 Human resource management

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

#### Team’s findings

The home meets this expected outcome

Employment processes at the home include the selection, appointment and orientation of staff. An orientation program includes mandatory training and staff receive ‘buddy’ shifts and training specific to their role. Staff skills and knowledge are monitored and supported through educational opportunities identified at performance appraisals, analysis of clinical indicators, completion of audits and attendance at education/training. The home maintains a roster to ensure there is appropriate and adequate staffing for all shifts. The roster is reviewed regularly in response to the care recipients’ changing care needs. Planned and unplanned leave replacements are maintained from current staffing numbers and/or contracted agency staff if required. Care recipients/representatives are generally satisfied with the responsiveness of staff and are satisfied that care recipients’ 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

##### The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff practice is monitored to ensure stock is rotated and goods are used and stored safely. Staff, care recipients/representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

### 1.8 Information systems

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

#### Team’s findings

The home does not meet this expected outcome

Clinical documentation does not contain accurate information to inform staff practice of care recipients’ needs and preferences. Staff are not consistently entering care alerts into the electronic record system to ensure care recipients receive appropriate clinical care. Staff are not consistently recording aspects of care.

### 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 home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients and staff interviewed stated they are satisfied with the quality of externally sourced 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

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. Care recipients/representatives and staff are satisfied the organisation actively promotes and improves care recipients’ health and personal care. Recent examples of improvements in Standard 2 Health and personal care are:

* The home has introduced a Tai Chi exercise class to provide care recipients with an opportunity to engage in a gentle exercise program. Staff stated the Tai Chi program will assist care recipients to maintain balance and strength, which supports their independence. Staff advised care recipients are able to enjoy a meditative experience in a supportive environment.
* Management have developed a central store of equipment to support care recipients’ skin integrity. Previously the equipment was held in various areas and now with the central store developed, management are able to identify and monitor the availability of equipment to meet care recipients’ needs.

### 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 to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2 Health and personal care, management are aware of their regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

### 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. 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 provided includes clinical education on behaviour management, wound management and education 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 does not meet this expected outcome

Care recipients have not consistently received appropriate clinical care. Care plans do not consistently reflect current clinical information to guide staff practice. Monitoring of staff practice is not effective.

### 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 through assessment and care planning processes which are conducted on entry to the home and as required. Clinical nurses, supported by registered nursing staff, ensure the provision of specialised care needs of care recipients is met. Specialised care needs currently being provided at the home include diabetic management, catheter care, percutaneous endoscopic gastrostomy and tracheostomy care. Ongoing monitoring of specialised care needs is conducted through observation, discussion with care recipients/representatives, review of care recipients’ clinical records, and feedback from staff and other health professionals. Assistance is sought from external specialist health services with general practitioners, allied health professionals and other specialist services contacted if additional support is required for individual care recipients. Care recipients/representatives are satisfied with the specialised nursing care provided to care recipients.

### 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’ allied health needs are identified on entry to the home with referral to appropriate health specialists undertaken in a timely manner. The home employs a full-time occupational therapist and utilises a variety of other external health specialists including a physiotherapist, podiatrist, dietician, speech pathologist and dementia specialist. Regular assessments are undertaken for individual care recipients as required and a referral is initiated by registered nursing staff for medical and allied health reviews. Outcomes of referrals are documented appropriately and retained in care recipients’ records. Staff demonstrate an understanding of the referral process to the occupational therapist and other health specialists. Care recipients/representatives report satisfaction with referrals to, and services provided by, health specialist services provided at the home.

### 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

The home has systems and processes to identify care recipients initial and ongoing medication management needs. The home utilises a combination of sachet system and unpacked medications. Medication competent care staff administer packed medications while registered nursing staff are responsible for the administration of insulin, cytotoxic, anti-coagulant, controlled, ‘as required’ and unpacked medications. Medication administration practices are generally carried out safely and correctly. The home has medication ordering processes to ensure adequate stock of care recipients’ medications. Care recipients who self-administer their medications are assessed for competency and have access to secure storage areas for their medications. Care recipient medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Care recipients/representatives are satisfied care recipients’ medications are administered safely and correctly.

### 2.8 Pain management

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

#### Team’s findings

The home meets this expected outcome

Care recipients with pain are identified on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. The occupational therapist facilitates pain management programs within the home. A variety of pain management strategies such as the use of repositioning, transcutaneous electrical nerve stimulation, massage and exercise/movements are implemented for care recipients to ensure they remain as free as possible from pain. Staff outlined pain management strategies for individual care recipients. Progress note entries indicate action is taken in response to care recipients’ reports of pain. The effectiveness of pain management strategies is evaluated. Care recipients are satisfied with the way their pain is managed.

### 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

Care recipients’ end of life requests are collected in consultation with the care recipient and their representatives when appropriate. Copies of information such as enduring power of attorney and advanced health directives are located in the care recipients’ records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. Pastoral care support is provided at the care recipient and their families’ request. Palliative care plans guide staff in care recipients palliative needs and preferences including pain management interventions. Care recipients are satisfied staff are caring and respectful of their wishes and preferences in ensuring their care needs are met.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ nutrition and hydration needs including likes, dislikes and cultural requirements, allergies and assistive equipment devices required are identified on entry to the home through the completion of a dietary profile. The information gathered is used to develop the care recipient’s care plan and inform the kitchen to ensure appropriate meals are provided to all care recipients. Care recipients are weighed on entry then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist care recipients to maintain adequate nourishment include the provision of texture modified diets, dietary supplements, and referral to dietitians and speech pathologists, as required. Care recipients are satisfied with the quality and sufficiency of food and fluids provided.

### 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 requirements, preferences and special needs are assessed and identified on entry, in consultation with care recipients and/or representatives. Care plans are developed from the assessed information and pressure injury prevention strategies including use of pressure relieving aids, application of moisturiser and scheduled repositioning are generally implemented in a timely manner. Wound care is managed by the registered nurses with an external wound specialist accessed for additional consultation as required. Care recipients/representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ continence needs are assessed on entry to the home and on an ongoing basis. Care plans guide staff practice and ensure individual care recipients’ preferences are met. Staff have an understanding of continence promotion strategies such as the use of aids and toileting programs. Staff monitor and record urinary and bowel patterns; care plans are reviewed every three months and as required. Changes to continence regimes are communicated to staff through care staff trained in continence management communications, during handovers, in records of continence aid use and progress notes. Care recipients reported staff support their privacy when providing continence care and are satisfied with the care they receive in relation to continence management.

### 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’ challenging behaviours are assessed on entry to the home with behaviour care plans generally developed in consultation with the care recipient, their representatives and other health professionals when necessary. Ongoing monitoring of care recipients with challenging behaviours occurs when care recipient behavioural needs change and/or at the scheduled three monthly reviews. The home has processes to consult with care recipients/representatives and their general practitioner should the use of a restraint as an intervention be considered. Staff are able to consult with external mental health services if required. Staff receive education in relation to dementia and behaviour management and are aware of interventions to manage individual care recipients with challenging behaviours. Care recipients/representatives are satisfied with the way care recipients’ challenging behaviours are managed.

### 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

Processes including initial and ongoing assessments by the physiotherapist, occupational therapist and registered nursing staff identify individual care recipient’s specific mobility, transfer and therapy needs. Individualised care plans include manual handling instructions, level of falls risk and interventions to promote optimal function and minimise functional decline. Following assessment by the physiotherapist and/or occupational therapist, care recipients are assisted to trial and select mobility aids appropriate to their needs; care staff initiate passive exercises with care recipients during daily care routines and facilitate individual exercise programs in conjunction with the physiotherapist or occupational therapist. Care outcomes are monitored through care plan evaluations, investigation and analysis of care recipient falls and care recipient feedback. Care recipients are satisfied with the level of support and assistance provided to maintain their optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ dental history is assessed on entry to the home, including determining care recipients’ preferences relating to management of their oral care. Care plans are developed to generally guide staff practice and effectiveness of care is reviewed every three months and as care needs change. Referral to dental services occurs where required. A dentist is available at a local surgery in the community and assistance is provided by the home to access services when required. Resources such as mouth care products, toothbrushes and toothpaste are available to meet care recipients’ oral hygiene needs. Care recipients’ toothbrushes are generally changed seasonally. Care staff generally complete oral and dental care in accordance with individualised care plans with amendments to care communicated through handover processes, progress notes and revised care plans. Care recipients reported satisfaction with the assistance given by staff to maintain their 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’ care needs in relation to senses such as hearing, vision, speech, touch, taste and smell is assessed on entry to the home, reassessed regularly and when care needs change. Care plans are developed to guide staff practice; there are strategies to address identified needs and personal preferences. Care staff assist care recipients with the removal and management of aids. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists in consultation with the care recipient/representative and general practitioner. Staff are educated on individual care requirements and the maintenance of sensory aids and demonstrate an awareness of environmental controls required to support care recipients with sensory impairment. Care recipients with sensory impairment are satisfied with the care assistance provided by staff.

### 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

Initial and ongoing assessment processes identify care recipients’ sleep patterns, settling routines and personal preferences. Individual care plans document interventions to help care recipients achieve and maintain natural sleep. Night routines at the home maintain an environment that is conducive to sleep, staff implement support and comfort measures and administer prescribed medication if required. Ongoing assessment, planning and evaluation processes and care recipient feedback monitor the effectiveness of care interventions. Staff are aware of individual care recipient’s sleep/rest patterns and personal routines and provide additional support for care recipients with disturbed sleep. Care recipients report they are able to achieve sufficient rest and are satisfied with the support provided by staff.

## 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; feedback is regularly sought to evaluate 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. A recent example of an improvement in Standard 3 Care recipient lifestyle is:

##### Management said that in response to dementia training being provided at the home, activities and the environment in the secure wing were reviewed. This has resulted in the development of a woodworking activity with associated resources acquired for male care recipients. An experienced male volunteer assists male care recipients to restore items for use around the home.

### 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 does not meet this expected outcome

##### Management and staff do not have a shared understanding to identify and report reportable assaults. As a result, reportable assaults are not actioned in accordance with regulatory 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 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

Information identifying the care recipients’ lifestyle interests, cultural and spiritual preferences and relationships is gathered from care recipients/representatives prior to and on entry to the home. The information is reviewed by activity staff to assist in helping care recipients adjust to moving into the home and planning of their lifestyle preferences. Staff orientate care recipients and provide information as they settle into the home. Clinical staff use assessment processes to identify when care recipients require additional emotional support and referrals with support systems implemented as necessary. Feedback from care recipients/representatives is gathered during case conferences or individual and group meetings. Care recipients/representatives are satisfied with the emotional support provided by the 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

The home’s system for the assessment, planning and delivery of care and services identifies care recipients’ previous social interests and lifestyle as well as their current interests and abilities. Care recipients’ preferences are gathered via meetings and assessment processes, in respect to their care requirements and lifestyle choices. Identified community links are facilitated, as identified, to support care recipients’ spiritual needs and lifestyle interests. Care recipients’ independence is encouraged and maintained with the provision of aids to assist with their mobility and sensory requirements. Opportunities are provided to care recipients to engage in a range of events including bus outings, social activities and themed events. Care recipients/representatives are satisfied staff promote and support care recipients’ independence within their capacity.

### 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 processes and maintains a supportive environment to protect care recipients’ privacy and dignity. Confidentiality and privacy information is provided and explained to care recipients/representatives on entry to the home. Processes ensure consent is obtained for information or photographic images which may be shared. Care recipients’ administrative and care files are stored securely with access available to authorised individuals. Care recipients’ individual preferences in relation to privacy and dignity are collected and specific needs are integrated into care plans and communicated to relevant staff. Staff practices are generally monitored to ensure care recipients’ information, privacy and dignity is maintained. Care recipients/representatives are satisfied care recipients’ privacy, dignity and confidentiality is maintained and respected.

### 3.7 Leisure interests and activities

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ social history regarding leisure interests and preferences is gathered through consultation with the care recipient and/or their representative on entry and an individualised therapy care plan is developed. Therapy care plans are reviewed regularly and reflect changes as needed. Activity staff develop a program of activities in discussion with care recipients and information about activities and outings are advertised via noticeboards and calendars. Staff from each area have access to information which details care recipient’s individual preferences and attendance at identified activities. Social and themed events are organised and days of significance are celebrated. The activity program is evaluated and revised based on feedback through individual and group meetings. Care recipients/representatives are satisfied care recipients are encouraged and supported to attend activities of interest to them and with the range of activities available.

### 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’ individual interests, customs, beliefs and cultural and ethnic backgrounds are identified through the collection of information on entry to the home. Consultation occurs with care recipients/representatives to capture relevant information and access to identified community, cultural and/or spiritual groups is facilitated as needed. Care recipient’s specific cultural and spiritual needs are included in care plans and associated information is provided to staff to enable attendance at identified religious services and/or culturally significant events. Religious services are available and care recipients preferring a visit from a pastoral care worker of another denomination are arranged as required. Community resources are available and can be accessed for information as needed. Care recipients/representative are satisfied with the support and assistance care recipients receive to maintain their cultural and spiritual preferences.

### 3.9 Choice and decision-making

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

#### Team’s findings

The home meets this expected outcome

Care recipients/representatives are able to exercise choice and make decisions regarding the care and services received. Information is collated via the assessment processes from entry, which identifies care recipients’ lifestyle choices and preferences in regards to care procedures and services provided at the home. Consultation occurs through individual and group meetings with staff and management, health professionals and through the comments and complaints process. The Charter of Care recipients’ Rights and Responsibilities is available through handbooks, agreements and is displayed in the home. Care recipients’ authorised decision maker and relevant information is held on file in the event they may need their nominated person to make decisions on their behalf. Staff interactions with care recipients support the rights of care recipients to make choices and provide them with the opportunity to make their own decisions. Care recipients/representatives have access to information in regards to comments/complaints, advocacy and translation services if required.

### 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 their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints on entry to the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrate an understanding of care recipient rights. Care recipients/representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 – Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes. 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 the organisation actively monitors and improves the physical environment and safe systems. A recent example of an improvement in Standard 4 Physical environment and safe systems is:

##### The home has reviewed the way texture modified meals are presented, to provide care recipients with a meal that looks “more appetising”. Texture modified or pureed food product is now moulded into shapes that look like the original form of the food, for example carrots and peas or chicken legs. While this is a recent initiative, the home identified staff assisting care recipients with these meals, are providing care recipients with opportunities to taste each portion separately.

### 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 to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 4 Physical environment and safe systems, management are aware of their regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### 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 monitor as required. 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

##### The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients/representatives interviewed are satisfied the living environment is safe and comfortable.

### 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

##### There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's occupational health and safety program. Staff were observed to generally maintain safe work areas and carry out their work safely. Staff are satisfied management is actively working to provide a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is generally inspected and maintained and the environment is monitored to minimise risks. The home has an emergency power generator and has access to emergency supplies in the event of a disaster. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients/representatives are aware of what they should do on hearing an alarm and feel safe and secure in the home.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

##### The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 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

##### The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients/representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Care recipients' personal clothing is laundered on site with flat linen outsourced to a contracted laundry service. The chef is responsive to suggestions regarding the meals and to the changing dietary preferences of care recipients. Staff are satisfied the hospitality services enhance the working environment. Care recipients/representatives are generally satisfied the hospitality services meet their needs and make their stay more enjoyable.