



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Tarcoola Residential Aged Care Service RACS ID: 3349**

**Approved Provider: Shepparton Retirement Villages Inc**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

Reconsideration Decision made on 27 December 2017

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 13 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 29 August 2015 to 29 June 2019.

Reason for decision

Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from

27 December 2017

Accreditation expiry date

29 June 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Tarcoola Residential Aged Care Service**

RACS ID 3349

9 Batman Avenue

SHEPPARTON VIC 3630

Approved provider: Shepparton Retirement Villages Inc

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 29 August 2018.

We made our decision on 13 July 2015.

The audit was conducted on 10 June 2015 to 11 June 2015. 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.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

### Standard 2: Health and personal care

#### Principle:

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.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

**Standard 3: 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



**Australian Government**

**Australian Aged Care Quality Agency**

## **Audit Report**

**Tarcoola Residential Aged Care Service 3349**

**Approved provider: Shepparton Retirement Villages Inc**

### **Introduction**

This is the report of a re-accreditation audit from 10 June 2015 to 11 June 2015 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

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 10 June 2015 to 11 June 2015.

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

Team leader:	Dawn de Lorenzo
Team member:	Jennifer Thomas

## Approved provider details

Approved provider:	Shepparton Retirement Villages Inc
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## Details of home

Name of home:	Tarcoola Residential Aged Care Service
RACS ID:	3349

Total number of allocated places:	57
Number of care recipients during audit:	53
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	-

Street:	9 Batman Avenue	State:	Victoria
City:	Shepparton	Postcode:	3630
Phone number:	03 5832 0800	Facsimile:	03 5821 3998
E-mail address:	kerrir@sheppvillages.com.au		

## Audit trail

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

### Interviews

	Number		Number
Chief Executive Officer	1	Care recipients/representatives	12
Executive manager of quality, risk and compliance	1	Executive manager of people, workforce and culture	1
Care manager	1	Maintenance personnel	3
Clinical, care and lifestyle staff	11	Administration personnel	2
Education, clinical practice and infection control manager	1	Catering, cleaning and laundry personnel	4
Aged care funding instrument and care support manager	1	Occupational health and safety personnel	3

### Sampled documents

	Number		Number
Care recipients' files	9	Medication charts	9
Care recipients' lifestyle files	6	Agreements for care recipients	6
Personnel files	6	External contracts	4

### Other documents reviewed

The team also reviewed:

- Activities calendar and lifestyle documentation
- Audits, audit schedule and surveys
- Catering, cleaning and laundry schedules and related records
- Clinical charts, progress notes, assessments and specialised nursing care documentation
- Compulsory reporting register and flow chart
- Consent forms
- Continuous improvement plan
- Education documentation including matrix, calendars and evaluations
- Electronic care planning system
- Employee, volunteer and contractor handbooks
- Essential services reports
- External contractor register
- Food safety plan and third party audits
- Incident reports and analysis documentation
- Infection control data and analysis documentation
- Influenza vaccination records
- Information for care recipients including handbook and package

- Material safety data sheets
- Medication competency assessments
- Memoranda
- Menu and dietary records
- Minutes of meetings
- Newsletters
- Nursing qualification register
- Occupational health and safety documentation, workplace inspection checklist and report
- Orientation documentation and position descriptions
- Palliative care pathway
- Police certificate register and statutory declarations
- Policies and procedures
- Preventative and remedial maintenance documentation
- Risk assessments
- Rosters and appraisal database
- The 'Have your say' folder and log.

### **Observations**

The team observed the following:

- Accreditation assessment signage for stakeholders
- Activities in progress
- Administration and storage of medications
- Cleaning and laundry in progress
- Equipment and supply storage areas
- Fire fighting equipment, fire panel, alarms, site maps, evacuation pack and care recipient list
- Hand hygiene facilities, personal protective equipment, outbreak box and spills kits
- Interactions between staff and care recipients
- Living environment
- Mission, values and vision statement displayed
- Noticeboards
- Nursing station and staff room
- Refreshment and lunch service with menu displayed
- Short group observation in dining room
- The 'Charter of care recipients' rights and responsibilities' displayed
- The 'Have your say' forms with box and external complaints pamphlets
- Waste management systems
- Wound trolley.



## 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

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. A centralised quality and safety committee and a care managers' quality committee oversee continuous improvement processes. Utilisation of a framework with mechanisms such as feedback from stakeholders, infection control information, audits, collection of performance data and incident reports ensures identification of areas for improvement. Management encourage stakeholders to contribute to the continuous improvement system through means such as attending meetings, completing 'have your say' forms, electronic mail and the home's open door policy. In addition, care recipients, representatives and staff complete regular surveys. Management introduce changes in a structured manner and monitor their impact. There are processes such as internal and external audits to review performance. Management provide feedback to stakeholders as appropriate verbally through meetings or consultations or through documentation such as electronic mail and letters.

Examples of improvement initiatives implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- Management identified the continuous improvement processes required enhancement. Following a review of structures and systems, management developed new key performance indicators, audit tools and schedules as well as reporting templates. Management said the new system both identifies issues and provides improved interventions in a timely manner to ensure quality of care for care recipients.
- Management recognised the importance of improving the electronic care planning and medical record system to ensure accurate information. Management and staff met with various external providers to choose the system most applicable to meet their care recipients' needs. Following thorough education to staff, management introduced the new system. There has been positive feedback from staff, allied health personnel and medical practitioners who report the new system is both user friendly and comprehensive ensuring improved documentation and care for care recipients.
- Management identified policies, procedures and guidelines required improvement and researched and reviewed the package. Following education to staff, the policies, procedures and guidelines are now available on line for all staff. There has been positive feedback from staff who report the new system ensures timely access to any information or forms required. Management said the new process also ensures improved document control.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The organisation’s management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. Central management subscribe to various legislative services, government agencies and industry bodies to ensure they receive notification of changes in legislation. Reports of any changes undergo review through all committees and the home’s policy review process. The organisation’s management then develop or modify policies, procedures and education processes to ensure alignment with any changes. Staff receive information of any regulatory changes through avenues such as meetings, electronic care planning system, memoranda or education.

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

- Management notified stakeholders in advance regarding this re-accreditation audit.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- There is a system to ensure compliance with police certificate requirements and overseas statutory declarations for all relevant staff.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively in relation to the Accreditation Standards. The organisation develops a monthly education and training calendar which includes orientation and mandatory topics. In consultation with the care manager, additional topics are scheduled and may be in response to performance reviews, quality activities, incidents, care recipients specific needs and changes to regulatory requirements. A range of education opportunities includes self directed learning, practical competencies, in-house and external sessions. Internal educators and specialist service providers facilitate the various education and training sessions. Key staff maintain attendance records and review staff evaluation of education attended. Management and staff are satisfied with the learning opportunities offered to them. Care recipients and representatives said they are satisfied with the knowledge and skills of management and staff.

Examples of education and training scheduled and attended in relation to Standard 1 Management systems, staffing and organisational development include:

- bullying and harassment
- customer service

- electronic care planning system
- preparing for Accreditation.

#### **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

Each care recipient and/or their representative and other interested parties have access to internal and external complaints mechanisms. The system includes 'have your say' forms, stakeholder meetings, information handbooks and brochures. A locked box to lodge forms ensures anonymity if desired. Stakeholders also verbalise complaints through management's open door policy or electronic mail. There are interpreter services available for care recipients from non-English speaking backgrounds as required. Management ensure stakeholder satisfaction through regular surveys as well as through the home's auditing system. There is a process to log any comments and complaints as required to identify trends. Management investigate any suggestions in a timely manner and provide feedback to stakeholders as appropriate through meetings, letters, consultations or electronic mail. Care recipients, representatives and staff said they are aware of how to make a complaint and are satisfied to do so if required.

#### **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 residential care services mission, values and vision statement, which is displayed in the home. The statement is also documented in care recipient, volunteer, contractor and staff handbooks.

#### **1.6 Human resource management**

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

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

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with these Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of registration once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The staff orientation process includes education and supernumerary shifts and position descriptions document their roles. Management monitor staff performance through competency assessments, performance appraisals and observation of practice. There is a process to ensure roster coverage through the use of the organisation's staff to fill any vacancies with consideration given to the current needs of care recipients. Staff are satisfied with the

number of staff and adequacy of skills. Care recipients and representatives said they are satisfied care recipients receive adequate care in a timely manner.

### **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 a system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Key personnel regularly monitor and order supplies and equipment through preferred and approved suppliers. Staff rotate stock where required and goods are stored in clean, tidy and secure storage areas. Through organisation processes, management purchase items of equipment as required. The provision of goods and equipment reflect the identified needs of care recipients. A preventative and remedial maintenance program and regular and scheduled cleaning of equipment ensures equipment is in good working order. Management monitor the stock of appropriate goods and equipment through quality activities and feedback mechanisms. Staff said they participate in the trial and evaluation of new equipment and have sufficient and appropriate stock and resources. Care recipients, representatives and staff said they are satisfied with the quality, quantity and availability of stock and equipment.

### **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

There are effective information management systems with confidentiality, privacy and security maintained throughout. All stakeholders have access to current information, activities and events of the home as appropriate through means such as meetings, noticeboard displays, handbooks and newsletters. Care recipients and representatives receive adequate information, including regular care consultations, to assist them to make decisions about each care recipient's care and lifestyle. Management and staff receive accurate information to help them perform their roles through the electronic care planning system, education, memoranda, meetings, policies and procedures. There is a process to regularly back up the computer system externally with logons and passwords for staff and care recipient information is securely and appropriately stored. Care recipients, representatives and staff said they are satisfied with information systems and communication processes in the home.

### **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

There is a system to provide externally sourced services to meet the residential care service's needs and service quality goals. Management have a register of contracted providers and review the service agreements regularly with input from care recipients and

staff, as appropriate, to ensure the provision of optimum service. There is a system to ensure contractors have a current police certificate with associated documentation as necessary. External providers receive information regarding the home's processes when they commence. Care recipients, representatives and staff said they are satisfied with the services provided by the home's contractors.

## **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 regarding the home's continuous improvement system and processes.

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

- Through audits and analysis of key performance indicators, management identified medication processes required improvement. Following review of a number of packaging systems, management introduced the sachet system and provided education to staff. There has been positive feedback from care recipients who find the new medication sachets easier to take with them on social leave. Staff report medication given in an improved and timely manner due to ease of handling.
- Management recognised the benefit of improving palliative care and advance care planning processes and provided education to staff. There has been positive feedback from staff who report the plans give timely and accurate information regarding the wishes of care recipients during these sensitive times.
- Through staff feedback and audits, management identified staff would like improved behaviour management skills. Following research, management introduced specialised behaviour training to staff. Items such as a self-shampooing shower cap have been introduced to reduce care recipient anxiety during activities of daily living. Evaluation is ongoing. There has been positive feedback from staff who report the improved ideas and tools ensure they are able to provide improved management of care recipients with challenging behaviours.

### **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 regarding the home's regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 2 Health and personal care include:

- There are procedures to ensure compliance with legislation in the event of a care recipient's unexplained absence.
- Registered nurses oversee specific care planning activities and care tasks.
- There are policies and procedures regarding medication management.

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

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

#### **Team’s findings**

The home meets this expected outcome

Management demonstrate staff have the appropriate knowledge and skills to perform their roles in relation to the health and personal care of care recipients. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Examples of education and training scheduled and attended in relation to Standard 2 Health and personal care include:

- behaviour management
- continence management
- dental health
- palliative care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients receive appropriate clinical care. Staff consider the needs and preferences of care recipients through assessments, care planning, reviews and evaluations then develop detailed care plans. Staff have access to clinical pathways and flow charts to guide practice. Registered and enrolled nurses are responsible for the evaluation of clinical care and review care plans on a two monthly basis and as required. There is access to the care manager and/or a registered nurse at all times for clinical support. A change in a care recipient’s health status prompts either a clinical or medical review with additional support available from allied health personnel if needed. Care staff are aware of individual care needs and informed of changes to care through handover and care plans. Care recipients and representatives said staff consult with them regarding care needs and preferences on a regular basis and are satisfied with the clinical care provided.

### **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

Management and staff demonstrate appropriately qualified staff identify and provide specialised nursing care to care recipients. Staff discuss, assess, plan, manage and review the specialised nursing care needs of care recipients. Referral and consultation with external specialised health professionals occurs. Management provide education in areas of care specific to individual care recipients’ needs. Specialised nursing care provided includes oxygen therapy, living with diabetes and wound management. Staff are satisfied there are adequate supplies and equipment for specialised nursing care delivery. Care recipients and representatives said they are satisfied with the specialised nursing care for 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

Management and staff demonstrate they refer care recipients to appropriate health specialists in accordance with their needs and preferences. Medical practitioners, physiotherapists, dietitians, podiatrists, optometrists and audiologists review care recipients regularly. Speech pathologists, wound specialists, dental services, palliative care and external mental health specialists review care recipients when referred by the home. Staff have access to local hospital services to assist with care, consultation, education and support for care recipients. Care recipients and representatives said staff discuss referral to specialists and assist care recipients in visiting external services as required.

## **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

There are systems to safely and effectively manage care recipients’ medication. Qualified staff administer medications from a sachet pack system. Staff who administer medication complete annual competency testing. There is information available for staff to guide practice and audits and incident reports to monitor medication management. A pharmacist reviews care recipients’ medications and the medication advisory committee meets to discuss issues, practice and improvements. Care recipients who self-administer all or part of their medications are assessed two monthly and monitored daily to ensure safety of medication administration. There are processes to ensure medication supply and storage of medication is in accordance with legislative requirements. Care recipients and representatives said they are satisfied with medication management for care recipients.

## **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

There are systems to ensure care recipients are as free as possible from pain. Assessments for pain occur for all care recipients on entry and then as required. Staff assess and monitor verbal, non-verbal and behavioural indicators of pain, implement strategies and record the effectiveness of the strategies. Staff develop and review care plans with input from care recipients, representatives and medical practitioners as needed. Pain relief strategies provided by staff include medication, massage, heat packs and gentle exercises guided by the physiotherapy care plans. Care recipients and representatives said they are satisfied with the way staff manage care recipients’ pain.



## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. Staff assist care recipients and representatives to document end of life wishes and to complete advanced care directives that reflect their preferences and cultural and spiritual needs. Based on this information a detailed care plan is developed as the care recipient enters the palliative phase of their life. Care recipients, representatives, staff, medical practitioners and other health professionals have input into palliative care plans and individual pain management plans are enacted. Staff have access to a palliative care kit and education resources relating to palliative care to further enhance the comfort and dignity of the care recipient. Staff described care measures they undertake when caring for terminally ill care recipients including comfort and dignity measures. Representatives expressed satisfaction with the observed palliative care other care recipients have received.

## **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 receive adequate nourishment and hydration. Assessments and care plans identify required assistive devices, personal and cultural food and fluid preferences and clinical dietary needs. Processes include monitoring of care recipients’ weight and referral to a dietitian and speech pathologist as necessary. A range of texture modified meals, adaptive crockery and cutlery are available for all meals and refreshment times for those who need them. Dietary information in the kitchen reflects care recipients’ assessed needs, preferences and any specialised dietary requirements. The two monthly care review includes monitoring of care recipients’ weight and nutritional status and the need for referral to other specialists. Staff provide nutritional supplements to enhance care recipients’ nutritional status as needed. Care recipients and representatives said they are satisfied with nutrition and hydration for care recipients.

## **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 integrity is consistent with their general health. Initial and ongoing assessments identify care recipients at risk of skin breakdown and staff implement skin care management strategies. If the care recipient has a compromised clinical status such as the presence of diabetes, reduced mobility, increased frailty or requires palliative care then specialised skin care occurs. Wound care includes appropriate wound dressings, documentation and evaluation of the wound care implemented and referral to wound care specialists as required. Staff said they have access to pressure relieving equipment, skin care products and other resources. Audits, incident and care plan reviews and care recipient and representative consultation monitor the effectiveness of skin care. Care recipients and

representatives said they are satisfied with the care staff provide to manage care recipients' skin integrity.

## **2.12 Contenance management**

*This expected outcome requires that "care recipients' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

The continence program ensures care recipients receive care to effectively manage their continence needs. After a period of observation and charting staff determine individual care recipient voiding patterns and levels of staff assistance and equipment required to maintain care recipient's continence. Behaviour management includes continence care as a trigger for episodes of agitation and disruptive behaviour and is a consideration if there are disturbed sleeping patterns. Staff have access to supplies and the knowledge of care recipient's continence needs and preferences to provide optimal continence management. Care plan review and evaluation include audits, monitoring of aid use and obtaining feedback from care recipients, representatives and staff. The infection surveillance program monitors urinary tract infections. Care recipients and representatives said they are satisfied with the assistance care recipients receive for 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

The needs of care recipients with challenging behaviours are managed effectively. Assessments identify behaviours and care plans outline individual triggers and management strategies. Behaviour care plans are reviewed on a two monthly basis to evaluate and ensure current interventions are effective and care recipient responses are recorded. Medical practitioners regularly review care recipients' behaviours and effectiveness of treatment. Referral to an aged psychiatric care team occurs as required to assist with behaviour management strategies. The home uses minimal restraint and provides a secure environment for care recipients with challenging behaviours in a safe and harmonious manner. Care recipients and representatives said they are satisfied with the prompt staff response if challenging behaviours impact on others.

## **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

Optimum levels of mobility and dexterity are achieved for all care recipients. Assessment of each care recipient's mobility and dexterity occurs on entry to the home. The physiotherapist identifies strategies to maintain and promote mobility and dexterity according to care recipients' capabilities. Assistive devices such as mobility aids and transfer equipment are available to assist care recipients according to individual needs and preferences. The physiotherapist reassesses care recipients after a fall and on return from hospital. Falls incidents are collated monthly, data is analysed and falls prevention strategies implemented

throughout the home. The provision of exercise and other physical activities by the lifestyle program further enhance care recipients' mobility and dexterity. Care recipients and representatives said they are satisfied with the maintenance of mobility and dexterity for care recipients.

### **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 health is maintained. Assessment of oral and dental needs and preferences occurs upon entry to the home and care staff monitor needs on an ongoing basis. Care plans include details on daily care of teeth, mouth and dentures together with the level of assistance required by the care recipient. Staff said a visiting dentist and denture service for care recipients is available in response to identified needs and specific requests. There are adequate supplies of toothpaste and toothbrushes to ensure optimal oral and dental health. Staff said they have a toothbrush exchange system in line with care review timeframes. Care recipients and representatives said they are satisfied with the oral and dental care provided.

### **2.16 Sensory loss**

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

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

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively. Staff collect information regarding sensory loss on admission and review two monthly. Referral to other health professionals including speech pathologists, audiologists and opticians occurs as required. Care plans detail the level of assistance required to minimise any identified sensory loss. Staff said they assist care recipients with the fitting of hearing, visual and other aids. Routine checks of the working condition of aids occur. Care recipients and representatives said they are satisfied with the care and attention given to meet care recipients' sensory needs.

### **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 are able to achieve natural sleep patterns. Assessment and recording of care recipients' preferred sleep patterns occurs upon entry to the home and regularly thereafter. Care recipients choices regarding sleep and waking times and individual preferences to promote a natural sleep pattern are encouraged and supported. Staff observe and document care recipients' sleep patterns and implement strategies to assist them to obtain adequate rest. Care recipients said the home is quiet and restful at night and said staff monitor if they are asleep and if awake provide assistance to return to sleep as needed and according to their preferences.

### **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 regarding the home’s continuous improvement system and processes.

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

- Care recipients requested they would like an electronic photograph frame and management organised for this. The large frame contains electronic photographs of the care recipients’ choice. There has been positive feedback from care recipients who enjoy looking at their special pictures.
- Through a survey, management identified care recipients wanted more input, choice and decision making in both menu planning and meal selection. Following discussions with care recipients, the new choices menu was introduced. At main meals, staff ask each care recipient which items they would like just prior to serving, in a restaurant-like atmosphere. Each care recipient has breakfast at their own nominated time. There is also a regular hot breakfast where the chef cooks to order for each care recipient. There has been positive feedback from care recipients and representatives who report care recipients enjoy both the socialisation and the extra choices and decision making at meal times. Evaluation is ongoing.
- Care recipients requested more walks and staff organised a walking group for those interested. There has been positive feedback from care recipients who enjoy the socialisation and exercise of their regular walking group.

#### **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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- There is a privacy policy.
- Care recipients and their representatives receive information on care recipient rights and responsibilities, services provided and the complaints scheme.
- There are policies and procedures concerning elder abuse and compulsory reporting with the maintenance of a register.

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

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

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

The home meets this expected outcome

Management demonstrate staff have the appropriate knowledge and skills to perform their roles in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Examples of education and training scheduled and attended in relation to Standard 3 Care recipient lifestyle include:

- complementary therapies in quality dementia care
- elder abuse and mandatory reporting
- privacy and dignity
- successful communication.

### **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

There is a system to ensure each care recipient receives emotional support adjusting to life in the new environment and on an ongoing basis. Prior to or on entry to the home, management give care recipients and representatives information regarding the entry process, explain services and provide a tour with introductions to staff and other care recipients as possible. Lifestyle staff assist care staff in offering support to care recipients adjusting to the new environment. Management and staff encourage representatives to participate in the home initially and on an ongoing basis. Staff complete an assessment and care plan which includes emotional needs of care recipients and review these regularly. The lifestyle program provides individual time with care recipients with an aim to maintain personal interests where possible. Care recipients personalise their rooms as they wish. Care recipients and representatives said they are satisfied with emotional support for care recipients.

### **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

Management and staff encourage care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Lifestyle care plans identify care recipients' needs to participate in specific interests, maintain their independence and retain ongoing community and social associations. Items such as mobility aids and adaptive crockery and cutlery assist care recipients to maintain their independence. Management and staff encourage and support

care recipients to maintain contact with friends and family as well as participate in activities in the community. Care recipients personalise their rooms as they wish. Care recipients and representatives said staff assist each care recipient to be as independent as possible.

### **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

Management and staff recognise and respect each care recipient's privacy, dignity and confidentiality. There is a privacy policy and care recipient information is securely and appropriately stored. Care recipients have lockable rooms and areas in their rooms to store private items as they wish. Quiet areas are available for care recipients to meet privately with visitors. Staff aid care recipients in a respectful manner when attending to activities of daily living including assisting at meal times in a manner to retain each care recipient's dignity. Staff said they are aware of respecting each care recipient's privacy and dignity such as knocking on doors prior to entering care recipient rooms. Care recipients and representatives said staff treat each care recipient with dignity and respect.

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

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

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

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a wide range of interests and activities both in groups and on an individual basis. Lifestyle staff complete an assessment in consultation with each care recipient and representative to identify such information as each care recipient's life history and leisure interests. This assessment forms the basis of the care plan which undergoes regular review. Lifestyle staff plan activity programs in both group and individual settings. There is a range of activities on offer such as bus trips, men's shed group, billiards, knitting, cooking, craft, walking group and shopping. Celebration of special occasions such as birthdays and cultural days occurs. Volunteers assist lifestyle staff with activity programs on a regular basis. Lifestyle staff evaluate and redesign programs as necessary based on care recipient feedback and participation. Information from care recipient meetings and surveys also assists lifestyle staff in planning programs. Care recipients and representatives said they are satisfied with leisure interests and activities offered to care recipients.

### **3.8 Cultural and spiritual life**

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

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

The home meets this expected outcome

Management and staff ensure care recipients' individual customs, beliefs and cultural backgrounds are fostered and valued. Lifestyle assessments and care plans document cultural and spiritual needs. Small lounge areas are available for private reflection. There are regular church and communion services and care recipients attend their own church if

preferred. Management and staff ensure the celebration of cultural and significant days such as birthdays. Staff have access to services specific to cultural sensitivities and interpreter services as required. Care recipients and representatives said they are satisfied with cultural and spiritual life in the home.

### **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

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 others. Care recipients have input into the services they receive such as preferred sleep and waking times, level of participation in activities and preferred title and name. Care recipients have choices and preferences regarding menu, meal planning and the dining experience. Management encourage care recipients and representatives to provide feedback about care and services through meetings, surveys and consultation. Care recipients and/or their representatives sign various consent forms as required. Staff encourage care recipients to make their own decisions. Care recipients and representatives said they are satisfied with the opportunities provided to care recipients to make their own choices. Care recipients said other care recipients in the home do not infringe on their rights.

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

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

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

The home meets this expected outcome

There is a system to ensure care recipients understand their rights and responsibilities and have secure tenure. On entry key personnel provide information to care recipients and representatives about security of tenure, their rights and responsibilities and specified care and services. Central management offer an agreement to each care recipient or representative and ensure any room change occurs only after extensive consultation. Central management provide ongoing assistance to care recipients and representatives in relation to security of tenure and responsibilities through meetings and one on one contact. The 'Charter of care recipients' rights and responsibilities' is reflected in residential agreements. All stakeholders are satisfied care recipients have secure tenure.

## **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 regarding the home’s continuous improvement system and processes.

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

- Staff requested they would like more hand hygiene stations. Management provided education on the ‘five moments of hand hygiene’ and organised for an extra hand basin as well as more hand gel dispensers. There has been positive feedback from staff who report improved infection control thus providing improved care for care recipients.
- Management and staff identified some of the chairs required replacement. Involving both care recipients and staff, management brought in sample chairs as well as a selection of fabric colours. Care recipients chose the colours and a variety of chairs, including those with wheels and of various heights. There has been positive feedback from care recipients who enjoy their new brightly coloured and comfortable furniture.
- Care recipients suggested their beds were not always wide enough. Following research, management ordered king size single beds with varying heights and including a wood-like bed head. Early feedback from care recipients has been positive and they enjoy their new beds. Implementation and evaluation is ongoing.

### **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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

- There are processes to provide a safe working environment to meet regulatory requirements.
- Management have a system to ensure compliance with fire safety regulations.
- There is a food safety program including third party auditing.
- The home has infection control guidelines in the event of an outbreak.



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

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

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

The home meets this expected outcome

Management demonstrate staff have the appropriate knowledge and skills to perform their roles in relation to the physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Examples of education and training scheduled and attended in relation to Standard 4 Physical environment and safe systems include:

- fire and emergency and safe use of evacuation mats
- food handlers update
- manual handling
- safe use of chemicals.

### **4.4 Living environment**

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

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

The home meets this expected outcome

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. All rooms are single occupancy with private ensuites. There is safe access to clean, comfortable and well-maintained communal and private living areas, dining rooms and gardens. All areas are appropriately furnished to ensure a home-like atmosphere and the internal living environment is maintained at a comfortable temperature throughout. Relevant staff monitor the comfort and safety of the home through preventative and remedial maintenance processes. Staff assist care recipients to remain safe and comfortable by ensuring access to items such as call bells and mobility aids. Care recipients and representatives said they are satisfied care recipients feel 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

Management is actively working to provide a safe working environment to meet regulatory requirements. The home's program includes hazard identification, incident analysis, workplace audits and maintenance schedules ensuring the environment and equipment is safe. On-site and organisational representatives meet regularly to discuss and monitor safety related issues. Staff orientation includes employee occupational health and safety responsibilities, manual handling and infection control. Staff receive annual training in safety related issues including fire and other emergencies. They have access to policies and

procedures to guide work practices. Incidents and infection data is analysed and hazards and maintenance requests dealt with in a timely manner. Occupational health and safety is a standing agenda item at meetings, all staff, care recipients and representatives are actively encouraged to report any hazards or to offer improvement suggestions. Staff said they are aware of how to report hazards and are satisfied management provides a safe work environment.

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

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

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

The home meets this expected outcome

Management and staff actively work to provide an environment with safe systems of work to minimise fire, security and emergency risks. Both internal and external approved professionals carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures with regular education for staff in fire, security and other emergencies. The evacuation maps and care recipient lists are current. Exit doors are free from obstruction. There is an electrical safety testing and tagging system for all applicable goods. There are instructions for care recipients and visitors to follow in the event of an emergency in each care recipient's room. Staff said they have received fire and other emergency training and know what to do in such an event. Care recipients and representatives said they are satisfied care recipients 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

Management demonstrate they have an effective infection control program. The home's infection control processes include policies and procedures, staff education and training, audits, routine pest control, staff and care recipient vaccinations and monitoring of infection data and trends. Management monitor infections and collect data to identify trends, and determine appropriate interventions and opportunities for improvement. Management follow government guidelines for influenza and gastroenteritis outbreaks, and have procedures in place in the event of an infectious outbreak including outbreak kits. Staff are aware of the procedures and response in the event of such an outbreak. Staff complete infection control education including hand washing awareness annually. Management have procedures for handling soiled linen, containment of sharps, biohazard spills and food safety. Staff showed awareness of the importance of effective infection control practices.

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

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

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

The home meets this expected outcome

Hospitality services are provided in a manner which enhances care recipients' quality of life and the staff's working environment. Meals are prepared in a central kitchen with care recipient allergies, likes, dislikes and special dietary needs taken into account. Care

recipients have input into menu planning and choices at meals to ensure a pleasant overall dining experience. Staff provide cleaning according to a schedule with processes for any extra cleaning tasks as required. Laundry staff process all care recipient clothing and sundry items on site with provisions for labelling of care recipients' clothes to assist in the prevention of lost items. An external commercial service launders all other linen. Management monitor hospitality services through internal and external audits with the provision of regular staff education including chemical handling and infection control. Care recipients, representatives and staff said they are satisfied with the home's catering, cleaning and laundry services.