



**Australian Government**

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**Australian Aged Care Quality Agency**

**The Laura Johnson Home**

RACS ID 5022  
41 Clarke Street  
MOUNT ISA QLD 4825

**Approved provider: The Society for the Mount Isa Memorial Garden Settlement for the Aged**

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 14 September 2019.

We made our decision on 04 August 2016.

The audit was conducted on 28 June 2016 to 29 June 2016. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**The Laura Johnson Home 5022**

**Approved provider: The Society for the Mount Isa Memorial Garden Settlement for the Aged**

### **Introduction**

This is the report of a re-accreditation audit from 28 June 2016 to 29 June 2016 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 28 June 2016 to 29 June 2016.

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

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

## Assessment team

<b>Team leader:</b>	Dee Kemsley
<b>Team member:</b>	Jan Gallagher

## Approved provider details

<b>Approved provider:</b>	The Society for the Mount Isa Memorial Garden Settlement for the Aged
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## Details of home

<b>Name of home:</b>	The Laura Johnson Home
<b>RACS ID:</b>	5022

<b>Total number of allocated places:</b>	33
<b>Number of care recipients during audit:</b>	29
<b>Number of care recipients receiving high care during audit:</b>	13
<b>Special needs catered for:</b>	No

<b>Street/PO Box:</b>	41 Clarke Street
<b>City/Town:</b>	MOUNT ISA
<b>State:</b>	QLD
<b>Postcode:</b>	4825
<b>Phone number:</b>	07 4744 5100
<b>Facsimile:</b>	07 4744 5105
<b>E-mail address:</b>	<a href="mailto:bettyk@lauraj.com.au">bettyk@lauraj.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Chief Executive Officer	1
Director of Nursing	1
Registered staff	2
Care staff	3
Program Coordinator - Lifestyle	1
Activities staff	1
Administration assistant	1
Maintenance officer	1
Care recipients/Representatives	7
Operations Manager	1
Catering Supervisor	1
Catering staff	2
Housekeeping Supervisor	1
Laundry staff	1
Cleaning staff	2

### Sampled documents

Category	Number
Care recipients' clinical files	5
Medication charts	7

### Other documents reviewed

The team also reviewed:

- 'Message board' communications
- Allied health referral and recommendations
- Application pack
- Asset register
- Audit schedule and audits

- Care recipient list
- Care recipients' information folder and handbook
- Cleaning schedule/checklist
- Clinical and lifestyle assessments
- Clinical incidents, register and analysis
- Clinical monitoring charts
- Complaints register and multi-purpose complaint forms
- Consolidated records of compulsory reports
- Controlled drug register
- Correspondence to care recipients/representatives
- Dietary profile sheets
- Disaster management plan
- Doctor's folders
- Duty lists
- Emergency procedure manual
- Evacuation lists
- External complaint forms
- Fire system inspection and testing reports
- Food safety plan
- Handover sheets
- Hazardous substances register
- Home's self-assessment
- Lifestyle and wellbeing program
- Maintenance program, maintenance requests and maintenance reports
- Medication competency assessments
- Meeting minutes
- Memorandum
- Menu



- Newsletter
- Pathology reports
- Plans for continuous improvement
- Policies and procedures
- Registered staff registration records
- Resident and accommodation agreement
- Resident room listing
- Restraint authorisations
- Safety data sheets
- Satisfaction surveys
- Self-administration assessment tool (medication)
- Staff handbook
- Staff roster
- Staff training records and matrix
- Surveys
- Temperature records – food/equipment
- Treatment lists (including wound charts)

## **Observations**

The team observed the following:

- Activities in progress
- Care recipients accessing mobility assistive devices
- Chemicals store
- Cleaners' room/trolley
- Cleaning in progress
- Clinical handover in progress
- Equipment and supply storage areas
- Fire systems, fire-fighting equipment, sign in sign out books and emergency exits
- Food storage – cold/dry

- Information brochures on display
- Interactions between care recipients, staff and visitors
- Internal and external living environment
- Kitchen operations
- Laundry operations
- Meal and beverage services
- Medication administration and storage
- Menu on display
- Notice boards
- Personal protective equipment in use
- Short group observation
- Spill kits
- Staff accessing the electronic clinical management system
- Staff work practises
- Swipe card access to secure areas
- White board with clinical care alerts

## 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 Laura Johnson Home (the home) actively pursues continuous improvement. Management have established a continuous improvement system at the home and staff, care recipients and representatives have access to feedback and suggestion mechanisms. The performance of the home is monitored through audits, satisfaction surveys and the analysis of clinical and safety data. Improvement processes are managed through various staff meetings and through a plan for continuous improvement; the plan links to relevant expected outcomes of the Accreditation Standards. Action is taken to address identified issues and initiate quality improvement activities. Examples of recent improvements in this standard include, but are not limited to the following:

- Management reviewed the way information was managed across all services and as a result a new electronic clinical and data management system was introduced. Training has been provided to staff and technical support is available when required. Management and staff report the new system provides for stronger documentation management, timely resolution of clinical issues through the alert systems for actioning and effective management and reporting of clinical incidents.
- In response to the identified difficulty of sourcing agency and/or replacement staff in the local area, the organisation setup its own web and social media page to advertise positions vacant. Management report the initiative has improved staff replacement processes and supports the home's to access relief staff.

#### 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 regulatory requirements relevant to this standard. Management has established links with

industry groups and government departments to obtain advice about relevant regulatory requirements. When advised of new requirements, the home's policies and procedures are reviewed and amended as necessary. There is a system to inform staff about mandatory registrations and certificates and a system to monitor that these are current. Training mandated by legislation or regulation is provided and there is a system to monitor staff attendance. Maintenance, inspections and testing mandated by legislation or regulation is incorporated into the home's maintenance program and there is a system to monitor completion. Mandatory audits are incorporated into the audit program. The home's systems ensure all staff and volunteers have a current police certificate, relevant staff have completed a statutory declaration, registered nurses maintain national registration and medications are managed in accordance with relevant protocols.

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

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

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

The home meets this expected outcome

Management and staff have the knowledge and skills to perform their roles effectively. Care recipients and representatives are satisfied with the performance of management, care staff and hospitality staff. Management have established recruitment procedures and selection criteria to ensure new staff have appropriate knowledge and skills. The home's orientation program provides new staff with information about the home's systems and provides mandatory training in a range of key areas. Ongoing training includes an annual repeat of mandatory training and training specific to individual staffs' needs. Staff are supported to undertake educational courses in aged care run by external training organisations. The performance of staff is monitored. Examples of training relevant to this standard recently completed by management or staff include but are not limited to: code of conduct for health workers, documentation and antidiscrimination principles.

### **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 others have access to internal and external complaint mechanisms, are generally satisfied with the processes in place and are confident to raise issues or concerns with management. Information is disseminated in documents including the Resident and accommodation agreement and the Resident handbook, posters, brochures and discussion at meetings. When complaints are received they are registered via the organisational recording system and actioned. Issues raised are handled in a confidential manner and if appropriate also entered into the continuous improvement system. Staff receive information and training in relation to handling comments, complaints and suggestions during their orientation. Stakeholders who have raised issues are responded to and staff are aware of the processes to assist care recipients to communicate their concerns to management.

## 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, mission, philosophy and commitment to quality. This information is documented in publications provided to care recipients, representatives, staff and visitors and is on display at 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

The home has appropriately skilled and qualified staff sufficient to ensure care and services are delivered in accordance with these standards. Staff numbers and staff skill mix are monitored for each care area of the home and adjustments to staff numbers, shift working hours or roles are made as care recipients' needs change. Registered nursing staff are available at all times to monitor care recipients' care. The sufficiency of staff is monitored through review of statistical data and feedback from care recipients, representatives and staff. Care recipients/representatives are generally satisfied there are sufficient appropriately skilled and qualified staff. Staff are satisfied they have sufficient time to meet care recipients' needs.

## 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

Management has established stock monitoring and stock purchasing processes to ensure appropriate stocks are available. Goods and equipment are discussed at weekly management meetings. Stocks of goods are securely stored. Perishable goods are appropriately stored and monitored to ensure quality is maintained. New equipment is purchased on an "as needed" basis or as part of the home's equipment replacement program. New types of equipment are assessed to ensure they are appropriate. The home has an effective equipment maintenance program that includes scheduled and unscheduled maintenance.

## 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

Effective information management systems are used at the home. The home's clinical information system ensures care recipients' care needs and preferences are assessed, care is planned and care strategies are communicated to relevant staff. Information management systems that support human resource planning, administration, care recipient lifestyle, safety and continuous improvement are operating effectively. Regular meetings are held to exchange information between management, staff and care recipients. Management has established mechanisms to ensure information is secure, confidential and appropriately stored. Staff are satisfied the home's information management systems are effective.

## 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

Externally sourced services are provided in a way that meets the home's needs and goals. Services provided by external service providers include allied health, specialised maintenance, hairdresser services and specialised cleaning and pest control. The supply of external services is managed through service agreements or on an 'as needed' basis. The performance of external service providers is monitored and action is taken to address performance issues. Staff of external providers that visit the home are required to sign in and out and to comply with work health and safety requirements. Care recipients and staff are satisfied with 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 organisation's continuous improvement system.

Recent examples of improvements relevant to this standard include, but are not limited to the following:

- As a result of an internal clinical audit, it was identified that care recipients' sensory deficits were not always captured on care planning documentation. Clinical staff undertook sensory assessments of all care recipients, care plans were updated and care and clinical staff were provided with sensory loss training. Management report this initiative has improved access sensory loss management and care recipients are satisfied with the way their sensory loss is managed.
- Clinical management reviewed the way the increasing workloads of staff impacted on medication administration. A carer model was introduced with the purchase of additional medication trolleys and implementation of training and competency programs for care staff. Registered staff support the new process by undertaking complex medication administration. Care recipients report satisfaction with the way staff manage their medications.

### **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 systems to ensure compliance with all relevant legislation, professional standards and guidelines.

In relation to Standard 2, Health and personal care, compliance with legislation includes a system to ensure specialised care and services are provided to care recipients, registered staff are available to provide care as required and medications are stored and provided in-line with regulations and guidelines.

## **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 education and staff development program.

Examples of training relevant to this standard recently completed by management or staff include but are not limited to: sensory loss, behaviour and psychological symptoms of dementia, and medication management.

## **2.4 Clinical care**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to assess care recipients’ initial and ongoing clinical care needs and preferences. A daily care plan is completed by the Director of Nursing on entry to the home from information provided by the care recipient/representative, hospital discharge and/or medical referral notes. Comprehensive assessments are then completed to form individualised care plans to direct the provision of care. Care plans are reviewed by registered staff for currency every three months or as care needs change. Registered and care staff complete care recipient clinical monitoring charts and registered staff contribute towards progress notes on an exceptional reporting basis. Care recipients/representatives have input into the ongoing provision of care through the scheduled care plan reviews. The effectiveness of clinical care is also monitored through analysis of clinical incidents and infection data, scheduled audits, care recipient meetings and one-to-one feedback from care recipients/representatives and staff. Staff have an understanding of individual care recipient care needs. Care recipients/representatives are generally 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

The needs of care recipients requiring ongoing specialised nursing care are identified on entry to the home and as their care needs change. This information is detailed in individualised care recipient care plans and treatment lists to guide staff practice. Registered nurses are available either onsite and/or on call 24 hours a day, seven days a week, to assess and oversee care recipients’ specialised care requirements. These currently include diabetic management, catheter care, percutaneous enteral gastric feeds, oxygen therapy, complex pain and chronic wound management. Monitoring and review of care recipients’ changed specialised nursing care needs are generally conducted by registered staff, in conjunction with the Director of Nursing when required. Appropriate equipment and sufficient stock is accessible to enable



care recipients' specialised nursing care needs to be met. Care recipients/representatives are satisfied with the support received by care recipients with their specialised care needs.

## **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 have access to and/or are referred to a range of health specialists who provide services such as physiotherapy, speech pathology, occupational therapy, podiatry, dietetics, optometry, dental care, audiology, pathology, mental health and dementia services. A referral mechanism is initiated by registered staff, in conjunction with the Director of Nursing, and the medical officer as appropriate. Health specialists regularly attend the home and registered staff assist to coordinate and manage external appointments in consultation with the care recipient/representative as required. The outcome of referrals including instructions for ongoing care are documented, actioned and retained in clinical records with changes incorporated into the care recipients' care plan as identified. Care recipients/representatives are satisfied with the choice and access to other health specialists.

## **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

Competency assessed care staff assist with administration, and registered staff administer, care recipients' medications. Registered nurses are available onsite 24 hours per day for consultation regarding administration of 'as required' (PRN) medication and controlled medication. Care recipient medications are supplied in sachet packs and individual containers delivered to the home on a weekly basis and/or as required. Medications are stored securely and there are processes to ensure registered staff are aware of procedural and legislative requirements relating to the safe and correct administration and storage of medications and controlled drugs. Care recipients' medical officers review care recipients' medications at least three monthly and external medication reviews are undertaken by an accredited pharmacist. Evaluation of the home's medication management system is conducted through the controlled drug check processes, monitoring of medication errors, medication advisory committee (MAC) meetings, monitoring of staff practice and auditing processes. Care recipients/representatives are satisfied care recipients' medication is 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' pain management needs are identified and assessed on entry to the home and monitored on an ongoing basis. Strategies to manage care recipients' pain include the

provision of massage, individual passive exercises during activities of daily living, group exercises and regular repositioning. Medication measures include PRN medication, regular prescribed oral pain relief and topical slow-release pain relief patches. The effectiveness of pain management strategies is assessed and monitored by registered staff with any changes being recorded in care recipients' progress notes or pain monitoring charts and referred to the medical officer for further review. Care recipients/representatives are satisfied care recipients' pain is managed effectively and staff respond to requests for assistance if care recipients experience 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 home has processes to provide care and comfort for terminally ill care recipients. Care recipients' end-of-life wishes are discussed with the care recipient/representative (and advance health directives may be provided) on entry to the home or as the care recipients' health status changes. End-of-life care is initiated through consultation and/or a case conference with the care recipient and family members, registered staff, the medical officer and allied health providers as identified. Care recipients are supported to remain in the home during the palliative phase of care and family are able to visit and/or stay with care recipients during this time. Spiritual support is offered and accessed in accordance with the care recipients' preferences. The hospital based palliative care team is accessible when required. Specialised clinical supplies and equipment are available to assist care recipients to remain as free from pain as possible. Staff are aware of the care needs and measures required to provide comfort and dignity for terminally ill care recipients.

## **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' dietary requirements are identified and assessed on entry to the home including their personal likes, dislikes and medical dietary needs. Strategies to support care recipients' nutrition and hydration needs are incorporated into their care plans and communicated to all staff including catering staff. Care strategies include assistance with meals, provision of dietary aids, regular beverage rounds and the provision of thickened fluids and modified texture diets. Care recipients are routinely weighed on entry to the home and then monthly. Registered staff in conjunction with the Director of Nursing monitor care recipients' weights and variances in weight are analysed for causative factors. Strategies to manage weight loss include the provision of fortified meals and drinks and/or referral to the dietitian (who visits the home monthly), medical officer and/or speech pathologist for consultation and review as required. The effectiveness of nutrition and hydration management is also evaluated through observation at meals, the audit process and feedback from staff and care recipients. Care recipients/representatives are satisfied the home provides adequate nourishment 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 and the potential for compromised skin integrity are assessed on entry to the home. Maintenance and/or preventative strategies are implemented as appropriate. Strategies include the use of aids and pressure relieving devices such as pressure relieving mattresses, limb protection and/or compression bandage, the application of moisturising creams, assistance with hygiene cares and regular repositioning. Wounds and treatments are monitored via treatment lists with care staff providing simple wound care. Registered nurses provide wound care for more complex wounds and these are also referred to the medical officer and/or wound Clinical Nurse Consultant at the local hospital as required. The incidence of injury and skin tears is captured and analysed for trends or triggers and interventions are implemented as identified. Staff receive education in manual handling at orientation and annually with a view to ensuring care recipients’ skin integrity is not compromised in any way. The effectiveness of skin care is further evaluated through the audit process, staff observation and feedback. Care recipients/representatives are satisfied care recipients receive care and assistance to maintain their skin integrity.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ continence status is assessed on entry to the home with urinary and bowel assessment commenced to identify patterns. Care recipients’ individual continence programs are developed and are detailed on care plans. A daily bowel record is maintained for care recipients that registered staff monitor and action as required. Bowel management strategies include the provision of high fibre diet, prunes, and aperients are administered as prescribed. Care plans record strategies to promote and manage care recipients’ continence needs including toileting programs, assistance with personal hygiene and provision of appropriate continence aids. The Director of Nursing in conjunction with registered staff monitor care recipients’ ongoing continence aid use for appropriateness, and together with the Operations Manager ensure continence supplies are ordered and distributed. Staff have an understanding of care recipients’ individual toileting schedules and continence needs. Care recipients/representatives are satisfied with the level of assistance and aids provided to manage care recipients’ continence needs.

## 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 identified during initial assessment on entry to the home and on an ongoing review basis. Behavioural assessments identify the types of behaviours exhibited, possible triggers and management strategies.

Strategies implemented to manage challenging behaviours are individualised and may include the provision of a safe and secure environment, participation in activities, one-on-one interactions, distraction and/or redirection and medication review as required. Care recipients may also be referred to dementia behaviour and/or mental health specialists as needed. The home has processes to assess, authorise and review the need for care recipients’ environmental and individual restraint as required. Staff have an understanding of managing care recipients with challenging behaviours and interact with care recipients in a manner that encourages positive outcomes. Care recipients/representatives are satisfied the activities and behaviours of other care recipients do not infringe on care recipients’ life at the home.

## 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

An initial assessment in relation to each care recipient’s specific mobility, transfer and therapy needs is conducted by the physiotherapist on entry to the home and as their care needs change. Individualised mobility care plans are developed which include transfer and manual handling instructions. Care recipients at risk of falls are assessed and identified and this is recorded on their care plans. Strategies to manage and minimise falls include increased supervision and observation, assisted walking and exercises are encouraged.

Care recipient falls are documented on incident forms and are monitored further with changed mobility needs including increased falls, referred to the medical officer and physiotherapist for review. Activity staff provide a regular group exercise program. Care recipients/representatives are satisfied with the level of support and assistance provided to maintain care recipients’ mobility and dexterity levels.

## 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’ history and preferences relating to the management of their oral and dental health is identified on entry to the home. This includes the level of assistance needed and is documented on care recipients’ care plans. Care staff monitor care recipients’ ability to self-

manage their oral care and assist when required. They inform registered staff of any concerns which initiates further referrals as appropriate. Care recipients are assisted to visit their own dentist of choice and dental treatment at the base hospital is available when required. Registered staff assist with the co-ordination and arrangement of dental referrals when a need is identified, in consultation with the care recipient/representative. The home maintains stocks of equipment and products to meet care recipients' oral hygiene needs and care recipients are provided with seasonal toothbrushes. Care recipients/representatives are satisfied with the level of support provided to assist care recipients with the maintenance of oral hygiene and their access to dental health services.

## **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

Assessment of care recipients' sensory needs or losses occurs on entry to the home or as care needs change. Care interventions reflect care recipients' identified sensory needs and personal preferences in order to guide the provision of assistance by staff. Care staff provide support with activities of daily living and assist care recipients to manage assistive devices such as spectacles and hearing aids to maximise sensory function. Care recipients are referred to specialists such as audiologists, optometrists and speech pathologists based on their assessed needs and in consultation with the care recipient/representative and medical officer. Registered staff assist with the coordination of external appointments when required with any changes being incorporated into the care recipient's care plan. Care recipients/representatives are satisfied with the assistance provided by staff to identify and manage care recipients' sensory care needs and preferences.

## **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

Each care recipient is assessed on entry about their usual sleep patterns, settling routines and personal preferences. These are documented to form part of their individualised care plan. Night routines maintain an environment that is conducive to sleep. Staff implement support and comfort measures which may include a settling routine, provision of supper and snacks, lighting and temperature adjustment, repositioning and attending to continence, hygiene and pain management needs. Medication interventions are administered according to the care recipient's attending medical officers' orders. Staff are aware of care recipients' sleep and rest patterns and personal preferences. Care recipients are able to sleep comfortably 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 organisation’s continuous improvement system.

Recent examples of improvements relevant to this standard include, but are not limited to the following:

- To enhance access of the home’s lifestyle and wellbeing program to the local community and religious groups, the home has introduced hosting monthly morning teas. Staff report the initiative has connected care recipients with community members and has provided access to engagement in religious activities. The initiative has received positive feedback from care recipients.
- In response to feedback from care recipients, activity staff have introduced a newspaper reading activity whereby care recipients with sensory loss can follow news worthy stories and engage in discussions with staff and other care recipients. Staff report the activity is well attended by care recipients.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance, for information about the systems used by the organisation to identify and ensure compliance with relevant regulatory requirements.

In relation to Standard 3, Care recipient lifestyle, compliance with legislation includes a system to ensure compulsory reports of assaults and missing care recipients are made, maintaining consolidated records of reports, offering resident agreements and providing care recipients with security of tenure.

### **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 education and staff development program.

Examples of training relevant to this standard recently completed by management or staff include but are not limited to: customer service, compulsory reporting and rights and responsibilities.

### **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

Emotional support is provided to care recipients and/or their representatives upon entry to the home by all staff involved in the entry process. Information in relation to the care recipients' care and lifestyle choices is collected through initial and ongoing discussion and assessment. Individualised diversional therapy and care plans guide the provision of care and support offered by staff. There are processes to assist new care recipients to settle including orientation to the home, provision of information on the home and planned activities, introduction to other care recipients, staff and management. Care recipients are able and encouraged to bring personal possessions to furnish their rooms. Family visits are encouraged and supported. Staff are aware of care recipients' needs for increased support at particular times such as illness, loss and bereavement. Care recipients/representatives are satisfied with support received from staff to assist care recipients to adjust to their lifestyle in the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

Care recipients' lifestyle interests and care needs are identified on entry to assist with the development of lifestyle and care plans that promote individual care recipient's independence. Staff support care recipients' independence within their capacity in relation to personal care and activities of daily living. Appropriate equipment such as mobility and continence aids, is provided to further support care recipients' independence. Activity staff assist care recipients to participate in leisure and social activities and outings, and to maintain links within the community as well as with family and friends. Regular meetings provide an opportunity for care recipients to discuss issues and voice suggestions and/or concerns. Concerns can also be addressed through the home's comments and complaints process. Care recipients are

satisfied with the support provided to enable them to maintain an optimal level of independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has policies and procedures to protect and maintain care recipients' privacy, confidentiality and dignity. Staff have an awareness of care recipients' privacy and confidentiality considerations, for example when attending to care recipient clinical care and hygiene needs and when providing handover. Care recipients' personal, clinical and financial information is stored in a secure manner that protects the confidentiality of care recipients.

On being employed all staff are required to sign a confidentiality agreement and they receive training at orientation. Care recipients/representatives are generally satisfied their privacy needs are respected and staff generally ensure that their dignity is maintained.

### **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' cultural, spiritual, emotional and leisure interests and preferences are identified through discussion and completion of assessment. Individualised diversional therapy plans are developed in consultation with the care recipient/representatives. The home's lifestyle and wellbeing program includes a variety of group activities, social gatherings, planned outings and individual one-to-one interactions. Care recipients are advised of the program via the provision of a monthly calendar delivered to them, posted in communal areas and activity staff provide daily reminders. The lifestyle and wellbeing program is supported by volunteers who assist with activities provided and one-on-one interactions with care recipients. Programs are evaluated by review of participation, feedback at meetings and one-to-one interaction with care recipients and the activity staff. Care recipients/representatives are satisfied with the leisure and activity programs offered by the home.

### **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' spiritual and cultural needs and preferences are identified on entry to the home and are documented in their diversional therapy plans that are developed in consultation with the care recipient/representative. Religious services are regularly provided at the home by varied denominations and room visits are accommodated. The home has processes to ensure



care recipients from culturally and linguistically diverse (CALD) backgrounds have their cultural and spiritual needs identified and met, and in accordance with the care recipient's preferences. Days of personal, cultural and spiritual significance are planned and celebrated in the home as a community and on an individual basis. Care recipients/representatives are satisfied their cultural practices and spiritual beliefs are provided for and respected.

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

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

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

The home meets this expected outcome

Care recipients are provided with opportunities to exercise choice and decision making in the planning and provision of care and lifestyle options and are encouraged to be involved. Input and feedback is sought from care recipients/representatives throughout the care recipient's stay at the home via care plan reviews, case conferences, meetings, the comments and complaints processes and daily one-to-one interaction between staff, management and care recipients. Staff use strategies to incorporate choice into care recipients' daily care routines and leisure interests. Information for care recipients about internal and external complaint mechanisms are contained in the Resident Handbook, the Residential Agreement and information displayed in communal living areas. Care recipients/representatives are generally satisfied with choices offered in matters relating to care recipients' care and lifestyles and are satisfied staff show consideration of personal preferences and choices.

### **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/representatives receive information about the home prior to moving into the home and on entry, which includes security of tenure. Care recipients receive a 'resident and accommodation agreement' and a handbook that further outline this information and includes information about internal and external complaints mechanisms and care recipients' rights and responsibilities. Key staff are available to assist care recipients/representatives with their queries during the entry process. Ongoing information is provided through one-on-one consultation with the Chief Executive Officer and/or key staff, meetings, displayed in communal areas and on noticeboards as the need arises. Care recipients/representatives are satisfied they have secure tenure within the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement, for information about the organisation’s continuous improvement system.

A recent example of an improvement relevant to this standard includes, but is not limited to the following:

- The home has reviewed the fire and evacuation questionnaire for new employee orientation. Management report that staff have a more detailed understanding of site specific fire and emergency procedures prior to commencement of employment.

### **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 systems used by the organisation to identify and ensure compliance with relevant regulatory requirements.

In relation to Standard 4, Physical environment and safe systems, compliance to legislation includes food safety, work health and safety and the inspection and management of fire systems and equipment.

### **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 education and staff development program.

Examples of training relevant to this standard recently completed by management or staff include but are not limited to: manual handling, fire and emergency procedures, infection control, falls prevention, work health and safety, cleaning methods and food safety.

### **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 is actively working to provide a safe and comfortable environment. Processes include availability of maintenance and gardening personnel, a planned maintenance schedule, prompt response to maintenance requests, regular environmental inspections, hazard and incident reporting processes. Care recipients are accommodated in single rooms with a private ensuite and they are encouraged to personalise their rooms with their own items and furnishings. The environment provides safe access to clean and well maintained internal and external communal areas, with handrails and appropriate furniture sufficient for care recipients' needs. External entrances are secured with swipe card access and surveillance security systems are installed across the home. Care recipients are satisfied management is working to provide a safe and comfortable environment.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Staff are provided with training in a range of work safety topics and are provided with job specific training relevant to their role including safe use of personal protective supplies and equipment. The home has work health and safety policies and procedures with supporting hazard and incident reporting processes to control or eliminate hazards. The home has a register of hazardous substances and staff have access to safety data sheets. Staff incidents and statistics are documented in the monthly board report and discussed by management and staff at various meetings. The working environment is monitored through monthly work place inspection audits by the work place health and safety representative.

#### **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 are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. All areas have a fire detection and alarm system, fire sprinkler systems, fire/smoke doors, emergency lighting, fire-fighting equipment and emergency exits. Inspection and maintenance records indicate these systems and equipment are operating normally and are free from defects. Staff are trained in evacuation procedures and emergency coordination; staff know what to do in an emergency and how to assist care recipients to safety. Staff have access to emergency procedures, evacuation diagrams, evacuation lists and fire-fighting equipment. Security measures include property fencing and lock up procedures. Management have developed a disaster management plan.

#### **4.7 Infection control**

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

##### **Team's finding**

The home meets this expected outcome

The home has an infection control program to identify and contain potential and actual sources of infection including in the event of an outbreak. The program includes a food safety program, pest control and a vaccination program for care recipients and staff. Infection control education is provided to all staff and information is available to guide staff practice.

An infection control surveillance program ensures that care recipients' infection statistics are recorded, trended, analysed and actioned by clinical staff. Staff are aware of infection control measures, including the appropriate use of personal protective equipment, hand hygiene and care staff have procedures to follow in the event of an outbreak. Personal protective equipment is in use and hand washing facilities, hand sanitisers, sharps' containers and spill kits are readily accessible. Audits and infection control statistics monitor the home's clinical infection control program. Cleaning schedules and laundry practices are monitored to ensure infection control guidelines are followed and food is handled in accordance with the food safety program.

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

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

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

The home meets this expected outcome

Care recipients' dietary needs and preferences are identified through assessments and this information is effectively communicated to catering staff. The home has a rotating menu that is based on input from care recipients and a dietician; meals are cooked fresh on site and care recipients are offered choices in the meals and drinks at each service. Rooms and communal

areas are regularly cleaned. Cleaning staff follow a schedule and use specialised cleaning equipment and cleaning products which they have been trained to use safely. Care recipients' clothing is collected, laundered on-site and returned to their rooms. Catering cleaning and care staff are aware of their role in ensuring effective standards of infection control practice. Care recipients/representatives are satisfied with catering, cleaning and laundry services provided by the home.