



**Australian Government**  

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**Australian Aged Care Quality Agency**

**Arcare Peregian**  
RACS ID 5374  
33-41 Ridgeview Drive  
Peregian Springs QLD 4573  
Approved provider: Arcare Pty Ltd

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 02 April 2017.

We made our decision on 25 February 2014.

The audit was conducted on 21 January 2014 to 23 January 2014. 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 residents, 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:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (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: Resident lifestyle****Principle:**

Residents 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 Resident security of tenure and responsibilities		Met

**Standard 4: Physical environment and safe systems****Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, 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**

**Arcare Peregian 5374**

**Approved provider: Arcare Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 21 January 2014 to 23 January 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 21 January 2014 to 23 January 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

## Assessment team

Team leader:	Erin Gorlick
Team member/s:	Paula Gallagher

## Approved provider details

Approved provider:	Arcare Pty Ltd
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## Details of home

Name of home:	Arcare Peregian
RACS ID:	5374

Total number of allocated places:	90
Number of residents during audit:	72
Number of high care residents during audit:	52
Special needs catered for:	Secure dementia specific area

Street/PO Box:	33-41 Ridgeview Drive	State:	QLD
City/Town:	Peregian Springs	Postcode:	4573
Phone number:	03 95599100	Facsimile:	
E-mail address:	lorraine.doyle@arcare.com.au		

## Audit trail

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

### Interviews

	Number		Number
Management	5	Residents/representatives	18
Clinical care manager	2	Reception staff	1
Registered staff	3	Diversional therapy staff and volunteers	3
Care staff	8	Allied health staff	2
Quality coordinator	1	Hotel services staff	7
Maintenance and safety staff	1		

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	7
Summary/quick reference care plans	10	Personnel files	5

### Other documents reviewed

The team also reviewed:

- A guide for residents' information booklet
- Activities calendar
- Annual dietitian report/certification
- Audit and audit reports
- Cleaning schedules
- Compliment and complaints register and associated documents
- Continuous improvement plan
- Controlled drug register
- Corrective action record sheet
- Daily allocation sheets
- Disaster management plan
- Doctors' communication folder
- Duties list
- Electronic work logs
- Employee information guide and information package
- Fire and emergency procedure plan
- Fire service inspection reports
- Flow charts to guide meal service

- Food business licence and food safety program
- Food safety supervisor certification
- Fridge/freezer storage guidelines
- Hazard and risk assessments
- Immigration list and expiry dates
- Incident and accident reports
- Lifestyle documentation
- Maintenance inspection and reports
- Maintenance register
- Mandatory reporting documentation
- Medication incident folder
- Minutes of meeting
- Monitoring records
- Newsletter
- Orientation training package
- Oxygen equipment check sheet
- Physiotherapy folder and equipment register
- Police certificate matrix
- Policies and procedures
- Position descriptions
- Product receivable record sheets
- Quality audit reports
- Quality improvement register
- Registered and enrolled nurses' registrations
- Resident admission pack
- Resident agreements
- Residents' dietary information sheets
- Room audit folder
- Roster
- Service verification
- Specialist letter
- Staff contact list
- Staff meal tasters/monitor schedule
- Staff replacement booking report
- Staff training register and attendance records
- Stock request forms
- Temperature records (meals and equipment)

- Training/competency packages
- Wastage report
- Weights folder
- Wound care folder

## **Observations**

The team observed the following:

- Activities in progress
- Arcare values displayed
- Archive room and locked destruction bins
- Charter of residents' rights and responsibilities
- Cleaning in progress
- Comment, complaints and improvement/suggestion forms on display
- Directional signage
- Equipment and supply storage areas
- Fire and emergency equipment, evacuation diagrams lighting, exits and paths of egress and assembly areas
- Hand washing/sanitising facilities
- Handover processes
- Interactions between staff and residents
- Internal and external living environment
- Kitchen food labelling system
- Living environment
- Meal service
- Medication administration
- Medication storage
- Notice boards and external brochures displayed
- Personal protective equipment (PPE) in use
- Resident and visitor use of the café
- Sign in/out registers
- Spills kits and outbreak kits



## 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 residents, 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

Arcare Peregrin Springs has a continuous quality improvement program operating that captures opportunities for the identification, implementation and evaluation of improvement activities in relation to Standards 1, 2, 3 and 4. Management and designated key personnel coordinate improvement activities in conjunction with relevant focus group meetings. Suggestions for improvements are collected through quality improvement and suggestion forms, comments or complaints forms, participation in resident and staff meetings, completion of surveys and audit findings to identify potential improvements. Improvement activities are logged into an electronic program which generates an identification number for tracking the objectives, actions, outcome and evaluation at relevant meetings. Residents and staff are aware of continuous improvement processes at the home and are satisfied that they are effective.

Examples of improvement initiatives related to Standard 1 Management systems, staffing and organisational development implemented by the home include:

- A review of the home's linen supplies identified there was no separation of washers for use while attending to residents' hygiene needs. Staff suggested designated dark coloured washers be purchased for attending to residents' hygiene needs would improve infection control and laundry procedures. As a result dark coloured washers were purchased and education provided in conjunction with a supporting memorandum to staff on the new process. The dark washers were observed being laundered during the Re-accreditation audit.
- As per a suggestion from the physiotherapy assistant, staff wellness classes were introduced once a week. The relaxation and re-energising classes for staff are held on a Wednesday afternoon for half an hour. Management and staff report the classes are "short and easy for all levels of fitness". Staff reported positive feedback on the wellness class offered.
- Feedback from residents suggested more information was required for new residents. Residents reported there was limited introductory information for new residents to understand staff delegation, location of activity calendars and who to speak to with specific issues and/or explanation of comments/complaints forms. Management advised they are in the process of developing a general information booklet containing photos of all staff uniforms for role identification, pertinent information such as meal times and who to approach for clinical issues. Management reported the information booklet will be ready for distribution February 2014 after a final review and feedback from residents.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home in conjunction with the organisation’s legal department, and executive team has established systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines through subscription to government and industry peak body membership. Legislative and regulatory information is disseminated via the intranet to the Facility Manager and key personnel. Policies and procedures are developed and/or modified as required to ensure alignment and changes to regulatory and legislative requirements are communicated to staff through memoranda, a standard agenda at meetings, toolbox education sessions and attached to pay slips as required. Where changes to legislation directly affect the day to day lives of the residents this is discussed at the resident and relative meetings. Systems to inform residents, their representatives and other stakeholders of complaints mechanisms are effective. Compliance with legislation is monitored through the audit process, resident and staff feedback and observation of staff work practices.

In relation to Standard 1 Management systems, staffing and organisations development, systems ensure:

- All staff, volunteers and appropriate contractors have a current police certificate.
- All registered staff have appropriate qualifications and registration.
- Residents/representatives and staff are advised of re-accreditation audits.

## **1.3 Education and staff development**

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

### **Team’s findings**

The home meets this expected outcome

There are processes to ensure management and staff have appropriate knowledge and skills to perform their roles through the provision of ongoing education and staff development. New staff are required to attend the compulsory induction and orientation program which includes organisational and site specific topics. The training needs of staff are identified through trend analysis of monthly registers, comments/complaints or quality improvement requests, staff feedback, personnel performance processes and audit results. A range of training delivery modes is used to ensure all staff have access to a learning style that is suited to their needs, including group session and self-directed learning packages. Education records are maintained for individual staff members including participation and attendance, competencies and certificates attained. Staff are encouraged and supported to identify external training opportunities relevant to their roles. The effectiveness of training is monitored through staff feedback, evaluation and trending of improvement in practice.

In relation to Standard 1 Management systems, staffing and organisational development education has been provided in relation to:

- Dedicated staffing training (organisation’s model of care)
- Continuous improvement cycle

- Orientation sessions
- Train the trainer.

#### **1.4 Comments and complaints**

*This expected outcome requires that "each resident (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

Residents and their representatives have access to internal and external mechanisms for providing feedback on the services provided by the home. The comments and complaints system is explained to residents and their representatives in the 'Resident information Guide'. Residents/representatives are encouraged to provide feedback and/or raise issues through the comments and complaints form, resident meeting, surveys and through one on one consultation with staff and management. The Facility Manager and key personnel are responsible for monitoring comments and complaints. Comments and complaints are logged and tracked through to resolution. Residents/representative and staff are familiar with the mechanisms for raising complaints and are satisfied that their complaints are addressed in a timely manner.

#### **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's values are documented and displayed in the foyer of the home, and included in the residents' and staff information guides. The orientation program for new staff includes the quality commitment of the organisation.

#### **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

Residents/representatives reported satisfaction with the responsiveness of staff and their level of skill to meet residents' needs. The home has a system to recruit appropriately skilled and qualified staff based on policies and procedures and regulatory requirements. This includes recruitment, selection, orientation program, "buddy" shifts and compulsory education/training. All staff are required to have a valid police certificate and evidence of professional registration prior to commencement of work. Written notification is sent out two months prior to alert staff when police certificates are due to expire. Rosters are planned in advance which includes access to qualified staff 24 hours a day with planned and unplanned leave filled by casual staff members and/or agency staff as required. Position descriptions are provided to staff at commencement of work; work instructions are detailed on duty lists appropriate to the shift and job role and are available to staff. Staff performance is monitored on an ongoing basis via observation of practice, feedback mechanisms such as complaints,

surveys, audits, and clinical indicators. Staff reported they have sufficient time and appropriate skills to carry out their designated duties effectively.

### **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

Residents/representatives and staff are satisfied with the availability, suitability of goods and equipment. The Facility Manager in conjunction with the General Services Manager are responsible for ensuring appropriate stock levels of goods and equipment are maintained and available for quality service delivery. Stock control including levels, labelling, secure storage, rotation and other practices ensure the home can verify the safety, working order and useability of appropriate goods and equipment. A preventative and reactive maintenance schedule ensures equipment is identified, maintained, repaired, or replaced as required. Regular audits are undertaken to ensure that goods and equipment are maintained at sufficient levels. Residents/representatives are encouraged to provide feedback on residents' preferences and the quality of goods and equipment supplied through resident meetings, comments and complaints forms.

### **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

Residents/representatives reported information is provided on the general activities and events of the home, and residents' personal and private information is managed sensitively and appropriately. The home has processes to guide the effective collection, use, storage and destruction of information. Staff receive information relevant to their specific roles through policies and procedures, the internet and electronic 'message board', care plans, memoranda, on notice boards, at handover and during meetings. Electronic information is secured by individual password access and systems are in place for the automatic back up of all information stored electronically on the organisation's server. Security of confidential information is maintained and all staff are required to sign a code of conduct as part of the recruitment process. Residents and representatives are provided with information when residents move into the home via the resident information guide, residential care agreement, meetings and copies of the minutes, on notice boards, newsletters, and verbal reminders from staff. Staff reported they have access to sufficient information to perform their role.

### **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

Staff and residents are satisfied with externally sourced services provided by the home. Processes ensure all externally sourced services are provided in a way that meets the organisation's needs and service quality goals. Head office ensures processes include formal

service agreements with suppliers and service providers which contain reference to relevant legislation and guidelines. A preferred supplier's list is available for staff. The home in conjunction with head office review the performance of external services to ensure quality service delivery is maintained. External service providers are given the opportunity to improve their service and or take appropriate action if required. Quality of service is monitored through audits, observation of work completed and feedback from staff and residents.

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

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

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement system and processes.

Examples of improvement initiatives related to Standard 2 Health and personal care implemented by the home include:

- Internal audits and a review of residents' behaviour management plans identified individual triggers and intervention were not consistently recorded to guide staff practice. As a result clinical staff responsibilities were reviewed to include the monitoring of behaviour charts and progress note entries daily to ensure all identified behaviours are charted and care plans amended accordingly. Education sessions were held for staff on documentation with a focus on documenting residents' behaviours. Management and staff reported as a result of the increased clinical monitoring and review, care plans are "now reflective" of individual resident's behaviour management strategies.
- Through the review of internal audit results and data trending analysis management identified an increase in resident falls. To improve resident mobility and reduce the risk of falls a 'Falls Prevention Program' was developed. The physiotherapist introduced twice weekly exercise classes for residents to assist in coordination and strengthening of core muscle groups. Management advised and a review of clinical audits for January 2014 indicated a decrease in the number of residents falls for the month since the implementation of the fall prevention program.
- To assist with mobility maintenance while participating in an activity of choice residents requested swimming be added to the activity schedule. The physiotherapy aid organised with the local pool for residents to attend regular swimming sessions. Management advised residents attending the regular swimming sessions have reported improved mobility, a decrease in pain of their joints while participating in an activity of enjoyment.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home's systems and process.

In relation to Standard 2 Health and personal care, systems ensure:

- The reporting of unexplained absences and episodes of residents absconding

- Care tasks are conducted by a qualified person as per the Quality of Care Principles 1997.
- Medications are provided in compliance 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 systems and process.

In relation to Standard 2 Health and personal care, education has been provided in relation to:

- Wound management
- Medication safety
- Dysphagia
- Continence management
- High energy high protein diets
- Pain management.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

On entry to the home new residents’ care needs are assessed by registered staff to ensure appropriate clinical care needs are included in the formulation of individual care plans. Through the home’s electronic documentation program, initial information is collected to formulate an interim care plan to guide staff practice while a period of assessment and monitoring is commenced. Focused assessments are completed within a set period of time to ensure the development of ongoing, individual care plans. Reviews of care plans are conducted at specified times and are communicated to registered staff through an electronic work log system. Changes in resident care are communicated to staff through shift handover and electronic notices and staff access work logs generated by the electronic program. Annual case conferences are held with residents and their representatives, medical officer, allied health and staff to ensure appropriate consultation with all stakeholders. Residents/representatives are satisfied with the clinical management implemented by the home.

## **2.5 Specialised nursing care needs**

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

### **Team’s findings**

The home meets this expected outcome

Specialised care plans are developed by registered staff prior to the development of ongoing work logs on the electronic documentation program. Ongoing interventions are captured on specialised care plans which then trigger daily work logs for staff. All interventions are conducted by appropriately qualified staff in consultation with allied health, medical officers and specialist clinical services. The home has effective working relationships with external specialist clinical professionals who visit residents on site and in external clinics. Education is provided to staff and is responsive to changes in the complex health needs in the resident cohort. Residents/representatives are satisfied with specialised nursing care provided to residents by qualified staff.

## **2.6 Other health and related services**

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s findings**

The home meets this expected outcome

Residents have access to a variety of allied health care professionals including physiotherapy, dementia specialists, speech pathology, podiatry, optometry, dietetics and dentistry. Referrals are made by registered staff following resident assessment, observation and in response to changes in resident health care needs. The home has routine scheduled visits by health specialists and staff coordinate visits to external health specialists as needed and in response to resident preference. The home has onsite physiotherapy staff supported by a physiotherapy assistant. Changes to resident care and treatment instructions for ongoing care are incorporated into care plans and treatment regimes and are communicated to staff. Residents/representatives are aware of available external health services and are provided with assistance to access them if required

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

Staff administer resident medication from multi-dose sachets or original packaging in the case of eye drops and insulin. Pharmacy services deliver to the home; provide medication signing sheets and the imprest medication system. Electronic medication charts are available and can be accessed by the treating medical officer and the pharmacist to ensure accuracy when printing medication charts for use during administration. Residents’ medication is reviewed regularly by registered staff, medical officers and external pharmacy services; written reports are documented in resident charts and reviewed by medical officers. Processes exist to ensure the administration and storage of medications and controlled drugs. The medication management system is evaluated through audits, review of practice, incident trending and investigation and medication advisory meetings. Residents/representatives are satisfied residents’ medication is managed safely and correctly.



## **2.8 Pain management**

*This expected outcome requires that “all residents are as free as possible from pain”.*

### **Team’s findings**

The home meets this expected outcome

Pain assessments are conducted on entry to the home to establish a baseline for residents’ pain and capture the history and intensity of resident pain. Verbal and nonverbal pain assessments are conducted in consultation with the physiotherapist. Care plans are developed in consultation with residents/representatives, medical officers, allied health professionals and staff and are individualised to include location and intensity of pain and effective interventions. Physiotherapy staff conduct a pain clinic and provide individual interventions to residents including massage and heat packs. Pain medication, including the use of ‘as required’ medication is evaluated for effectiveness and when required reported to medical officers. Residents/representatives are satisfied with current pain management strategies.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes in place to provide appropriate care and comfort during end of life care. Residents’ end of life wishes are discussed with residents/representatives during entry to the home and during case conferencing as required, information gathered is documented including advanced health directives and not for resuscitation requests. The home has established working relationships with local hospital based palliative care specialists who support the home through specialty knowledge and education. Registered staff have access to imprest medications of palliative care medications and continuous infusion devices to ensure resident comfort. Care needs are managed in consultation with residents/representatives, medical officers, pastoral care and allied health specialists, care plans are updated to reflect the residents’ needs/preferences during end of life care.

## **2.10 Nutrition and hydration**

*This expected outcome requires that “residents receive adequate nourishment and hydration”.*

### **Team’s findings**

The home meets this expected outcome

Residents’ dietary requirements are identified on entry to the home and on an ongoing basis by registered staff. Care plans are developed and include individual likes and dislikes, information on previous experiences that may affect taste, medical dietary needs, and care strategies. Care strategies include assistance with meals, regular beverage rounds, aids to assist independence and review by dietitians and speech therapists. The home has dedicated staff to attend and support residents during the dining experience and monitor and report on changes in the intake of food and fluid. Weight is monitored monthly or more frequently as required and analysed for trends, registered staff review the need for supplements and make dietitian referrals as necessary. Residents/representatives are satisfied with fluids and meals provided to residents.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Initial clinical assessments identify residents at risk of skin breakdown and immediate care requirements such as existing wound care. Care staff observe and report changes such as redness, skin tears, rashes or bruising to registered staff. Follow up care by registered staff is provided and referrals to medical officers are completed if needed. The incidence of skin tears, rashes and wounds are recorded and analysed for trends and evaluation of interventions by staff. Skin integrity is promoted through the use of pressure relieving devices, regular repositioning and the use of skin moisturisers during daily care. Wounds are dressed in accordance with plans of care and electronic generated work logs. External wound care specialists are available to the home with consultation occurring following the referral process. Regular review of wounds is conducted by registered nurses and includes photo documentation of the healing process. Residents/representatives are satisfied with the skin care provided to residents.

## **2.12 Contience management**

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

### **Team’s findings**

The home meets this expected outcome

Assessments are undertaken to establish continence needs and plan interventions. Individualised care plans are developed and include strategies such as toileting programs, continence aids and the use of aperients. A designated staff member reviews additional pad usage and the appropriateness of continence aids in consultation with staff and coordinates ordering to ensure supply for residents. Specialised care needs including catheter care are provided by nursing staff. Staff receive education on continence management and document relevant information to ensure ongoing care planning and management. Residents/representatives are satisfied with residents’ continence management.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

The home has a process of assessment, consultation, and care planning and care provision for the management of residents with challenging behaviour. Behaviour assessments and ongoing monitoring provides information for the identification of triggers and interventions for behaviour management, this information is documented in residents’ care plans to guide staff practice. Relevant authority is attained for environmental restraint and is reviewed regularly by registered staff, medical officers and representatives. External specialists are utilised to consult on challenging behaviours with suggested interventions reflected in care plans. Case conferences are conducted as needed to discuss challenging behaviours and explore interventions in consultation with representatives. Designated care staff for the sensory unit conduct activities in consultation with lifestyle staff, in response to resident need. Residents/representatives state they are satisfied with the way staff manage residents’ challenging behaviours.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s findings**

The home meets this expected outcome

The home assists residents to maintain their mobility, dexterity and independence through assessment and care planning. A physiotherapist attends the home to provide assessment and therapy planning for new residents, and reviews the assessment of residents whose condition has changed following a fall. Physiotherapy care plans are implemented by physiotherapy assistant staff under the delegation of the physiotherapist. There is a range of equipment available to assist in maintaining residents’ mobility and dexterity including adjustable beds and mobility aids. Exercise programs are conducted throughout the home and individual programs developed and include walking programs and one on one intervention by the physiotherapy assistant. Falls prevention strategies include the completion of risk assessments, sensor lights in the residents’ bathroom, the use of hip protectors and sensors mats and passive exercises. Residents have access to a physiotherapy room complete with specific equipment for maintenance and rehabilitation following changes to mobility. Residents report they were satisfied with the program and assistance they receive from staff.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Assessment and consultation when residents enter the home are conducted to identify the oral and dental needs and preferences of residents. Information such as the presence of natural teeth, dentures and the condition of the resident’s mouth are identified which provides information for care planning. Designated staff attend each dining room to assist residents if needed during meal times and report any concerns or changes in resident eating patterns to registered staff. Assistance for residents with daily care and equipment is available for denture care. Residents can access a visiting dental service or are supported to attend a dentist of their choice. Staff complete education on oral health and care and the home has a process to ensure the seasonal rotation of toothbrushes. Residents reported satisfaction with the assistance given in managing oral and dental care.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Sensory loss is assessed during the initial assessment period when residents move to the home and is then reviewed in conjunction with scheduled care planning reviews. Consultation with residents provides additional information for care planning to effectively manage any sensory losses such as the use of glasses or hearing aids. Assessments are conducted to establish changes in resident sense of taste and smell. Diet and mobility care plans reflect impaired senses that may increase risk or impact nutritional intake. Residents attend clinics conducted at the home or are referred to external health professionals such as optometrists and audiologists as needed by registered staff. The activities program further

enhances sensory stimulation through activities such as cooking, sensory boxes, music, art and massage. Residents/representatives are satisfied that residents are happy with the assistance from staff in managing any assistive aids.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

Clinical assessments identify residents’ sleep patterns and individual needs for settling in the evening. Residents are encouraged to maintain their usual bed time and to have rest breaks through the day if they choose, staff maintain flexibility in daily routines which allows residents to rise when they choose based on individual sleep requirements. Residents have single rooms unless they choose to share with a spouse, residents are able to arrange the environment to assist comfortable sleep including use of curtains, temperature control and having doors/windows open or closed. Staff use non pharmacological strategies such as offering drinks, extra blankets and pillows and toileting residents. Residents reported the home is quiet at night and they are able to achieve restful sleep.

## **Standard 3 – Resident lifestyle**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Examples of improvement initiatives related to Standard 3 Resident lifestyle implemented by the home include:

- As an organisation wide move to improve the privacy and dignity of residents during care needs and/or as required, double sided signs were developed and implemented to indicate ‘care in progress’ and ‘do not disturb’. The signs are placed on the outside of the resident’s door to alert others to knock prior to entry as care needs are being attended to or that the resident does not wish to be disturbed. Management and staff reported positive feedback in the implementation of the signs.
- As per a request from staff in recognition of residents and family members when a resident passes away, the home has purchased memorial candles for display at the nurses’ stations. In conjunction with the memorial candles a photo of the resident is displayed for a week as a memorial and a mark of respect. Management reported they have received positive feedback and appreciation from staff, residents and family members on the memorial display.
- At the request of residents who were concerned that new residents may be seated in their preferred position at the dining table, seating plans were developed. The seating plans are displayed in each dining room to guide residents and alert staff of residents’ preferred seats. During the Re-accreditation audit we saw staff referring to the seating plans and guiding residents to their seats.

### **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 resident lifestyle”.*

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and process.

In relation to Standard 3 Resident lifestyle, systems ensure:

- The compulsory reporting of assaults,
- Residents are aware of their rights and responsibilities as per the User Rights Principles 1997.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and process.

In relation to Standard 3 Resident lifestyle, education has been provided in relation to:

- Elder abuse
- A conversation about dementia
- Culture awareness
- Privacy and dignity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Residents/representatives receive information about the home prior to relocating to the home, an entry package is provided outlining services, brochures on falls prevention, labelling clothing and pharmacy details. Emotional needs and preferences are documented and supported by staff. A detailed history is collected by the lifestyle staff and reflected in care plans, case conferences are conducted following entry to the home and then annually. Support is based on individual need, with one-on-one sessions implemented for residents who don't want to attend group activities. Residents report satisfaction in adjusting to the home's environment and the emotional support provided by staff.

### **3.5 Independence**

*This expected outcome requires that "residents 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

Independence is supported through identification of individual resident goals for maintaining independence and staff support. Residents are supported in the development and maintenance of friendships both within and outside the home. Community visitors are encouraged and the home has provided areas for visits separate from communal living areas. The home's café provides an area for residents/representatives to visit and socialise and residents have access to a small gift shop. A private dining room is also available and used for celebrations and visits. Resident individualised case conferences and resident meetings provide opportunities for residents to discuss issues and voice suggestions or concerns. Feedback forms are located through the home's common areas with submitted forms raised at various meetings including the resident meeting. Residents are satisfied with the level of support and encouragement received to maintain independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Residents' specific privacy and dignity needs are identified and documented on entry to the home and on an ongoing basis. The home's expectations for maintaining privacy, dignity and confidentiality are communicated to staff through education and corporate run 'road shows' where staff participate in workshops and discussions. Staff obtain consent for entry to residents' rooms; have knowledge of individual resident's preferences, and interact with residents in a respectful manner. Residents' confidential information is stored securely and is password protected. Residents' care, lifestyle, cultural and spiritual beliefs and preferences are identified on entry to the home and recorded on the care plan to guide staff practice. Residents/representatives are satisfied that privacy is respected and confidentiality and dignity is maintained.

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

*This expected outcome requires that "residents 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

The home's lifestyle program reflects information gathered on individual residents' past and current interests and lifestyle assessment. Individualised biographical plans are developed in consultation with the residents/representatives, and reflect the resident's physical and cognitive abilities, war history, social interests and personal goals. The home's activity program includes a variety of group activities with activity calendars being provided to residents and representatives. Monthly newsletters are published and include quizzes, activity updates, photos, birthday messages and messages from management. Programs are evaluated by review of participation rates, surveys, resident meetings and verbal feedback from residents. Volunteers support the lifestyle program, following an established application and orientation process, volunteers assist with one on one visits and group activities. Residents/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

On entry to the home registered staff and diversional therapists gather information used to develop an individual care plan. The home is regularly visited by representatives from various denominations with services held for all residents who are interested. Residents who are unable to attend services are visited in their rooms and spiritual support is available for palliative residents as needed. Culturally and socially specific events are celebrated based on the resident mix and residents' representatives are invited to attend. Residents are satisfied they receive care that is supportive of their spiritual and cultural needs.

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

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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

Residents are encouraged and supported to make decisions about their care and routines and information is provided to residents/representatives on entry outlining their rights. Input and feedback is sought from residents/representatives through resident interviews, case conferences, and one on one discussion with key personnel and care staff. The computerised documentation program identifies authorised decision makers. A copy of key paperwork including enduring power of attorney forms are held centrally. A comments and complaints system is in place to provide residents and their families with further opportunities for input and feedback into the home's arrangements. A dedicated staffing model is designed to ensure staff have knowledge of individual resident's likes and dislikes provides opportunities for choice to incorporate choice into residents' daily routines. Residents are satisfied that they are able to exercise choice in all aspects of care and service provision.

### **3.10 Resident security of tenure and responsibilities**

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

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

The home meets this expected outcome

On entry, each resident is offered a residential care agreement which outlines accommodation fees and charges, services and the consultation process used if a change in accommodation is necessary. Room changes are conducted in consultation with residents/representatives and involve support from staff throughout the process. Staff are informed of residents' rights and responsibilities as part of their orientation program and the Charter of Residents Rights and Responsibilities is provided to residents and is displayed throughout the home. Residents/representatives are satisfied residents have secure tenure within the home and are aware of their rights and responsibilities.



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

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement system and processes.

Examples of improvement initiatives related to Standard 4 Physical environment and safe systems implemented by the home include:

- An internal audit and staff feedback regarding temperatures in the kitchen identified the heat-exhaust fan in the main kitchen was not effective. Management reported the air flow in the kitchen is not effective for comfortable staff working conditions. As a result, management have approved the purchase and installation of an air conditioning unit. Management advised the air conditioning unit installation is due for completion the first week of February 2014. Once installed management will continue to monitor for effectiveness.
- The Maintenance Coordinator identified a potential hazard risk in the loading bay consisting of a potential falls risk with no barriers to alert staff and/or residents of the drop between levels. As an interim measure reflective cones and signage have been erected to alert of the potential risk. Management advised quotes have been obtained and the permission granted for the installation of safety barriers, work is due for completion the week 27 to 31 January 2014.
- In response to dissatisfaction/complaints received from residents/representatives regarding menu choices and quality, the home has implemented and trialled a number of different strategies to improve resident satisfaction. Some of the strategies include the following:
  - Sampling of lunch and evening meals by staff in the dining room seven days per week.
  - The trialling of different types of fish at the request of residents.
  - The Chef interacting with residents during meal times to seek verbal feedback
  - The introduction of a food committee with resident representatives to provide feedback on the meals offered.Management advised the home and external catering company continue to make amendments to the menu based on resident feedback and request.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information about the home’s systems and process.

In relation to Standard 4 Physical environment and safe systems there are systems to ensure:

- A current food safety program,
- A Food Supervisor is available and accessible
- A Fire Safety Advisor is available and accessible.

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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's systems and process.

In relation to Standard 4 Physical environment and safe systems, education has been provided in relation to:

- Fire extinguisher training
- Evacuation sheets
- Manual handling
- Inflectional control.

#### **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 residents' care needs".*

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

The home meets this expected outcome

Residents/representatives reported satisfaction with the safety and comfort of residents' living environment. Management and key personnel are actively working to provide a safe and comfortable environment consistent with residents' care needs. Residents are accommodated in single rooms with en-suites, sensor activated lighting in bathrooms, and leather reclining lounge chairs. Residents are encouraged to take ownership of their environment by decorating their room with personal items. The home is secure, clean, clutter and odour free, and provides a variety of internal private seating areas and patio areas available to residents and their families. Preventative maintenance schedules are in place and any additional maintenance requirements are reported by staff or residents and are attended to by the maintenance staff and/or external contractors in a timely manner. Restraint is utilised for some residents and authorisation and monitoring undertaken. Security measures such as security cameras, locking of the home and an automatic gate to the staff parking area ensure overnight security in the home.

#### **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 in conjunction with key personnel are actively working to provide a safe and secure working environment that meets regulatory requirements. There are processes to assess the workplace through discussions/meetings, audits of the environment for safety aspects, hazard/risk assessment processes, incident and hazard reporting, staff education and competency assessments. All staff are provided with information about occupational health and safety during their orientation and annually through compulsory training sessions. Maintenance programs are in place for equipment and buildings and these are monitored for completion. Material safety data sheets are available in work areas and chemicals are stored securely. Spills kits are available and accessible for staff. Staff accidents and incidents are reviewed, analysed then discussed at relevant meetings to ensure effectiveness of intervention. Staff demonstrated an awareness of how to report accidents, incidents, and hazards and perform their roles in a safe manner.

#### **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 minimise fire, security and emergency risks. A documented fire and emergency procedure plan, disaster management plan and evacuation plans throughout the home guides staff practice. Scheduled maintenance of fire detection and alarm equipment, evacuation, lighting and signage equipment is generally completed and maintained by an external provider. Emergency exits and assembly areas are clearly marked, free from obstruction and suitable for the mobility level of the residents. Staff attend compulsory fire and emergency response training on commencement of employment through the orientation program and annually thereafter. A resident list is maintained at the fire panel located at the main entrance. Staff demonstrated knowledge of emergency procedures and their individual roles and responsibilities in the event of a fire, security and other emergencies.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

There is an effective infection control program in place that is managed by senior clinical staff and monitored through incident reporting and audits. Episodes of infection are identified, documented and referred to medical officers for review and management. Prescriptions of antibiotics are provided by registered staff and alternatives to antibiotics are used when appropriate. There are procedures covering practices that minimise risks of cross infection, food safety and outbreak management. Data on the number and types of infection is collected, collated and analysed and action is taken when trends are identified. Colour coded equipment is used in the clinical, cleaning, laundry and catering service areas to minimize risks of cross infection. Temperature monitoring occurs for food receipt, production and

storage. Schedules and work instructions guide cleaning practices in all areas of the home and a pest control program is maintained. Staff receive education in infection control including the importance of hand washing and personal protective equipment, staff, residents and visitors have access to antibacterial hand wash.

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

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

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

The home meets this expected outcome

Residents are generally satisfied with the catering, cleaning and laundry services provided by the home. Hospitality services are generally provided in a way that enhances residents' quality of life. Meals are cooked fresh on site by an external provider following a six weekly menu cycle. Meals are plated in each kitchenette area in accordance with residents' menu choice, preferences and dietary requirements. Cleaning staff use work instructions and cleaning schedules to ensure residents' rooms, communal areas and external areas of the home are systematically cleaned. Laundry services are provided on site seven days a week for residents' personal items and linen. Laundry is completed using specialised equipment and practices that minimise risk of cross infection. Residents are encouraged to label their clothing to assist in the tracking of personal items and mitigate the risk of lost items. Mechanisms are available for residents/representatives to provide feedback about hospitality services through comments and complaints forms, resident meetings, food committee and verbally.