



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

**Reconsideration Decision**

**Brightwater The Village RACS ID: 7415**

**Approved Provider: Brightwater Care Group Limited**

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

Reconsideration Decision made on 02 February 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 17 July 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 11 September 2015 to 11 May 2019.

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

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

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

This decision is effective from 02 February 2018

Accreditation expiry date 11 May 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Brightwater The Village**

RACS ID 7415

150 Dundas Road

INGLEWOOD WA 6052

Approved provider: Brightwater Care Group (Inc)

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 11 September 2018.

We made our decision on 17 July 2015.

The audit was conducted on 15 June 2015 to 16 June 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

**Principle:**

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

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

### Standard 2: Health and personal care

**Principle:**

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

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

**Standard 3: Care recipient lifestyle****Principle:**

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

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

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

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

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



**Australian Government**

**Australian Aged Care Quality Agency**

## **Audit Report**

**Brightwater The Village 7415**

**Approved provider: Brightwater Care Group (Inc)**

### **Introduction**

This is the report of a re-accreditation audit from 15 June 2015 to 16 June 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 15 June 2015 to 16 June 2015.

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

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

## Assessment team

Team leader:	Renee Sweet
Team member:	Marise Goddard-Jones

## Approved provider details

Approved provider:	Brightwater Care Group (Inc)
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## Details of home

Name of home:	Brightwater The Village
RACS ID:	7415

Total number of allocated places:	65
Number of care recipients during audit:	65
Number of care recipients receiving high care during audit:	65
Special needs catered for:	Dementia specific

Street:	150 Dundas Road	State:	WA
City:	INGLEWOOD	Postcode:	6052
Phone number:	08 9370 0900	Facsimile:	08 9370 0999
E-mail address:	welcome@brightwatergroup.com		

## Audit trail

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

### Interviews

	Number		Number
Care manager	1	Representatives	10
Deputy care manager	1	Administration assistant	1
Enrolled nurses	3	Occupational therapist	1
Hospitality support workers	4	Clinical nurse	1
Multi-skilled care workers	9	Speech pathologist	1
Registered nurses	4	Physiotherapist	1

### Sampled documents

	Number		Number
Care recipients' files	8	Medication charts	10
Specific care management plans	8	Personnel files	6
Restraint assessments	4	Care recipient agreements	5

### Other documents reviewed

The team also reviewed:

- Activity planner, special events file and allied health team statistics
- Aromatherapy care plan and signing sheets
- Audits, surveys and clinical indicators
- Blood sugar monitoring charts
- Cleaning schedules
- Comments, complaints and suggestions files
- Continuous improvement plan
- Diet and fluid summaries and nutritional recommendations
- Incident reports and summaries
- Kitchen equipment and food temperature records
- Life stories
- Meeting minutes, memoranda and noticeboards
- Menus, dietary lists and dietary preference forms
- Poisons permit
- Police certificates, professional registrations, appraisals and visa status matrices
- Policies and procedures, duty lists and communication books
- Pre-admission assessments

- Preventative maintenance records, maintenance site checklist and unscheduled maintenance logs
- Referral books
- Regulatory compliance file
- Resident handbook and agreements
- Roster and staffing daily sheets
- Schedule for blood sugar levels
- Specific care management plans
- Staff handbook
- Training attendance records and evaluations
- Weight summaries and wound management plans.

### **Observations**

The team observed the following:

- Activities in progress
- Brochures and information for care recipients regarding rights and responsibilities, advocacy service and external complaint mechanisms
- Care recipients' appearance
- Charter of residents' rights and responsibilities
- Equipment and supply storage areas
- Fire systems, maintenance logs, evacuation kit and evacuation maps
- Interactions between staff and care recipients
- Living and physical environment
- Meal and drinks services
- Medication administration round
- Safety data sheets
- Short group observation in Fitzroy dining area
- Storage and disposal of medications.



## 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 home has a continuous improvement system to identify improvement opportunities and monitor performance against the Accreditation Standards. The manager oversees the continuous improvement plan and improvement opportunities are identified through a number of forums including feedback forms, audits and surveys, incident analyses and various meetings. Improvement opportunities identified are added to the continuous improvement plan and are actioned, monitored and evaluated by the care manager. Staff gave examples of recently completed improvements that have assisted them in their roles.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- Over the last 12 months the home has been working on improving team morale as it was identified through staff feedback it could be improved. The aim was to increase job satisfaction for all team members. The management team has delegated portfolios to key members of staff as a part of succession planning and to develop their leadership skills, staff mentors have been nominated to support staff, and the home has had a number of team building exercises and events. The home has also introduced the 'bright spark award' for staff members who are good team players. The home recently conducted a survey with staff and found 80% of staff believed there was good morale and culture in the home and 92% of staff are happy at work. Staff interviewed advised they enjoy coming to work, they work as a team and are focused on providing the best quality care to care recipients.
- The organisation identified the need to gather and trend feedback in their homes more effectively by using an online feedback tool, which allows comments, complaints and suggestions to be monitored at an organisational level, so trends and patterns can be identified. When the home receives verbal feedback or an 'opportunity for improvement' form it is entered into the online feedback tool, along with actions, results and outcomes provided to the originator. This data is then discussed at the quality meeting across Brightwater homes to identify areas for improvement or potential issues across other sites. Management advised they are satisfied with the new feedback system.

## **1.2 Regulatory compliance**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes and systems to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards and guidelines. Professional and peak bodies provide updates of regulatory and legislative changes to the home through the organisation’s people services division. Management inform stakeholders of changes at meetings, training sessions and via memoranda and noticeboards. Policies and procedures and duty statements are available online and in hardcopy to guide staff in relation to regulatory and legislative requirements. Staff, volunteers and contractors are required to have current police certificates. The people services team maintains police certificates, professional registrations and visa registers, and staff are notified when renewals are due. Representatives advised they were informed of the re-accreditation audit via correspondence, notices and meetings.

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

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. New staff attend corporate orientation, onsite induction and have buddy shifts to ensure they are competent to perform their roles. An annual training calendar identifies mandatory training and other education sessions are scheduled on a regular basis. Topics are scheduled reactive to care recipients’ needs, staff feedback and data analysis. Staff skills are appropriately maintained through competency assessments and training opportunities and needs are discussed at annual performance reviews. Staff advised they are satisfied with the education and training sessions made available to them. Representatives reported staff are knowledgeable and have the appropriate skills to perform their roles effectively.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Brightwater leadership development course
- Privacy education course
- Supervisor development course.

## **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

There are processes to ensure care recipients, representatives and other interested parties have access to internal and external complaints mechanisms. Care recipients and representatives receive information regarding the internal and external complaint

mechanisms through information packs, agreements, brochures and meetings. Feedback forms and secure boxes are available in the home to ensure confidentiality and anonymity. Care recipients and representatives discuss complaints and suggestions at care recipient meetings and case conferences, and management facilitates a resolution with the complainant as required. Management reviews the effectiveness of the comments and complaints process via monitoring mechanisms, and information regarding complaints and suggestions flow into the home's continuous improvement plan. Staff advocate on behalf of care recipients and receive information about the comments and complaints process during induction. Representatives reported using formal and informal processes with staff and management as a way of resolving issues and are satisfied with their access to complaints processes.

### **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

Brightwater care group has documented purpose, philosophy and values statements. The home displays these statements in prominent areas. Staff, care recipients and other stakeholder information packs, brochures and contracts consistently document these statements, including the home's commitment to providing quality throughout the home.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has systems to manage human resources that include recruitment and orientation programs, staff training and development opportunities. Management reviews and adjusts the rosters in response to care recipients' care needs, operational requirements and feedback from staff. The care manager and deputy care manager manage unplanned leave through casual and agency staff. Professional registrations and police certificates are kept on file and managed electronically through the people services team. Management monitors staff performance via feedback mechanisms, performance appraisal, observations and supervision. Staff reported they have opportunities for professional development and sufficient time to carry out their tasks. Representatives stated they are satisfied with the responsiveness of staff and adequacy of care.

### **1.7 Inventory and equipment**

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

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

The home meets this expected outcome

The home maintains adequate stocks of goods and equipment to ensure quality service delivery. Designated staff are responsible for stock control, rotation and purchasing of goods

and equipment. New orders are based on current usage and are reviewed to ensure adequate stock levels are maintained. Preventative and corrective maintenance programs ensure equipment is maintained and replaced as needed. Goods and equipment are reviewed to ensure suitability for care recipients' ongoing care needs. Staff reported they are provided with training in relation to goods and equipment to ensure safe usage and are satisfied with the level of goods and equipment available in the home. Representatives reported satisfaction with the availability and suitability of goods and equipment provided to care recipients.

### **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

The home has effective information management systems ensuring information is managed, delivered and stored appropriately. The home conducts regular audits and surveys in clinical and non-clinical areas which are analysed, evaluated and discussed at relevant meetings. The home's policies and procedures are available online and are updated as required. Computers are available for staff to utilise, are password protected and information is regularly backed up. Paper based records are stored securely and there are procedures to ensure information is appropriately archived and destroyed. A meeting structure, noticeboards and communication books promote information dissemination throughout the home. Staff advised they have access to duty lists, policies and procedures and up-to-date care plans to guide them in their roles. Representatives reported satisfaction with their access to information in relation to care recipients' care needs, general activities and events occurring in the home.

### **1.9 External services**

*This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".*

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

The home meets this expected outcome

There are processes to ensure externally sourced services are provided in a way that meets the home's quality needs and requirements. External contractor agreements are managed by the contracts and supply team at head office who are responsible for maintaining service agreements and ensuring insurance and police certificates are maintained. The administrative assistant or management team are responsible for ensuring contractors are orientated to the site. The home maintains a current register for site-specific contractors' essential information including police certificates and certificates of currency. Management stated contractor performance is monitored on an ongoing basis and formally reviewed by the contracts and supply team at the time of contract renewal. Representatives and staff reported satisfaction 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 home's continuous improvement systems and processes.

In relation to Standard 2 – Health and personal care, staff record care recipient falls, skin tears, medications, behaviours and unexplained absences of care recipients, and this information is collated and analysed for trends. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvement activities related to Standard 2 – Health and personal care are described below.

- A care recipient who entered the home had been assigned a community liaison officer who was a consultant psychiatrist. The psychiatrist was impressed with the level of care the home provides to their care recipients and requested to work at the home one day per week and assist staff and family in dealing with adverse behaviours. The psychiatrist reviews care recipients' behaviour management plans to develop strategies and interventions to minimise adverse behaviours, and provides support to care recipients, families and staff. Since the psychiatrist commenced working with the home they have seen a significant reduction of hospital admissions due to adverse behaviours with only two referrals in the last two years. Staff advised having the psychiatrist onsite has been beneficial as they provide education and support to the team.
- The care manager suggested adding chia seeds to care recipients' breakfast to improve and regulate bowel movements. This suggestion was discussed with the dietician and speech pathologist to ensure this is an appropriate practise. Based on the feedback received from the dietician and speech pathologist the home has trialled the chia seeds in Fitzroy house by adding it to the porridge, and the results showed positive changes to the care recipients' bowel movements. The trial found 76% of care recipients showed an improvement to their bowel movements and there was a 50% reduction in the usage of suppositories. Management and clinical staff are currently assessing rolling this out across the home.

### **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

The home has systems to identify and ensure compliance with all relevant legislation, regulations, professional standards and guidelines. A monitoring system is used to ensure professional staff maintain current registrations. The registered nurses carry out initial and ongoing assessments of care recipients, and direct and supervise the conduct of care

recipients' care. Processes are established to ensure unexplained absences of care recipients are reported in accordance with legislative requirements. Representatives reported care recipients receive care and services in accordance with specified care service requirements.

### **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 an overview of the education and staff development system.

Examples of education and training related to Standard – 2 Health and personal care are listed below.

- Behaviour management
- Continence care
- Medication competencies
- Mouth care
- Multiple sclerosis
- Palliative care
- Topical creams and ointments
- Wound care.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. The multidisciplinary team assesses care recipients' clinical needs when they move into the home using information from their medical histories and a range of clinical assessments. Care plans are developed and reviewed according to the home's policy and in consultation with representatives. There are processes to monitor and communicate care recipients' changing needs and preferences, including regular review of care recipients by medical personnel, primary nurses, allied health professionals, multi-skilled care workers, shift handovers, daily multidisciplinary team meetings and family meetings. Clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Primary nurses are allocated to each care recipient and are responsible for the coordination of care plan review and evaluation. Representatives reported satisfaction with the clinical care provided to care recipients, and all representatives expressed staff deliver clinical care in a warm, caring, professional and skilled manner.

## **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 home has processes to ensure registered and enrolled nurses identify and review care recipients’ specialised nursing care needs. Care recipients’ specialised nursing care needs are assessed when they move into the home, and these are documented in specific care management plans and reviewed six monthly or as required. The home has registered nurses rostered on duty at all times to provide care and support and direction for staff. Medical personnel and other health professionals are consulted as required. Examples of specialised nursing care include wound care, behaviour management and management of diabetes. Representatives reported care recipients’ specialised nursing care needs are consistently met.

## **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 are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs. The home employs a range of allied health professionals and also accesses external specialist providers to assist in the management of the complex needs of the care recipients who reside at the home. Allied health professionals assess care recipients when they move into the home and develop specific care management plans that are reviewed six monthly and as required. Care recipients have access to a consultant psychiatrist and geriatrician in addition to a general practitioner who visits weekly and as required. A podiatrist visits the home regularly and attends to the needs of care recipients. Referrals are made to other health specialists if needed. Representatives reported satisfaction with care recipients’ ongoing access to a variety of 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

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered nurses, enrolled nurses and competent multi-skilled care workers administer medications via a pre-packed system as per the doctors’ prescriptions. The home maintains a stock supply system to ensure medications can be commenced in a timely manner. Specific instructions detailing the administration of care recipients’ medications and topical treatments are documented in their medication care plans. Medication audits and recorded medication variances are used to monitor the system. Representatives reported care recipients’ medications are managed 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

There are systems to identify, implement and evaluate each care recipient’s pain management strategies to ensure they remain as free as possible from pain. Registered and enrolled nurses and other care team members (such as multi-skilled care workers and allied health professionals) review care recipients’ pain regularly. Many care recipients who reside at the home are unable to verbalise pain so assessments are conducted regularly, and pain management strategies are evaluated by a dedicated registered nurse who refers care recipients to the general practitioner if pain interventions are not effective. Care plans are implemented that detail pain management interventions, including alternative therapies and the use of pain and pressure-relieving equipment. Staff described their role in pain management, including identification and reporting of pain. Representatives reported staff are responsive to complaints of pain and care recipients’ pain is managed appropriately.

## **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

There are systems to ensure the comfort and dignity of terminally ill care recipients. As all care recipients residing at the home have a diagnosis of dementia, representatives have the opportunity to complete an advanced care plan when care recipients move into the home, or at any time throughout their residency. Care recipients’ medical practitioners and the home’s clinical and allied health personnel support care recipients during their palliation phase. External specialist palliative care practitioners are consulted if additional expertise is required. Representatives expressed confidence staff, when required, would manage care recipients’ palliative care competently, including the maintenance of their comfort and dignity.

## **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’ nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Care recipients’ care plans outline their dietary requirements, including the level of assistance required. A registered nurse holds the portfolio to monitor care recipients’ recorded monthly weights and evaluate the effectiveness of nutrition and hydration support interventions. The home has increased breakfast choices and sandwich filling options which has reduced the use of nutritional supplements. Swallowing assessments are conducted and care recipients with identified swallowing deficits are ordered and provided appropriately textured diet and fluids. Nursing and allied health professionals direct care recipients’ nutritional management. Representatives reported they are satisfied with the menu and associated support provided to 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

Registered and enrolled nurses conduct regular assessments of care recipients’ skin integrity (with input from multi-skilled care workers and allied health professionals) and formulate care plans that describe preventative skin care interventions. Registered and enrolled nurses attend care recipients’ wound care. The home employs a number of preventative strategies for ensuring skin integrity including pressure-relieving mattresses and aids, repositioning and hypoallergenic continence aids. A registered nurse holds the skin integrity portfolio to assess and evaluate the effectiveness of the strategies used at the home to maintain care recipients’ skin integrity. Multi-skilled care workers monitor care recipients’ skin care daily and report abnormalities to the registered or enrolled nurse. The home records and collates information regarding skin related incidents. Representatives reported satisfaction with the home’s management of skin care.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate care recipients’ continence care needs when they move into the home and on an ongoing basis. Care recipients’ urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of assessed needs. Staff use bowel charts to track bowel patterns and enable the development of appropriate bowel management programs, and registered and enrolled nurses monitor the use and effect of aperients. An enrolled nurse with specific training in continence management ensures the analysis and evaluation of the effectiveness of the continence management program implemented for each care recipient. Staff reported having sufficient continence aids and appropriate skills to enable them to manage care recipients’ continence needs. Representatives reported being satisfied with the management of 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

Care recipients’ behavioural management and support needs are assessed when they move into the home and on an ongoing basis through consultation with the care recipient, family, observation, review of medical history and exploration of the individual’s life story. During assessments, the care recipient’s family are involved to identify potential triggers for care recipients’ behaviours and appropriate supports are developed and documented in specific care management plans. These plans detail a holistic approach to supporting the care recipient living with dementia and focus on the individual’s wellbeing as well as managing specific adverse behaviour responses. Wellbeing mapping is used to further enhance the life experience and support of care recipients living with dementia. Effectiveness of behaviour management strategies is monitored via clinical indicators and observations. Care recipients

are referred to other health professionals when the need for further assessment of adverse behaviour responses are identified. Restraint is used minimally and the multidisciplinary team consults with the medical practitioner and representatives to ensure the least restrictive form of restraint is utilised (if clinically indicated) and other strategies are used to limit the use of restraint. Representatives reported care recipients' adverse behaviours are well managed and the impact of the behaviours on other care recipients is minimised.

#### **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

A physiotherapist, an occupational therapist and nursing staff assess care recipients' mobility, dexterity and associated falls risks when they move into the home. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home's activity program that includes a range of group exercises and individual physical activities to improve independent movement. Care recipients' participation in physiotherapy sessions is monitored. A range of seating, mobility aids and specialised equipment to prevent injury related to falls are available to assist care recipients to maintain mobility and independence. Incidents related to mobility and dexterity are recorded and collated data is used by the multidisciplinary team to implement risk management strategies for individual care recipients. Representatives reported satisfaction with the home's management of care recipients' mobility and dexterity needs.

#### **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

When a care recipient moves into the home, an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the care recipient's care plan. A dental examination is offered to care recipients and follow up treatment is arranged with family consultation. Staff were aware of care recipients' individual oral hygiene requirements. Representatives reported satisfaction with the support provided to care recipients to maintain their oral and dental health.

#### **2.16 Sensory loss**

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

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

The home meets this expected outcome

An occupational therapist assesses care recipients' sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in care recipients' care plans and are regularly reviewed by the occupational therapist with input from the multidisciplinary team. An optometrist visits the home regularly and care recipients are encouraged to access this service. Representatives reported satisfaction with the home's management of sensory losses and needs.

## **2.17 Sleep**

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

### **Team’s findings**

The home meets this expected outcome

The home has established processes to assist care recipients to achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances. Interventions to assist care recipients establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and snacks and night sedation. Staff described factors that can impact on care recipients’ sleep including noise, confusion, pain and continence issues. Representatives reported care recipients are satisfied with the support provided to achieve restful sleep.

### **Standard 3 – Care recipient lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff also contribute to improvements to care recipient lifestyle through surveys, training and networking. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of recent improvements undertaken or in progress in relation to Standard 3 – Care recipient lifestyle are described below.

- Based on a suggestion from staff the home purchased six chickens. The chickens have an area in the garden and regularly lay eggs. The care recipients enjoy interacting with the chickens and often go outside to feed and hold them. One care recipient who was not eating regularly, now collects the fresh eggs on a daily basis and with the assistance of staff makes and eats scrambled eggs each morning from the eggs they collected. Staff and representatives interviewed advised the chickens have had a positive impact on the care recipients’ lives.
- Staff identified the church service being conducted in the home was not working effectively as the majority of the care recipients would walk away or fall asleep. In order to improve the church services the pastoral care volunteer conducts smaller services in a secluded lounge room. The service is interactive, with wooden crosses for the care recipients to hold and play with and a globe the care recipients touch. The therapy team have created laminated prayer books in large print, with simple and popular hymns. The pastoral care volunteer also provides one-on-one spiritual support to care recipients who prefer a more personalised spiritual service. Staff advised since the service has been running, care recipients are more alert and engaged.

#### **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

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management inform staff of changes relevant to care recipient lifestyle through training, memoranda and meetings. All staff sign an employment contract at the commencement of employment that includes a confidentiality agreement. Staff demonstrated an understanding of the regulatory guidelines

for the reporting and management of elder abuse. Representatives reported they are aware of the rights and responsibilities for care recipients.

### **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 an overview of the education and staff development system.

Examples of education and training related to Standard 3 – Care recipient lifestyle are listed below.

- 'Manutention'
- Montessori approach
- Therapy development day.

### **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

Prior to moving into the home, care recipients and their families receive information about the home and services offered. On moving into the home, care recipients' needs and preferences are discussed and representatives are shown around the home and introduced to staff. The multidisciplinary team includes a social worker who provides emotional support to care recipients and families in addition to the support provided by the home's staff. Individual care plans incorporate information relating to the holistic requirements of the care recipient, including their emotional and social wellbeing. Staff interviewed described strategies to provide care recipients emotional support including a focus on individual support needs and choices. Care recipients are encouraged to personalise their room, and join in activities at the home and in the community, where appropriate. Representatives stated they are encouraged to visit care recipients, and they are satisfied care recipients' emotional needs are met by staff at the home. Representatives advised the home's staff provide significant emotional support to them, and assist them to come to terms with supporting their loved one living with dementia in the residential care setting.

### **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

Assessment of care recipients' abilities and their wishes (in consultation with representatives) in relation to independence and lifestyle occurs when they first move into the home. Care plans identify the support care recipients require to be as independent as possible and

participate in the life of the community. Therapy programs aim to assist and maintain care recipients' communication and mobility levels and the physiotherapist and occupational therapist provide specific equipment to maintain care recipients' independence. Regular bus trips are organised for care recipients to undertake activities outside the home and special events are arranged to promote participation by representatives and friends within the home. Representatives reported care recipients are provided with assistance from staff to maintain their 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and only accessed by authorised personnel. Staff were observed approaching and interacting with care recipients in a warm, caring and respectful manner. Care recipients and their families have access to lounges, outdoor areas and small lounge areas. Staff interviewed were aware of the need to maintain confidentiality of care recipients' information and described strategies to maintain care recipients' privacy and dignity. Representatives reported they are satisfied care recipients' privacy, dignity and confidentiality is maintained and respected.

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

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

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in meaningful activities to promote maximum functional ability and promote independence. Information about each care recipient's social and cultural history is obtained through assessments, wellbeing mapping and life history discussions and are used to develop individual therapy care plans. The therapy team develop an activities planner and care plans that include group and individual activities to support wellbeing. Much of the program focuses on promoting independence, functional ability and sensory stimulation as all care recipients are living with dementia. Feedback on the program is provided through care recipients' participation and observed responses. Representatives reported they are satisfied care recipients are supported to participate in a wide range of personalised activities and leisure interests suitable to their abilities.

### **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

When care recipients move into the home their individual interests, customs, beliefs related to their cultural and spiritual life are identified, and this information is documented in their care plan. Specific cultural events are included in the activity program and staff support care

recipients to attend these activities. Small ecumenical church services and one-on-one spiritual visits are conducted in the home. Volunteers and cultural support agencies are sourced to support specific care recipient's cultural needs. The multidisciplinary team share information regarding care recipients' specific cultural and spiritual practices through team meetings. Representatives reported staff respect care recipients' customs, beliefs and culture.

### **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

Representatives participate in decision making about care and service delivery through direct contact with management and staff, family meetings, representative meetings, surveys and the feedback processes at the home. External advocacy services, complaints forms, a suggestion box and brochures are available providing access to external and internal complaint mechanisms. Representatives reported they are consulted regarding care recipients' individual preferences, and care recipients have opportunities to make choices and decisions over their lifestyle preferences (such as choice of meals and drinks at serving times) when able.

### **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

Organisational systems and processes ensure care recipients have secure tenure within the home, and representatives understand their rights and responsibilities. On moving into the home, a care recipient agreement is offered, detailing security of tenure and care recipients' rights and responsibilities. Representatives are consulted and their agreement sought should there be a need to move rooms. External advocacy and guardianship administration are utilised as required. Staff are provided with education and training regarding care recipients' rights. Representatives interviewed reported they are satisfied care recipients have secure tenure in 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 home’s continuous improvement system and process.

Examples of improvement initiatives implemented by the home over the last 12 months are described below.

- The home identified they were having a number of adverse behaviours during activities of daily living (ADLs). An environmental audit identified the bathrooms were all white and visually unappealing for care recipients with dementia or cognitive impairment. As a result, the home commenced bathroom upgrades in one house of the home as a trial. The home installed colourful shower curtains so the shower and toilet area is clearly separated, installed black toilet seats and lids, placed black backing behind the towel rack so the white towels stand out, and had a row of black tiles placed around the basin and vanity to make the area stand out. Since the bathroom upgrades have been completed they have had no adverse behaviours during ADLs. The home is currently in the process of rolling the bathroom upgrades throughout the home. Staff interviewed advised the bathroom upgrades have been successful.
- Management identified care recipients would benefit from having visual cues around the home so they can locate their house. There are six different houses in the home and care recipients are able to move freely from house to house during the day. In order to assist care recipients in finding their way back to their own house, the home has introduced visual cues in the hallways. Management consulted with staff and representatives in the style and types of visual cues to be used in each hallway. As a result, each hallway has large distinctive pictures which care recipients can use to establish where they are in the home. Staff reported since the installation of the pictures care recipients have been finding it easier in getting back to their house.

### **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

There are systems to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. All staff attend mandatory fire, emergency and safety training, and external contractors regularly service fire safety equipment. Infection control training is included in the mandatory training calendar. There are established mechanisms for reporting incidents, accidents, hazards and unexplained absences of care recipients. Chemicals are securely stored and safety data sheets are available. Staff explained the locations and use of personal protective equipment. External audits and inspections are undertaken to monitor compliance with food safety.



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

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

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

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system.

Examples of education and training related to Standard 4 – Physical environment and safe systems are listed below.

- Chemical training
- Fire safety
- Foodsafe training
- Infection control
- Occupational health and 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 provides a safe and comfortable living environment consistent with care recipients' care needs. The home has 65 single rooms with ensuite, and the living environment is equipped to assist care recipients with independence, comfort, privacy and security. Allied health professionals conduct further assessments for care recipients identified as a falls risk, wandering and compromised skin integrity, and establish environmental and safety strategies to manage such risk. Care recipients have access to secluded lounge rooms, dining and communal garden areas. Management undertakes satisfaction surveys and environmental audits, and takes action in response to identified issues, suggestions or potential hazards. Representatives reported satisfaction with how the home ensures a private and comfortable living environment according to the care recipients' needs and preferences.

### **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. On commencement of employment staff are provided with a site orientation which includes occupational health and safety (OHS), chemical safety and manual handling training. Hazards, incidents and accidents are reviewed and assessed by the deputy care manager, who is a trained safety representative, and the OHS team and discussed at relevant meetings. Staff receive OHS updates through training sessions, meetings, memoranda and noticeboards. Regular maintenance and staff training is provided on goods

and equipment to ensure safe usage. Staff described processes for identifying and reporting hazards and incidents, and stated they feel their work environment is safe.

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

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

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

The home meets this expected outcome

The home has systems and processes to maintain a safe environment to minimise the risk of emergencies, fire and security breaches. Approved professionals carry out regular inspections and testings of the home's fire systems and equipment. The home displays evacuation maps and emergency evacuation procedures in strategic locations, and maintains an updated care recipient evacuation kit. Fire-fighting equipment is available throughout the home and fire drills are conducted on a regular basis. Staff advised they have received training in the management of fire and emergencies. There are processes to check and tag new and existing electrical equipment to identify and resolve electrical hazards. Representatives and staff interviewed advised they know what to do in the event of an emergency and feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an established and effective infection control program. Staff are informed of current practices appropriate to their area of work at orientation and at mandatory education sessions. The home has current information to guide staff in managing infectious outbreaks, and staff are provided with appropriate personal protective equipment. Information on individual care recipient infections is collected monthly and shared with staff at meetings. Measures contributing to the effectiveness of the infection control program include sanitising, cleaning and laundry processes, provision of hand washing facilities, food safety program and vaccination programs. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak.

#### **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

Catering, cleaning and laundry services are provided to enhance the care recipients' quality of life and the staff's working environment. The contracted catering company and management conduct seasonal reviews of the menu, gaining feedback and input from staff and representatives through feedback forms, surveys and meetings. Care recipients are offered multiple choices of foods and drinks at meal times. The home has cleaning schedules to ensure care recipients' rooms are cleaned on a weekly and as required basis. All personal laundry is completed on site, and the home assists care recipients with labelling of clothing to prevent items getting lost. All flat linen is sent off site to be laundered regularly. The quality of

hospitality services is monitored via feedback, audits and surveys. Representatives reported satisfaction with the hospitality services provided.