



**Australian Government**

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**Australian Aged Care Quality Agency**

**Opal Annandale**

RACS ID 2516  
76 Johnston Street  
ANNANDALE NSW 2038

**Approved provider: DPG Services 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 February 2018.

We made our decision on 04 December 2014.

The audit was conducted on 05 November 2014 to 06 November 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.

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

## Standard 2: Health and personal care

### Principle:

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**

**Opal Annandale 2516**

**Approved provider: DPG Services Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 05 November 2014 to 06 November 2014 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 05 November 2014 to 06 November 2014.

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

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

## Assessment team

<b>Team leader:</b>	Helen Ledwidge
<b>Team member/s:</b>	Jennifer Denham

## Approved provider details

<b>Approved provider:</b>	DPG Services Pty Ltd
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## Details of home

<b>Name of home:</b>	Opal Annandale
<b>RACS ID:</b>	2516

<b>Total number of allocated places:</b>	68
<b>Number of care recipients during audit:</b>	67
<b>Number of care recipients receiving high care during audit:</b>	67
<b>Special needs catered for:</b>	Not applicable

<b>Street/PO Box:</b>	76 Johnston Street
<b>City/Town:</b>	ANNANDALE
<b>State:</b>	NSW
<b>Postcode:</b>	2038
<b>Phone number:</b>	02 9569 6591
<b>Facsimile:</b>	02 9569 5431
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Facility manager	1
Clinical manager	1
Registered nurses	4
Assistants in nursing	5
State quality officer	1
Medical practitioner	1
Pharmacist conducting medication reviews	1
Care recipients/representatives	13
Administration assistant	1
Recreational activities coordinator	1
Physiotherapist	1
Cook and catering staff	3
Laundry staff	1
Cleaning staff	2

### Sampled documents

Category	Number
Care recipients' files	7
Wound charts	4
Medication charts	7
Resident agreements	3
Personnel files	5

### Other documents reviewed

The team also reviewed:

- Archive folder and archive register
- Audit schedule and audit results
- Cleaning schedule and cleaning manual

- Clinical documentation including: handover sheets, weight tracker spreadsheet; individual resident medication reviews record; physiotherapy documentation; authorisation documentation for a resident to self-medicate
- Communication books
- Competency assessments
- Complaints register and compliments register
- Compliance information/legislation/safety alert folder
- Continuous improvement plan
- Contract approved register
- Contractor and supply agreement data base
- Contractor induction checklist
- Education calendar 2014
- Education survey 2014
- Emergency and evacuation management plan
- Handover sheets
- Hazardous substances register
- Improvement form monthly register; improvement forms
- Incidents and accident report data base
- Infection control data
- Influenza outbreak information August/September 2014; Influenza Outbreak Management
- Job descriptions and duty statements
- Laundry manual
- Leisure, lifestyle and activities documentation records including activities program, resident participation records, evaluation of activities; Sundowners program
- Maintenance manual; maintenance requests
- Mandatory reporting register
- Meeting minutes 2014; memorandums
- Menu, resident diet and preferences
- Nurses registrations



- Opal Moments magazine
- Orientation training program
- Performance appraisals
- Police checks
- Policies and procedures
- Project folders (for example, palliative care, falls prevention and infection control)
- Registered nurse portfolios and assistant in nursing (AIN) champions list
- Relative/carers survey 2014
- Resident and relatives handbook
- Resident newsletter
- Restraint documentation (bedrails)
- Risk assessment folder
- Routine and preventative maintenance schedule
- Staff education records
- Staff handbook, staff information package
- Staff roster
- Temperatures for refrigerators, freezers and meal.

## **Observations**

The team observed the following:

- Activities in progress, activities program displayed, photographs of residents participating in activities
- Annual Fire Safety Statement
- Archives
- Brochures from external complaints body
- Charter of resident rights and responsibilities displayed
- Chemical storage area
- Cleaning store and equipment
- Colour coded equipment (mops, cloths, cutting boards)

- Confidential complaints mailbox
- Contaminated waste bin
- Education hub
- Equipment and supply storage areas, supplies of continence aids and stock for oral and dental care
- Evacuation box
- Fire equipment
- Hand washing facilities; hand sanitiser dispensers; sharps disposal; spills kit; gastro kit; personal protective equipment and colour coded equipment
- Interactions between staff and residents
- Internal feedback complaints and suggestions form/brochure
- Laundry, clean and dirty linen areas
- Living environment
- Main kitchen and serving kitchen
- Maintenance area
- Material safety data sheets
- Medical storage area; supplies of nutritional supplements; oxygen cylinders
- Medication round; medication storage including schedule eight drugs and register
- Menu displayed
- Mission and Values displayed
- Noticeboards
- NSW Food Authority licence
- Percutaneous endoscopic gastrostomy (PEG) feeding in progress
- Sensory/activity room
- Short structured observation in activities room
- Smoking aprons
- Staff amenities
- Staff handover report (verbal)
- Visitors book

- WH&S Monthly Promotion.

## **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 actively pursues continuous improvement across all four Accreditation Standards through audits, meetings, forms to capture comments and complaints, education and accident/incident reporting. Management inform residents/representatives of changes made at the home. Residents/representatives are welcome to make suggestions and give feedback. Staff are familiar with the systems for managing continuous improvement and are encouraged to communicate their suggestions for improvement. Results of improvements are communicated through meetings or in information displayed on notice boards.

Continuous improvements are evaluated from completing audits and analysing the results of data.

Examples of improvements in relation Accreditation Standard One include:

- In May 2014 the organisation rebranded from the Domain Principal Group to Opal. As a part of rebranding new brochures, welcome packs, staff handbook and resident handbook have been created. Each home in the Opal group has its own individual floral motif. The organisation has reviewed its Values. Previously there were five values. There are now three Values – Respect, Accountability and Compassion. Rebranding has also included introducing new staff uniforms. Staff are pleased with their new uniforms and improved professional image when wearing the uniforms
- A clinical leadership program was conducted for eight registered nurses. The program included team building, leadership, code of conduct, personality profile models, clinical audits and complaints management. Feedback regarding this training was positive.
- A wellness program known as “Opal Thrive” has been implemented to improve the well being of staff. For example, the program includes a weight loss and exercise program. The program is available on the organisation’s intranet. Feedback from staff regarding the program has been positive.
- A new position of lifestyle co-ordinator has been created. As a result the processes of information and documentation relating to lifestyle and the variety of activities offered to residents have been improved.
- A new education hub has been created for staff. The room contains a computer kiosk and helpful resources (for example, aged care books, magazines and professional updates) for staff to learn and find information.
- It was identified in an audit that a cleaning schedule was needed for the maintenance of furniture. This has now been added to the maintenance schedule.
- A new confidential mail box has been installed in the foyer to capture comments and complaints. This is a further strategy to encourage residents, representatives and visitors to provide feedback to the home as part of the continuous improvement process.

- To improve clinical care clinical portfolios have been created. For example, a registered nurse has been appointed to be responsible for palliative care, another registered nurse for behaviour management and another registered nurse for mobility and dexterity. This structure has helped improve the delivery of clinical care by improving staff accountability and the portfolios have helped support the clinical manager in their work.

## 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 systems to identify relevant legislation, regulatory requirements, professional standards and guidelines. The home receives updates and information pertaining to regulatory compliance via corporate emails. The home also receives information through notices from government departments and agencies, attendance at external meetings and education sessions. Staff are informed of regulatory requirements, current legislation and guidelines. Mechanisms include policies and procedures, notice boards, training sessions and meetings.

An example relating to Accreditation Standard One includes that the home has conducted police checks for all staff as per legislative requirements.

## 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. Staff stated that the education provided to them meets their needs. Staff are offered both internal and external education opportunities. The home has an education program that is coordinated by the clinical care manager. Staff education is implemented by mechanisms that include the orientation program, education program, duty statements, competency assessments and staff appraisals.

Education provided relating to Accreditation Standard One includes respectful workplace employees, ACFI (Aged Care Funding Instrument) education, continuous improvement toolbox sessions and clinical leadership.

## 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

The home has a system that allows access to internal and external complaints mechanisms. Residents/representatives said they feel comfortable raising issues of concern with staff and management. They stated that when they raise concerns their issues are actioned in a timely manner. Complaints and comments are captured by a system that includes internal feedback, complaints and suggestion forms, resident and relative meetings, audits and verbal feedback. Information in the resident handbook outlines the system for expressing any comments and complaints and includes contact details of external complaints mechanisms. Brochures including those from external complaints bodies are displayed in public areas throughout the home.

## 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 home has documented the vision and values at an organisational level and has communicated these to residents, representatives and staff. The resident handbook and employee orientation information contain the vision and values and they are displayed in the home. The vision and values statements are also part of the staff orientation process.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has appropriately skilled, sufficient and qualified staff. There is a system to manage human resources that includes policies and procedures, staff appraisals, job descriptions, selection and recruitment processes, appropriate rostering and an education program. Staff said they generally have sufficient time to complete their duties. The home offers additional shifts to staff and has access to agency staff to cover staff absences when needed. The residents/representatives are very satisfied with the personal and clinical care provided to residents.

## 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 ensures that there are stocks of appropriate goods and equipment to provide a quality service through systems of monitoring stock supply, maintenance and a purchasing system. Residents/representatives and staff said they are satisfied with the provision of stock and the maintenance of equipment. A system using audits and regular stocktaking processes assists in monitoring stock supply. A routine and preventative maintenance program ensures that all equipment is regularly checked and serviced.

## 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 systems to manage the creation, usage, storage of information and where required its destruction. There are mechanisms in place to record and disseminate information. These include meeting minutes, memorandums, handover and noticeboards. Policy and procedure manuals and job descriptions clearly outline correct work practices and responsibilities for staff. Management keep all staff and resident records locked to ensure security of access and maintain confidentiality of information. Residents/representatives receive information when they come to the home from meetings, family conferences and newsletters. All personal information is collected and stored securely and there are procedures for archiving and disposing of documents in accordance with privacy legislation. Staff and residents/representatives interviewed said they are kept well informed at 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

Externally sourced services are provided at a standard that meets the home's needs and goals. The home monitors the performance of external contractors to ensure that externally sourced services are provided to meet its needs and quality goals through a system of feedback from residents/representatives, staff and regular audits. Service agreements are entered into with contractors for the provision of services and all external service providers are required to have current licences, insurance and comply with relevant legislation and regulatory requirements. Staff told us that they are satisfied with the products and services from external suppliers.



## 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 system used to actively pursue continuous improvement.

Examples of improvements in relation Accreditation Standard Two include:

- The home has implemented a falls prevention project. An action plan and working group was created. Data regarding falls was analysed, equipment for preventing falls was improved (for example, hip protectors) and risk assessments of residents were undertaken. As a result the management of falls has been improved and there has been a decline in resident falls at the home.
- The home has been working to improve palliative care. Advance care plans are being conducted, symptom management is being completed and a registered nurse has been assigned to palliative care responsibilities. This registered nurse has attended a palliative care conference. A caring box has been created that includes information on grief and loss, candles, bible and quiet CD music. The home will also introduce an end of life review in the future.
- To improve caring for residents with dementia sixty six staff have attended a dementia program conducted by Alzheimer's Australia. As a result staff have gained greater knowledge in behaviour management and improved skills in caring for residents with dementia.
- The handover sheet has had some additional items to the list to be actioned. As a result of a review of clinical files the handover sheet now includes the not for resuscitation request by residents. The handover sheet also records some other additional items including the cleaning of oxygen cylinders and the replacement of toothbrushes.
- To improve oral and dental hygiene each resident has been issued with their own individual bag to keep their oral and dental equipment. This also assists in improving infection control.

## 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 system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about the health and personal care systems.

Staff practices observed demonstrated that staff are performing their duties in accordance with the home’s policies and procedures. All registered nurses have current registration. Medication administration is managed in accordance with legislative guidelines and the home’s policies and procedures.

## 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 system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively.

Results of document review and interviews with management and staff revealed the home delivers education relevant to Accreditation Standard Two to promote residents’ physical and mental health.

Examples of education provided specific to Accreditation Standard Two include nutrition and hydration, dementia care, diabetes, wound management and oral care.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Residents receive clinical care that is appropriate to their individual needs and preferences. There is an ongoing review and evaluation system for identifying, communicating and managing residents’ health and personal care needs. Processes include an assessment of each resident by medical, physiotherapy, nursing and recreational activities staff on entry to the home in consultation with the resident and/or their representative and other health professionals as indicated. The information is used to develop individual care plans which are reviewed regularly and as required in consultation with residents/representatives and that staff provide care consistent with documented care plans. Staff monitor residents’ clinical care outcomes using processes which include the collection and review of clinical data and a

program of audits. Management monitors staff performance for competence and compliance in relation to the home's processes and procedures. Residents and representatives are satisfied with the extent of consultation and with the clinical care provided to residents.

## **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

Residents' specialised nursing care needs are identified, met and reviewed by appropriately qualified staff. The home has policies and procedures relating to specialised nursing care and a system of assessment and monitoring to ensure appropriate management of residents' specialised nursing care needs. Registered nurses provide specialised nursing care that currently includes management of residents who require oxygen therapy, management of residents with insulin dependent diabetes, pain, urinary catheters, colostomy and wound care, PEG feeding and care of residents with swallowing difficulties. Medical and nursing staff refer residents to appropriate specialists and health professionals as necessary. There are systems to ensure adequate supplies of appropriate stock and regularly maintained equipment are available to manage the specialised nursing care needs of the residents.

Residents/representatives are satisfied the specialised nursing care needs of the resident are identified and met by appropriately qualified nursing 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

Resident interviews and clinical notes indicate residents are referred to appropriate health specialists in accordance with the resident's needs and preferences when necessary. If required, staff assist by obtaining referrals and arranging appointments with health care specialists in consultation with residents/representatives. Residents are accompanied by family, friends or staff to appointments. Resident/representative interviews and clinical records show residents have access to medical and other specialist services including dietetics, physiotherapy, podiatry, pharmacy, speech pathology, psychogeriatric and behavioural management, continence care, palliative care and pathology services. Specialist recommendations are communicated to relevant staff through written communication systems, staff handover discussions and clinical records documentation. Staff update care plans and implement changes to care resulting from specialist referrals.

Residents/representatives are satisfied referrals to appropriate health specialists are in accordance with the resident's needs and preferences.

## 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

Residents’ medication is managed safely and correctly by using systems to ensure medication orders are current, residents’ medications are reviewed and the medication management system is monitored. Medication audits are conducted, medication incidents are reviewed, and corrective action is taken as required. A medication advisory committee provides advice on the home’s medication management system and a consultant pharmacist conducts medication reviews on each resident. The supplying pharmacist provides a timely service with regular deliveries, and an emergency stock system is in place. Medications are administered via a blister pack system, are stored, administered and disposed of safely and in accordance with regulatory requirements. Residents who have been authorised by their doctor and assessed as able to do so safely administer their own medication. Registered nurses and suitably qualified staff administer medications and competency assessments are conducted regularly. Residents/representatives are satisfied the resident’s 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

All residents are as free as possible from pain. The home has systems which include initial and ongoing assessment of each resident’s pain. The effectiveness of residents’ pain management is regularly reviewed by the resident’s doctor, the home’s registered nurses and visiting physiotherapist. Pain management audits are conducted and staff closely monitor and evaluate interventions to manage residents’ pain effectively. The staff’s approach to managing pain includes attention to clinical and emotional needs to minimise reliance on medication for pain relief. Staff use a range of pain management strategies including assisting residents with movement and repositioning, massage, using pressure relieving mattresses and providing medication as prescribed. Residents/representatives are satisfied the resident’s pain is managed effectively and in a timely manner.

## 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

There are systems to ensure the comfort and dignity of terminally ill residents is maintained and emotional support is provided for the resident/representatives. The home’s staff are available to provide emotional support to residents/representatives and community pastoral care support may also be accessed through the recreational activities staff. Visiting hours are unlimited to accommodate the wishes of resident representatives and the home’s quiet room is available to families. Wishes in relation to end of life care are sought from the resident or their

guardian at the time of entry through the assessment process and through ongoing care conferences. There is a supportive environment for residents/representatives and staff. The home's multidisciplinary team, with support from doctors and palliative care specialists, provide end of life care. Representatives of residents who recently received palliative care were appreciative of the high standard of care and compassion shown by staff.

## **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 receive adequate nourishment and hydration. The home's systems include initial and regular ongoing assessment and monitoring of residents' nutritional status and a designated nurse provides leadership in nutrition and hydration management. Staff record each resident's requirements concerning nutrition and hydration, their allergies, dietary preferences, swallowing difficulties and feeding assistance needs on entry to the home and on an ongoing basis. Special diets and dietary supplements are provided as necessary.

Arrangements are made for residents to be seen and reviewed regularly by a dietician and speech pathologist if required. Staff promote adequate food and fluid intake, supervise and assist residents with their meals as necessary. Staff closely monitor each resident's nutritional status and identify significant weight changes through regular measurement of weights. Residents/representatives are satisfied the resident receives adequate nourishment and hydration.

## **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

Residents' skin integrity is consistent with their general health and this outcome is achieved through the home's system of assessment, interventions and reporting requirements.

Residents' skin is assessed on entry to the home and on an ongoing basis and staff use mechanisms such as audits, skin checks and documentation of skin care to monitor, maintain and improve skin integrity. Staff attend to residents' specific skin, hygiene, nutrition, hydration, continence and repositioning needs under the leadership of a designated skin/wound care registered nurse. Staff document required treatments such as wound care and nutritional supplements. A visiting podiatrist attends to the foot-care needs of all residents in accordance with their wishes and referrals to specialists are arranged when necessary. Pressure relieving mattresses are used when appropriate. There are stocks of skin care and dressing materials available to assist in improving or maintaining residents' skin integrity. Residents/representatives are satisfied the resident's skin integrity is consistent with the resident's general health.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Staff manage residents’ continence effectively which includes assessing residents’ bladder and bowel management needs and continence needs on entry to the home and on an ongoing basis. Staff document individualised continence management information in care plans as needed. There is a system used by staff to assist residents with their toileting needs and to provide continence aids. The home has a designated RN and staff who liaise with the continence aid provider to ensure continence aids match the individual needs of the resident. Clinical documentation indicates residents’ continence needs are subject to regular and ongoing review and there are processes to promote continence, to prevent and treat constipation and to monitor for urinary tract infections. Staff have access to a local continence clinical nurse consultant for reviews and advice if necessary.

Residents/representatives are satisfied with the resident’s 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 needs of residents with challenging behaviours are managed effectively. Staff perform initial and ongoing assessments to identify residents’ behaviour management needs, triggers and strategies, develop and implement care plans. Staff monitor the effectiveness of strategies and review the care plan regularly and make changes as required. Residents live in a secure environment. A designated RN provides leadership in resident behaviour management, mental health and dementia care. Staff arrange referrals to medical specialists and specialist health teams including the dementia behaviour management advisory service (DBMAS) as necessary. Documented strategies are implemented to provide a calm environment. Residents/representatives are generally satisfied the home has systems and processes to effectively identify and manage residents with 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

All residents are assisted to achieve optimum levels of mobility and dexterity. The home has systems to assess, manage and evaluate residents’ mobility on entry to the home and on an ongoing basis to achieve optimum levels of mobility and dexterity. The home’s part time physiotherapist assesses each resident’s mobility status and falls risk and reviews residents regularly. The resident’s manual handling needs, mobility and dexterity aids, falls risk and prevention strategies are identified, documented and reviewed regularly as part of the care

planning process. The physiotherapist develops exercise directives for residents and staff follow the directives of the physiotherapist including regular exercise classes and walks. The home has falls prevention strategies in place such as the use of sensor mats and hip protectors and recommending suitable footwear for residents. Staff have been provided with education on manual handling. Residents/representatives are satisfied with the efforts made by staff to maintain the resident's mobility.

## **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

Residents' oral and dental health is maintained. The home has a system for the initial and ongoing assessment, management and evaluation of residents to maintain their oral and dental health. This includes making arrangements for referral to a dentist or dental technician for further assessment and treatment if needed. The home arranges for dental services to be provided on site whenever possible. Staff assess residents' oral hygiene needs and document in care plans which are reviewed regularly. Staff assist residents to maintain oral hygiene as needed. Residents/representatives are satisfied the resident's oral and dental health is maintained.

## **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

Residents' sensory losses are identified and managed effectively. The home has systems to assess, monitor and evaluate management of residents' sensory losses to ensure they are identified and managed effectively. Staff assess residents' sense of taste, touch, smell, sight and hearing and document residents' sensory abilities and management in their clinical records and care plans. Referrals are made to a relevant specialist or other health practitioners for further assessment or treatment and residents access optometry and audiology services as needed. Staff provide residents with support and assistance to adjust to life with sensory loss and assist residents in the care and maintenance of visual and auditory aids. The home's activities program caters to the needs of residents who have sensory losses. Residents may access reading aids through Vision Australia if required.

Residents/representatives are satisfied the resident's sensory losses are identified and managed effectively.

## 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

Residents are supported to achieve their natural sleep patterns. Residents’ sleep patterns are assessed on entry to the home and on an ongoing basis. This includes the resident’s preferred sleeping times and routines. The resident’s sleep needs preferences and strategies to assist residents with sleep are documented and reviewed as needed by staff. Staff identify and address barriers to natural sleep including pain, continence needs, fellow residents, hunger and lack of activity during the day when planning care. Care staff provide sedation as prescribed and alternatives to medication such as assistance with toileting, re-positioning and offering food or a warm drink to assist residents to sleep. Reduced noise which includes regular use of headphones, low lighting, comfortable room temperature and other environmental factors are also considered to assist residents achieve natural sleep.

Residents/representatives are satisfied with the support provided by staff to facilitate the resident’s 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 system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Three include:

- The home has been working to improve the privacy and dignity of residents. New curtains have been installed to provide additional privacy for residents in the shared bathrooms. A window in the downstairs bathroom door has been appropriately covered to ensure increased privacy for this bathroom.
- A new sensory room has been created for the residents in the upstairs activity room. There is soft music, calming images on a television screen and activity staff provide hand massages for residents. The sensory room has assisted in improving behaviour management in addition to providing enjoyable activities for the residents.
- New televisions and headphones have been purchased for some residents. This has enhanced resident choice and independence. They are now able to watch television and can choose their own level of volume without disturbing other residents.
- Some residents gave feedback that they were not happy with the photographs of themselves that were being displayed above their beds for identification purposes. As a result and to uphold the choice and dignity of residents some photos were redone until the resident was satisfied with the photograph that was displayed. Residents have an improved sense of pride and dignity now that they are happy with the photographs displayed.
- The diversional therapist has introduced a program of working on life biographies of the residents. Residents/representatives have enjoyed giving input to the program. The program will help staff to know more about each individual resident’s life and the biographies will also be a valuable tool in resident reminiscence.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected Outcome 1.2 Regulatory compliance for information about the home’s system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle.

An example of regulatory compliance relating to Accreditation Standard Three is that mandatory reporting is part of compulsory education undertaken regularly by all staff.

### 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 system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively. We verified through discussion with staff and management and document review that the home delivers education relevant to Standard Three that will promote the resident’s lifestyle.

Examples of education provided specific to Accreditation Standard Three are Knowing the Person (person centred care), palliative care with grief and loss, and 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 receive support in adjusting to life in the new environment and on an ongoing basis. There are systems to ensure each resident receives initial and ongoing emotional support through the entry processes. The home has an orientation program for residents and relatives on entry and lifestyle staff are actively engaged in supporting new residents.

Residents are provided with a resident handbook, their individual needs are assessed (including linguistic, cultural and spiritual) and care is planned and evaluated in close consultation with the resident and/or their representative. Staff welcome visiting families and friends and residents are encouraged to go on outings. Residents are encouraged to bring in personal items and photographs to help create a homelike atmosphere. Staff provide residents with emotional support, such as the provision of one-to-one interaction by the recreational activities officers and care staff. Residents and representatives are satisfied with the ways in

which staff provide information prior to entry, assist the resident to adjust to life within the home and for their ongoing emotional support.

### **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

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Strategies to enable residents' independence to be maximised are identified and documented in the individual resident's record. Residents' preferences in relation to a range of activities of daily living and lifestyle are identified and information about daily menu choices and activities is displayed in communal areas to facilitate independence. The home welcomes visits from resident representatives and community groups and residents are encouraged to participate in life outside the home. Staff encourage and assist residents to achieve maximum independence through the physiotherapy and activities programs. Residents have input into decision-making in relation to personal care and health care choices through case conferences and at resident/representative meetings. Arrangements are made to enable residents to vote at elections if required. Residents/representatives are satisfied the resident is assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home.

### **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

Staff recognise and respect each resident's privacy, dignity and confidentiality. Staff demonstrated an awareness of privacy and dignity issues in their daily practices, such as addressing residents by their preferred names, knocking on doors prior to entering rooms and by their demeanour in daily interactions with residents. Residents' end of life wishes including cultural and religious requirements are discussed at care conferences. The charter of resident rights and responsibilities is included in the orientation package and displayed in the foyer. Staff respect residents' privacy and sign confidentiality agreements on commencement. Confidential resident records are stored securely.

Residents/representatives are satisfied their right to privacy, dignity and confidentiality is recognised and respected.

### 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 has systems to encourage and support residents to participate in a range of activities of interest to them. On entry to the home, residents/representatives are consulted in relation to the resident's past and current leisure interests and activities. Residents' communication, functional and cognitive abilities are assessed and documented on entry to the home and on an ongoing basis. Recreational activities staff develop and display a monthly activities program which is evaluated regularly and modified in response to ongoing resident feedback mechanisms which include surveys and resident meetings. The activities officers provide a program of group and individual activities. Popular activities currently include bingo, bus outings, musical events and sing-alongs, celebration of special events and individual visits for residents who do not participate in group sessions. The home has a seven day activity program which includes a sundowner's program catering for the needs of residents with dementia. Residents/representatives are satisfied resident participation is encouraged and supported and the activities offered by the home are of interest to the resident.

### 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

The individual interests, customs, beliefs and cultural and ethnic backgrounds of residents are valued and fostered. Management and staff ensure residents' cultural and spiritual customs, beliefs and preferences are recognised and valued. Residents' needs and preferences are identified on entry and care plans are developed and reviewed regularly. Cultural festivals and special dates of cultural significance are observed such as Easter, Christmas and New Year, Anzac Day and Melbourne Cup Day. Residents are assisted and supported to maintain contact with their spiritual and cultural groups. A Roman Catholic Church representative visits regularly and a non-denominational church service is conducted weekly. Residents/representatives confirmed the cultural and spiritual needs of the resident are recognised and supported.

### 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

Each resident or their representative participates in decisions about the services the resident receives, and is enabled to exercise choice and control over the resident's lifestyle while not infringing on the rights of other residents. Residents' personal preferences, needs and choices

are identified on entry to the home, and reviewed using a range of assessments and consultation with health care professionals, residents and/or their representatives. The home conducts risk assessments of residents' lifestyle choices to optimise their safety. The resident handbook outlines the care and services provided and avenues for making suggestions and complaints. Information on residents' rights and responsibilities is included in the resident handbook and the charter of residents' rights and responsibilities is displayed in the home. Residents are encouraged to participate in decisions about their care and the services provided by using processes such as surveys, resident meetings, case conferences and other feedback mechanisms. Residents and resident representatives are satisfied with their participation in decisions about the services the resident receives and the effectiveness of the home's processes in enabling the resident to exercise choice regarding lifestyle.

### **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

Each new resident or their representative is given a resident agreement and a resident handbook which includes the charter of residents' rights and responsibilities. Prior to and on admission the residents and their representatives have the opportunity to ask questions regarding the rights of the resident. The agreement/handbook includes relevant information such as the right to occupy a place in the home, the circumstances under which a resident may be asked to leave and the complaint process. Management advises that resident room changes other than at a resident's request, are negotiated with the resident or their representative and only occur with consent and in accordance with legislative requirements. Residents/representatives say they are satisfied with information provided to them regarding residents' rights and responsibilities and are confident that residents are secure in their tenure.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the system used to actively pursue continuous improvement.

Improvements at the home relating to Accreditation Standard Four include:

- The home has been working to improve the dining experience for residents. A new hospitality manager for the organisation has been appointed and a new menu has been created which includes some Asian dishes. The dining room has been improved with linen tablecloths and an air conditioner to provide a more comfortable environment for residents at meal times. The garden outside the ground floor dining room has been improved so that residents have a more pleasant visual experience while dining.
- To improve the external environment of the home the front garden at the home has had a makeover with new garden furniture and new plants. An automatic sprinkler system has been installed to ensure that the new garden is watered and continues to thrive. Residents are enjoying time in the improved front garden.
- It was identified that some residents were accidentally bumping into the fire hose reels. To prevent this risk the home has purchased new fire hose reel covers. This helps identify the fire hose reels more easily and residents are safer when they walk past the fire hose reel.
- The home has been working to improve resident safety regarding smoking. The smoking environment has been improved with new furniture and safer location and smoking aprons have been purchased. The work to improve resident smoking safety has had some positive results with the number of cigarettes smoked by residents decreasing and a decrease in the number of chest infections.
- A new role of infection control officer has been created with a registered nurse appointed in the role. As a result of a review of infection control at the home there are now improved practices in infection control for example, infection control relating to hairdressing services, the pet cat at the home, the fish tank and staff hand hygiene. Infection control competencies and clinical indicators for infection control have also been improved.
- To improve resident safety in the event of an emergency new fire evacuation mats have been put on all resident beds on the upstairs level. The mats will make it easier to move residents in an emergency.

## 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 system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about the physical environment and safe systems.

Staff could describe their responsibilities in relation to safe work practices, in relation to infection control, food safety, fire and emergencies, work, health and safety and the importance of reporting accidents and incidents.

## 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 system to ensure that management and staff have appropriate knowledge and skills to perform their roles effectively.

Education conducted for staff relating to Accreditation Standard Four includes fire safety, lifter training, chemical safety, outbreak management and infection 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 care recipients’ care needs”.*

### **Team’s findings**

The home meets this expected outcome

The home provides a living environment that is safe, comfortable and consistent with residents’ care needs. The home has two levels with a mix of single, double, three bed and four bed rooms with shared bathrooms. There are some comfortable areas inside the home and outdoor areas for residents and their families to enjoy. Residents are encouraged to personalise their rooms as much as possible. Maintenance of the environment occurs by the use of a preventative and routine maintenance program. The home conducts regular environmental audits and accident and incident data is analysed to monitor the safety of residents. Resident/representatives are satisfied with the living environment.

## 4.5 Occupational health and safety

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

### **Team's findings**

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Interviews with management and staff indicated that the home has systems to help ensure the provision of a safe working environment for staff, visitors and residents. The home has systems to help promote work place safety and awareness that includes education during staff orientation and on an ongoing basis. Other mechanisms include manual handling training, discussion of work, health and safety issues at meetings, environmental audits and incident and accident reports. Issues identified by staff through the work, health and safety system are followed up and actioned appropriately and in a timely 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

The home has systems to minimise fire, security and emergency risks. These include regular checks of equipment by staff and contractors and emergency and fire evacuation procedures. The home is equipped with fire warning and firefighting equipment, extinguishers and fire blankets, all of which are regularly checked and maintained. Staff confirmed they attend compulsory education for fire training and that management monitor their attendance. The home has an emergency plan to guide staff in the actions to implement if an evacuation is required. The home has appropriate security measures such as lockup procedures and keypad entry in some areas of the home to ensure resident safety.

## 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 effective infection control program with a system for identifying, managing and minimising infections. The program includes staff education, audits, discussion of infection issues at meetings and evaluation of resident infection data. Staff monitor temperatures in refrigerators and freezers, use and understand colour coded equipment and wear protective clothing when required. Adequate hand washing facilities are available throughout the home. There are formal cleaning schedules and processes for the removal of waste to maintain hygiene levels. Staff interviewed demonstrated an understanding of, and commitment to, infection control principles and guidelines. The home has equipment for handling an outbreak of infection. Staff described the strategies to prevent infections at the home.



#### **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

Processes are in place at the home to ensure that hospitality services enhance the residents' quality of life and the staff's working environment. These processes include a food monitoring system, staff education, infection control guidelines and an audit schedule. Other mechanisms include a system for communicating resident food preferences and allergies, temperature monitoring and the provision and maintenance of equipment related to hospitality services. Meals are cooked fresh each day in the main kitchen. There is a system for the processing of clean and dirty laundry and all laundry is done on site. The home employs its own cleaning staff. Residents/representatives stated that they are pleased with the cleaning, catering and laundry service provided to residents.