



## Australian Government

### Aged Care Quality and Safety Commission

#### Decision not to revoke accreditation following review audit Reconsideration Decision to vary period of accreditation following review audit

#### Service and approved provider details

**Name of service:** Opal Annandale  
**RACS ID:** 2516  
**Name of approved provider:** DPG Services Pty Ltd  
**Address details:** 76 Johnston Street ANNANDALE NSW 2038  
**Date of review audit:** 22 May 2019 to 24 May 2019

#### Summary of decision

#### DECISION NOT TO REVOKE ACCREDITATION FOLLOWING REVIEW AUDIT

<b>Decision made on:</b>	19 July 2019
<b>Decision made by:</b>	Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the <i>Aged Care Quality and Safety Commission Act 2018</i> to decide under section 77 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service after receiving a review audit report.
<b>Decision:</b>	Not to revoke the accreditation of the service under section 77 of the Rules. To vary the period of accreditation under section 77(4)(a) of the Rules.
<b>Varied period of accreditation:</b>	19 July 2019 to 19 July 2020
<b>Number of expected outcomes met:</b>	27 of 44
<b>Expected outcomes not met:</b>	<ul style="list-style-type: none"><li>• 1.1 Continuous improvement</li><li>• 1.3 Education and staff development</li><li>• 1.7 Inventory and equipment</li><li>• 1.8 Information systems</li><li>• 2.1 Continuous improvement</li><li>• 2.3 Education and staff development</li><li>• 2.4 Clinical care</li><li>• 2.5 Specialised nursing care needs</li><li>• 2.8 Pain management</li><li>• 2.10 Nutrition and hydration</li><li>• 2.11 Skin care</li><li>• 2.13 Behavioural management</li></ul>

	<ul style="list-style-type: none"> <li>• 2.14 Mobility, dexterity and rehabilitation</li> <li>• 3.7 Leisure interests and activities</li> <li>• 3.10 Care recipient security of tenure and responsibilities</li> <li>• 4.1 Continuous improvement</li> <li>• 4.4 Living environment</li> </ul>
<b>Revised plan for continuous improvement due:</b>	By 03 August 2019
<b>Timetable for making improvements:</b>	By 19 October 2019

## RECONSIDERATION DECISION TO VARY PERIOD OF ACCREDITATION FOLLOWING REVIEW AUDIT

<b>Decision made on:</b>	31 July 2019
<b>Decision made by:</b>	Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the <i>Aged Care Quality and Safety Commission Act 2018</i> to reconsider a reviewable decision under Part 7 of the Aged Care Quality and Safety Commission Rules 2018 (Rules).
<b>Decision:</b>	The delegate decided to affirm the decision made on 19 July 2019 to vary the period of accreditation to a period of one year.
<b>Varied period of accreditation:</b>	19 July 2019 to 19 July 2020

**This decision is published on the Aged Care Quality and Safety Commission's (Commission) website under section 104 of the Rules.**



## Australian Government

### Aged Care Quality and Safety Commission

# Review Audit Report

## Review audit

Name of service: Opal Annandale

RACS ID: 2516

Approved provider: DPG Services Pty Ltd

## Introduction

This is the report of a Review Audit from 22 May 2019 to 24 May 2019 submitted to the Aged Care Quality and Safety Commissioner (Commissioner).

There are four Accreditation Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment. 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.

An approved provider of a service applies for re-accreditation before its accreditation period expires and an assessment team visits the service to conduct a site audit. The team assesses the quality of care and services at the service and collects evidence of whether the approved provider of the service meets or does not meet the Accreditation Standards. Following a site audit, the Commissioner will make a decision whether to re-accredit or not to re-accredit the service.

An accredited service may have a review audit where an assessment team visits the service to reassess the quality of care and services at the service. Following a review audit, the Commissioner will make a decision whether to revoke or not to revoke the accreditation of the service.

## Scope of this document

A review audit against the 44 expected outcomes of the Accreditation Standards was conducted from 22 May 2019 to 24 May 2019.

This review audit report provides an assessment of the approved provider's performance, in relation to the service, against the Accreditation Standards, and any other matters the assessment team considers relevant.

## Details about the service

Number of total allocated places	68
Number of total care recipients	67
Number of care recipients on site during audit	67
Service provides support to specific care recipient characteristics	Not applicable.

## Audit trail

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

### Interviews

Position title	Number
Care recipients and representatives	13
General manager	1
Care manager	1
Regional general manager	1
Regional quality advisor	1
Registered nurses	4
Care staff	6
Lifestyle staff	2
Physiotherapist	1
Maintenance officer	1
Regional property manager	1
Catering staff	2
Cleaning staff	2
Laundry staff	1
Administrative officer	1

### Sampled documents

Document type	Number
Consumer care files	23

Document type	Number
Consumer medication records	19
Consumer administrative files	2
Staff personnel files	4
External service provider agreements	3
Service records for preventative maintenance scheduled tasks	6

### Other evidence reviewed by the team

The assessment team also considered the following during the review audit:

- Annual fire safety statement; service log books for essential fire safety measures
- Catering records: menu; recipe book; dietary lists; food safety records
- Cleaning schedule and records; emails about cleaning work
- Compliments and complaints; complaint resolution report
- Consolidated record of reportable incidents
- Daily call bell response time reports
- Education records; orientation records
- Emergency management manual and plan
- Hazard reports with supporting documentation for one relating to flooring
- Letter to consumer representatives about updating contact details
- Maintenance log books; preventative maintenance schedule
- Medication and specimen refrigerator temperature records
- Meeting minutes: general; leadership team; medication advisory committee; quality; registered nurses; residents/relatives; workplace health and safety
- Newsletters
- NSW Food Authority licence and audit report
- Passenger lift plant registration certificates
- Plans for continuous improvement
- Policies and procedures
- Psychotropic drug use survey information; list of consumers with psychotropic medications and related details
- Quality assurance schedule; audits; consumer experience survey questionnaires; team pulse survey; monthly clinical indicator reports; print-out of medication incidents
- Resident agreements
- Resident and relative handbook; team member orientation handbook
- Safety data sheets
- Sign in/out books

- Staff incident reports
- Staff memorandum with written and pictorial instruction about bed placement (to avoid damage to actuator/motor)
- Staff roster
- Tracking registers for staff police check certificates; police check certificates for some external service provider personnel
- Ward register of drugs of addiction
- Wound management daily global report; wound analysis and action plan report

## **Observations**

The assessment team observed the following:

- Activities in progress
- Clinical equipment and supplies; other equipment and supplies
- Dining environments during midday meal service; morning and after tea service
- Equipment and supplies
- Fire safety: emergency flip-charts; emergency evacuation diagrams; fire-fighting equipment; fire panel; emergency evacuation resources and information
- Infection control facilities and equipment, including spills kits, sharps containers, personal protective and colour coded equipment available/in use, hand washing stations, and antibacterial hand wash dispensers
- Interactions between staff and consumers/representatives
- Living environment – internal and external
- Medical officer and physiotherapist onsite
- Medication storage, including emergency medication supply
- Notices, posters, brochures/pamphlets, forms and other information on display for staff, consumers and representatives – including the Commission's visit notices and Charter of Care Recipients' Rights and Responsibilities
- Staff practices and staff's working environment

# Assessment of performance

This section covers information about the assessment of the approved provider's performance, in relation to the service, 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 services, 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".

#### Assessment of the expected outcome

The service does not meet this expected outcome

The organisation is not actively pursuing continuous improvement. The service's plan for continuous improvement does not clearly demonstrate improvements are being planned, including in response to quality assurance findings and consumer feedback, or implemented effectively. The organisation's and service's quality assurance processes have not assisted to identify gaps in performance identified during this review audit. Performance assessment during this review audit is of gaps across the Accreditation Standards.

### 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".

#### Assessment of the expected outcome

The service meets this expected outcome

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The regulatory compliance obligations are identified at head office and communicated to management at the service through updates and alerts. Management at the service communicates these to staff through meetings and via training. There are examples of regulatory compliance obligations relevant to Accreditation Standard One being met, such as initial and ongoing criminal history clearance for staff.

### 1.3 Education and staff development

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

#### Assessment of the expected outcome

The service does not meet this expected outcome

Management did not demonstrate that staff have appropriate knowledge and skills to perform their roles effectively. Management did not provide information to demonstrate they are monitoring staff attendance at mandatory training and completion of mandatory skills assessments. The records of staff attendance at mandatory training and completion of

mandatory skills assessments provided late in the review audit do show that not all staff are meeting these requirements.

#### **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".

##### **Assessment of the expected outcome**

The service meets this expected outcome

Each consumer or their representative and other interested parties have access to internal and external complaints mechanisms. Consumers, their representatives and others are provided with information about how to access complaint mechanisms; and are supported to access these mechanisms. Complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints processes and how they can assist consumers and representatives with access. Consumers and representatives interviewed by the assessment team have an awareness of the complaints mechanisms available to them and are satisfied they can access these.

#### **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".

##### **Assessment of the expected outcome**

The service meets this expected outcome

The organisation has documented its purpose and values, which include a commitment to quality throughout the service.

#### **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".

##### **Assessment of the expected outcome**

The service meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Accreditation Standards. Feedback from consumers and representatives interviewed by the assessment team was predominantly positive about staff and staffing. Review of the actual roster for a recent fortnight shows shifts on the base roster are being filled using the service's own staff. The assessment team observed timely response to calls via the call bell system and review of call bell response time data shows this is generally the case. The assessment team observed respectful and caring interactions between staff and consumers. While gaps in the service's performance in some areas have been identified, overall it has been demonstrated there is a sufficient number of appropriately skilled and qualified staff.

#### **1.7 Inventory and equipment**

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

##### **Assessment of the expected outcome**

The service does not meet this expected outcome



Stocks of appropriate goods and equipment for quality service delivery are not available. The assessment team received information that a consumer's representative is paying for a chair for the consumer; management did not provide further information about this. Some consumer equipment and furniture is not in good condition or is not kept clean. Processes for identifying the need for additional or replacement equipment are not effective. There are ongoing issues with consumer beds not working and actions taken to address this, for the individual consumer are not always timely and on a systemic basis have not been effective.

## **1.8 Information systems**

This expected outcome requires that "effective information management systems are in place".

### **Assessment of the expected outcome**

The service does not meet this expected outcome

Effective information management systems are not in place. Management of the service had difficulty finding and presenting information to demonstrate compliance with the Accreditation Standards. There are gaps in information systems to support effective management systems. There are gaps in information systems to support effective health and personal care for consumers. Some documentation to guide management and staff in relation to physical environment and safe systems was not complete.

## **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".

### **Assessment of the expected outcome**

The service meets this expected outcome

The organisation and management of the service have mechanisms to identify external service needs to achieve quality goals. Agreements with external service providers outline minimum performance and some regulatory requirements. There are processes to review the quality of external services provided with input from management, staff, consumers and representatives taken into consideration. Consumers, representatives, management and staff interviewed by the assessment team expressed satisfaction with the quality of 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”.

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

The organisation does not actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for information about gaps in the system for continuous improvement. Relevant to Accreditation Standard Two is that clinical indicator data analysis and trending and clinical auditing has not been effective in identifying gaps in practice to enable timely action to address these. There has been negative impact on consumers as evident in performance assessment of other expected outcomes under Accreditation Standard Two.

### **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”.

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

While the overall system for identifying and ensuring regulatory compliance obligations is effective, it has not been effective in relation to Accreditation Standard Two. Guidelines for the care of the older person relating to pain identification and management, nutritional management, wound management, behavioural management, and falls prevention are not being implemented effectively.

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

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

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

Management and staff do not have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for information about gaps in the overall system for this. Relevant to Accreditation Standard Two is there are gaps in management and/or staff knowledge relevant to pain identification and management, nutrition management, wound assessment and management, behavioural management, and falls prevention.

### **2.4 Clinical care**

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

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

Consumers do not receive appropriate clinical care. Staff do not always identify those

consumers at risk of poor clinical health and deterioration and this has impacted consumers. Clinical incident reporting is not consistent and comprehensive investigations do not take place to minimise the risk of reoccurrence. The performance of the service across other expected outcomes under Accreditation Standard Two supports a recommendation that this expected outcome is Not Met.

## **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”.

### **Assessment of the expected outcome**

The service does not meet this expected outcome

Consumers’ specialised nursing care needs are not identified and met in relation to pain management and wound management. Ongoing assessment does not occur in relation to pain management. Deterioration of wounds are not referred to specialist services and the medical officer and there are examples of adverse outcomes to consumers as a result of this. The staff of the service do not demonstrate an understanding of specialised nursing care in relation to pain and wound management.

## **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”.

### **Assessment of the expected outcome**

The service meets this expected outcome

The service has systems to ensure consumers are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan. Staff support consumers to attend external appointments with health specialists. Consumers and representatives interviewed by the assessment team are satisfied referrals for the consumer are made to appropriate health specialists.

## **2.7 Medication management**

This expected outcome requires that care recipient’s medication is managed safely and correctly”.

### **Assessment of the expected outcome**

The service meets this expected outcome

The service has systems to ensure consumers' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders provide guidance to staff when administering or assisting with medications. Consumers and representatives interviewed by the assessment team are satisfied the consumer's medications are provided as prescribed and in a timely manner.

## **2.8 Pain management**

This expected outcome requires that “all care recipients are as free as possible from pain”.

### **Assessment of the expected outcome**

The service does not meet this expected outcome

Consumers are not as free from pain as possible. Pain monitoring does not occur when a consumer’s condition changes such as when they sustain wounds, following a medication

change and after a fall. Staff do not demonstrate an understanding of the relationship between pain and demonstration of challenging behaviour in those consumers living with dementia and who are unable to effectively communicate pain.

## **2.9 Palliative care**

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

### **Assessment of the expected outcome**

The service meets this expected outcome

The service has processes for identifying and managing consumers' palliative care needs and preferences. Assessments are completed with the consumer and/or representative to identify end of life care wishes and this information is documented in an end of life plan. There is a supportive environment which provides comfort and dignity to the consumer and their representatives. Consumers remain in the service whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Consumers and representatives interviewed by the assessment team said information about the consumer's end of life needs and preferences are obtained.

## **2.10 Nutrition and hydration**

This expected outcome requires that care recipients receive adequate nourishment and hydration”.

### **Assessment of the expected outcome**

The service does not meet this expected outcome

Consumers do not receive adequate nourishment. Consumer and representative feedback provided to the assessment indicates some consumers are not assisted to eat enough to meet their needs. Observation and interviews with staff show that consumers on a texture modified diet do not consistently receive morning and afternoon tea. Whilst most consumers are maintaining weight through the provision of nutritional supplements, some are not.

## **2.11 Skin care**

This expected outcome requires that care recipients skin integrity is consistent with their general health”.

### **Assessment of the expected outcome**

The service does not meet this expected outcome

Consumers' skin integrity is not consistent with their general health. Documentation of wound classifications are incorrect and not re-classified when the wound deteriorates. The deterioration of wounds is not routinely referred to, and reviewed by the medical officer or other specialists. Quality assurance processes are not effective in identifying areas for improvement in relation to skin care. Wound incidence is high and staff do not demonstrate an understanding of wound management and the associated documentation of wounds.

## **2.12 Continence management**

This expected outcome requires that care recipient's continence is managed effectively”.

### **Assessment of the expected outcome**

The service meets this expected outcome

Consumers' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage consumers' continence are documented in the care plan. Care staff have an understanding of individual consumers'

continence needs and how to promote privacy when providing care. Equipment and supplies such as continence aids are available to support continence management. Most consumers and representatives interviewed are satisfied with the support provided to the consumer in relation to continence management, however one representative said there are delays in assisting the consumer to the toilet.

### **2.13 Behavioural management**

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

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

The needs of consumers with challenging behaviour are not managed effectively. There is under-reporting of behavioural incidents and lack of behaviour charting. Staff are not knowledgeable about the effect of pain on consumers who are living with dementia and demonstrate challenging behaviour. There is a lack of pain monitoring where the consumer's condition changes, when medication changes and in response to injury from falls; and there is evidence this impacts on the behaviour of some consumers. The activities program is not effective in providing meaningful and individualised distraction from challenging behaviour.

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

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

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

Optimum levels of mobility and dexterity are not achieved for all consumers. Whilst there are examples of consumers whose mobility has improved since entering the service, some are having reoccurring falls. Thorough investigation of incidents of falls is not conducted and therefore strategies to prevent falls are not put in place. Investigations do not take into account the consumer's physical environment and health conditions, including medication regimes and the impact of pain. Thorough review of clinical care is not undertaken in response to falls.

### **2.15 Oral and dental care**

This expected outcome requires that care recipients oral and dental health is maintained”.

#### **Assessment of the expected outcome**

The service meets this expected outcome

Consumers' oral and dental health needs are identified through assessment processes. Care strategies are documented on the care plan. Equipment to meet consumers' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Consumers and representatives interviewed by the assessment team are satisfied with the assistance given by staff to maintain the consumer's teeth, dentures and overall oral hygiene.

### **2.16 Sensory loss**

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

#### **Assessment of the expected outcome**

The service meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with the consumer and/or their representative. Care plans identify individual needs and preferences. Consumers are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. Consumers and representatives interviewed by the assessment team are satisfied with the support provided to manage consumer sensory needs.

## **2.17 Sleep**

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

### **Assessment of the expected outcome**

The service meets this expected outcome

Consumers’ sleep patterns, including settling routines and personal preferences, are identified through assessment processes. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect consumers’ needs and preferences. Consumers experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. Consumers and representatives interviewed by the assessment team are satisfied support is provided to the consumer and they are assisted in achieving natural sleep patterns.

## **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”.

#### **Assessment of the expected outcome**

The service meets this expected outcome

While the overarching system for continuous improvement has not been demonstrated to be effective, impact of this has not been found in relation to Accreditation Standard Three. The service’s plan for continuous improvement includes improvements relevant to consumer lifestyle.

### **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”.

#### **Assessment of the expected outcome**

The service meets this expected outcome

The organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about consumer lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the systems for this. There are examples of regulatory compliance obligations relevant to Accreditation Standard Three being met, such as a consolidated record of elder abuse reportable incidents and consumer information privacy being maintained. A reporting requirement for one recent elder abuse reportable incident was not met.

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

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

#### **Assessment of the expected outcome**

The service meets this expected outcome

While the overarching system for education and staff development has not been demonstrated to be effective, significant impact of this has not been found in relation to Accreditation Standard Three. Staff interviewed by the assessment team were aware of their responsibilities relevant to elder abuse reportable incidents; and relevant to other topics such as privacy and dignity and consumer choice.

### **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”.

#### **Assessment of the expected outcome**

The service meets this expected outcome

Consumers’ emotional needs are identified. Emotional support is provided to consumers on an ongoing basis based on their identified need. Review of consumer files identified staff provide emotional support in times of crisis in accordance with consumers’ needs. The

assessment team observed warm and comforting interactions between staff and consumers. Consumers and representatives interviewed by the assessment team are satisfied the consumer is supported by staff. There has been lack of reassessment for a consumer following an expression of suicidal ideation to understand their emotional well-being.

### **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".

#### **Assessment of the expected outcome**

The service meets this expected outcome

Consumers' needs and preferences are assessed to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as part of this process. Strategies to promote consumers' independence are documented in the care plan. Staff are familiar with the individual needs of consumers. Consumers and representatives interviewed by the assessment team are satisfied with the information and assistance provided to consumers to achieve independence, maintain friendships and participate in the community within and outside the service.

### **3.6 Privacy and dignity**

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

#### **Assessment of the expected outcome**

The service meets this expected outcome

Consumers' preferences in relation to privacy, dignity and confidentiality are identified to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are implemented. The assessment team observed staff practices that support consumers' need for privacy is met. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Consumers and representatives interviewed by the assessment team are satisfied staff treat consumers with respect and believe the consumer's privacy is maintained.

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

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

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

Management of the service did not demonstrate that consumers are supported to participate in a wide range of interests and activities which meet their individually assessed needs. Some consumers and representatives gave feedback to the assessment team that consumers are not provided with adequate or suitable programs of interests and activities. A review of participation records identified gaps in documentation of participation and engagement in the programs of interests and in the activities provided.

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

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



### **Assessment of the expected outcome**

The service meets this expected outcome

Consumers' customs, beliefs and cultural and ethnic backgrounds are identified through consultation with the consumer and their representative/s. Relevant information relating to the consumer's cultural and spiritual life is documented in care plans. The service has access to support services such as visiting clergy and community groups and provision is made for the observation of special days. Consumers and representatives interviewed by the assessment team confirmed the consumer's customs and beliefs are respected. There has been lack of follow-up for one consumer to meet their cultural and spiritual needs.

### **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".

### **Assessment of the expected outcome**

The service meets this expected outcome

The service has processes to encourage consumers and their representatives to participate in decisions about the care and services the consumer receives. Management and staff demonstrated an understanding of consumers' rights to make choices and how to support them in their choices, however information in the resident and relative handbook discourages choice of pharmacy. Consumers and representatives interviewed by the assessment team are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

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

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

### **Assessment of the expected outcome**

The service does not meet this expected outcome

Care recipients are not assisted to understand their rights and responsibilities. Resident agreements do not include information about security of tenure/termination of the agreement, internal and external complaints resolution mechanisms, and consumer rights. The resident agreement refers the reader to the resident and relative handbook, which includes some information inconsistent with consumer rights. This relates to security of tenure/termination of the agreement, and the right to choose a supplying pharmacy.

## **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”.

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

The organisation does not actively pursue continuous improvement. Refer to expected outcome 1.1 Continuous improvement for information about gaps in the system for continuous improvement. Relevant to Accreditation Standard Four is that environmental auditing has not been effective in identifying gaps to enable timely action to address these. An impact of this is ongoing issues with cleaning work not being completed.

### **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”.

#### **Assessment of the expected outcome**

The service meets this expected outcome

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. Refer to expected outcome 1.2 Regulatory compliance for information about the systems for this. There are examples of regulatory compliance obligations relevant to Accreditation Standard Four being met, such as for fire 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”.

#### **Assessment of the expected outcome**

The service meets this expected outcome

While the overarching system for education and staff development has not been demonstrated to be effective, impact of this has not been found in relation to Accreditation Standard Four. Staff interviewed by the assessment team were aware of their responsibilities relevant to fire safety and evacuation, workplace health and safety, infection control, and food safety.

### **4.4 Living environment**

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

#### **Assessment of the expected outcome**

The service does not meet this expected outcome

Management of the service is not actively working to provide a safe and comfortable environment consistent with consumers’ care needs. Use of bedrails is not being minimised

and managed effectively, including for safety of the consumer. The assessment team's observations, review of records and discussions with management and relevant staff shows the living environment is not being effectively maintained and is not being kept clean for consumer safety and comfort.

#### **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".

##### **Assessment of the expected outcome**

The service meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. There are processes to support the provision of a safe working environment, including policies and procedures, staff training, workplace inspections and staff incident reporting. Sufficient goods and equipment are available to support staff in their work. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide a safe working environment for them.

#### **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".

##### **Assessment of the expected outcome**

The service meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Service log books show the essential fire safety measures at the site are being regularly checked and maintained. The assessment team's observations show evacuation routes are kept clear in the building, and there is access to information to guide staff, consumers and visitors in an emergency. Emergency management plans are in place and resources have been prepared to support emergency evacuation. Consumers and representatives interviewed by the assessment team are satisfied that staff are capable of assisting consumers in a fire or other emergency.

#### **4.7 Infection control**

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

##### **Assessment of the expected outcome**

The service does not meet this expected outcome

An effective infection control program is not in place. The assessment team's observations, review of records and discussions with management and relevant staff shows effective pest control, food safety and cleaning programs are not in place for infection control.

#### **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".

##### **Assessment of the expected outcome**

The service does not meet this expected outcome

Catering and cleaning services are not provided in a way that enhances care recipients' quality of life and the staff's working environment. Some consumers and representatives expressed dissatisfaction with aspects of the catering service. While there is some variety

and diversity in the standard menu, feedback from some consumers is this does not meet their needs or wishes. A representative and a consumer expressed dissatisfaction with the cleaning service. The assessment team's observations, review of records and discussions with management and relevant staff shows the consumers' living environment and staff's working environment is not kept clean.