



**Australian Government**

**Australian Aged Care Quality Agency**

## **Presbyterian Aged Care - Paddington**

RACS ID: 0536

Approved provider: The Presbyterian Church (New South Wales) Property Trust

Home address: 74 Brown Street PADDINGTON NSW 2021

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 06 October 2021.

We made our decision on 09 August 2018.

The audit was conducted on 03 July 2018 to 05 July 2018. The assessment team's report is attached.

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

# **Most recent decision concerning performance against the Accreditation Standards**

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

### **Principle:**

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

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

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

### **Principle:**

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

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

## **Standard 3: Care recipient lifestyle**

### **Principle:**

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

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

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

### **Principle:**

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

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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## **Audit Report**

Name of home: Presbyterian Aged Care - Paddington

RACS ID: 0536

Approved provider: The Presbyterian Church (New South Wales) Property Trust

### **Introduction**

This is the report of a Re-accreditation Audit from 03 July 2018 to 05 July 2018 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.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

### **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 this document**

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 03 July 2018 to 05 July 2018.

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.

## **Details of home**

Total number of allocated places: 100

Number of care recipients during audit: 51

Number of care recipients receiving high care during audit: 38

Special needs catered for: N/A

## Audit trail

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

### Interviews

Position title	Number
Care recipients and/or representatives	17
General manager	1
Acting residential care manager	1
Residential care manager	1
Clinical manager	1
Acting executive general manager residential care	1
Executive general manager home care and retirement	1
Registered nurse	3
Care staff	4
Physiotherapist	1
Payroll officer	1
Administration assistant	1
Lifestyle and activity staff	2
Pastoral care	2
Catering staff	3
Laundry staff	1
Cleaning staff	2
Maintenance staff	1

### Sampled documents

Document type	Number
Care recipients' files	11
Summary and/or quick reference care plans	7

Document type	Number
Medication charts	7
Personnel files	5

## Other documents reviewed

The team also reviewed:

- Accident and incident reports, medication incidents, with data collation and reporting
- Behaviour assessment tools, restraint authorisation and monitoring records, cigarette smoking assessments
- Care recipient room listing
- Care recipients' information handbook and information package
- Catering, cleaning and laundry: training records, cleaning schedules/records, duty lists, seasonal four week rotating menu
- Clinical documentation including: care plans, monitoring and evaluation of care documents, assessment and treatment records, risk assessments, referral to external specialists, vital signs charting, weight monitoring, advance care planning documents and specialised nursing care documents
- Comments and complaints: compliments and complaints register, care recipient handbook and agreement
- Communication diaries and handover folders
- Continence management allocations folder
- Continuous improvement: continuous improvement log, audit results, meeting minutes, strategic plan
- Education and training: program for education, competency assessment schedule, competency assessment records, mandatory training and education matrix, education attendance records, staff orientation program and records
- External services: external agreements, supplier list, contractor handbook and information pack, contractor police checks
- Fire safety and evacuation: fire equipment testing records, annual fire safety statement, evacuation kits including current list of care recipients
- Human resource management: performance management system, staff appraisals, master roster, casual list
- Infection control information including policies and procedures, trend data, outbreak management program, care recipients/staff vaccination records, infection incidence charts and waste management
- Leisure and lifestyle documentation: monthly calendars, social activities records, social activity plans and evaluations, participation records, care recipients' craft and art displays and event participation, social, cultural; spiritual and lifestyle assessment and care management plans
- Maintenance and inventory: asset register, asset disposal form, electrical tagging records, schedule and record of maintenance records, preventative maintenance schedule 2018, thermostatic mixing valve testing records, lifter maintenance records, pest control records

- Medication management documents, Schedule 8 register for drugs of addiction; self-administration assessments, diabetic medication delivery procedures and monitoring records
- Meeting minutes – staff, care recipients and others
- Meeting schedule, terms of reference and minutes for various forums
- Nutrition and dietary preference assessments, records of supplements administered
- Pain assessments
- Physiotherapy assessments
- Policies and procedures
- Regulatory compliance: professional registrations and insurance (as required), vaccination policy and records for staff, care recipients and volunteers, compulsory reporting register, police check register
- Self-assessment document for re-accreditation and associated documentation for surveyors
- Specialised nursing records including: diabetes management plans, wound and pain management
- Work, Health and Safety: Hazard reports, environmental audit results, monthly WHS reports, staff incident reports, meeting minute

## Observations

The team observed the following:

- Activities calendars in care recipient rooms
- Australian Aged Care Quality Agency Re-accreditation notices on display
- Charter of care recipients' rights and responsibilities on display
- Comments and complaints forms (internal and external) readily available
- Dining environment during midday meal service including staff serving meals, supervision and assisting care recipients
- Electronic and hardcopy record keeping systems – clinical and administration
- Fire and emergency - evacuation plans, emergency procedure flipcharts available for staff, evacuation bags, fire detection and fire-fighting equipment, fire egress routes clearly marked and clear of obstructions, fire safety certificate displayed, fire panel; 'break glass' panels; assembly point signage emergency evacuation diagrams and signage
- Infection control facilities and equipment, waste management, clinical waste, outbreak kit, sharps containers, personal protective and colour coded equipment in use, hand washing stations, antibacterial hand wash available, infection control and flu vaccinations posters
- Information noticeboards: posters, notices, brochures and forms displayed for care recipients, representatives and staff
- Interactions between staff and care recipients
- Living environment internal and external, care recipient rooms, sitting areas and lounge area / dining room
- Medication administration; secure storage of medication
- Menu on display



- Mission, vision and values displayed throughout the home
- Mobility equipment including walking belts, wheelie walkers, shower chairs, raised toilet seats, mechanical lifters, and handrails throughout the home
- Noticeboards displaying activity programs and special event notices, menus, memos, staff and care recipient information, notices informing care recipients/representatives of the reaccreditation audit
- Nurse call system in operation including care recipient access
- Secure storage of confidential care recipient and staff information
- Sharps containers
- Short group observation on level four
- Sign in/out books
- Staff room with notices; staff work practices and work areas including administrative, clinical, recreational, catering, cleaning, laundry and maintenance
- Staff work practices and work areas, including clinical, lifestyle, administration, catering, cleaning, laundry and maintenance
- Work health and safety – personal protective equipment, manual handling aids and equipment available, safety data sheets available

## 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 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”.

#### Team's findings

The home meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

- Management identified there was no formal orientation for new agency staff. A tick sheet (including fire exits, electronic system orientation) has been developed and the registered nurse in charge is responsible for conducting the new orientation for these staff. This improves care for care recipients as agency staff know where to find information about care needs.
- Management have reviewed complaints processes to support and encourage feedback from care recipients and representatives. As part of this process forms are now printed on pink paper to make the form more obvious. The home has purchased a new secure suggestion box to enable anonymous feedback. Management told us that they feel representatives are more aware of these mechanisms now.

#### 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 a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes

to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1: management are aware of the regulatory responsibilities in relation to police certificates and the requirement to advise care recipients and their representatives about re-accreditation site audits; there are processes to ensure these responsibilities are met.

### **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

The home's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored, and a process is available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include: electronic care system, IT policy and executive 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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients, their representatives and other interested people interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal. While two care recipients indicated they have to make requests a few times; most care recipients/representatives interviewed said that staff follow up on issues raised most of the time or always.

### **1.5 Planning and Leadership**

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

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

The home meets this expected outcome

The organisation's strategic plan works towards achieving the organisation's vision, mission and commitment to quality through strategic planning processes. The organisation has documented the home's vision, mission and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents. All care recipients/representatives who participated in a consumer experience interview agreed or strongly agreed that the home is well run.

## **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

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Care recipients/representatives interviewed are satisfied with the availability of skilled and qualified staff and the quality of care and services provided. Care recipients/representatives who participated in a consumer experience interview agreed or strongly agreed that staff know what they are doing. While one care recipient told us that staff only explain things to them some of the time; all others interviewed said staff explain things to them most of the time or always.

## **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 has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

## **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 provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative

requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed stated they are satisfied they have access to current and accurate information.

## **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

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Staff interviewed stated they are satisfied 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".

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

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 2:

- Registered nurse resource folders have been developed which include information about: unwitnessed falls, weight loss, unexplained absences, how to manage resident aggression. Provides staff with easy access to important information. Registered nurses have reported to management that they find the folders useful.
- Additional bed and chairs sensors have been purchased for care recipients identified as being at high risk of falls. Management told us that the response times to falls have improved with the introduction of this equipment.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2: management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

### **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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include: medication administration, falls management, continence management, oxygen and suctioning, dysphasia, P Parker behaviour management plan, and dementia.

### **2.4 Clinical care**

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

## **Team's findings**

The home meets this expected outcome

Care recipients receive appropriate clinical care. Their preferences are assessed from pre-entry through to the development of the care plan and regular evaluation of care. The assessment process is guided by the home's policies and procedures. Assessment of care, implementation of the plan and evaluation of interventions are attended by the health care team and overseen by a registered nurse. There are processes to ensure staff have access to current information to deliver care. Care recipients' clinical care needs are monitored and reassessed through the home's feedback mechanisms. Changes in care needs are identified and documented; where appropriate, referrals are made to medical or health professionals. Care recipients and representatives interviewed stated they are satisfied with the clinical care being provided.

## **2.5 Specialised nursing care needs**

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

## **Team's findings**

The home meets this expected outcome

Care recipients and representatives are consulted regarding specialised nursing needs and plans are in place to direct this care. The home provides policies and procedures to guide staff in the delivery of specialised nursing care. Specialised nursing care is delivered by registered nurses, in consultation with care recipient's chosen doctor and other specialised services when required. Protocols and communication systems are in place to ensure follow up of specialised nursing needs such as pathology and x-ray results, pain management effectiveness, dietetic involvement, wound and diabetes management. Parameters are set by the doctor for blood glucose monitoring consistent with the care recipient's plan for management of diabetes. Care recipients and representatives said they are happy with the management of these care needs.

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

This expected outcome requires that "care recipients are referred to appropriate health specialists in accordance with the care recipient's needs and preferences".

## **Team's findings**

The home meets this expected outcome

Documentation shows the home refers care recipients to external health professionals and any changes to care following these visits are implemented in a timely manner. Allied health professionals are accessed through the care recipients' preferred doctor. Pathology services, geriatrician, and other allied health services visit the home using this process. Representatives and care recipients report management and staff ensure they have access to current information to assist in decision-making regarding appropriate referrals to specialist services. Implementation of specialists' recommendations is followed up by registered nurses. Care recipients and representatives are satisfied with the way referrals are made and the way changes to care recipients' care are implemented.

## **2.7 Medication management**

This expected outcome requires that "care recipients' medication is managed safely and correctly".

## **Team's findings**

The home meets this expected outcome

Management described, and observation confirmed the safe and correct administration of medications. Staff were observed making appropriate checks, administering medication and assisting care recipients, while also keeping the medications within their safe observation. Policies and procedures guide the safe delivery of medications. Locked storage of medication promotes safe and correct management of medication to care recipients. The medication system includes photographic identification of each care recipient with their date of birth and clearly defined allergies. Regular medication reviews are completed by a consultant pharmacist. Medication incident data is collated as part of the quality clinical indicators and is reviewed and actioned. Care recipients and representatives are satisfied care recipients' medications are managed in a safe and correct manner.

## **2.8 Pain management**

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

### **Team's findings**

The home meets this expected outcome

All care recipients are assessed for pain on entry to the home and as needed. The registered nurse provides feedback to the care recipient's chosen doctor to ensure the comfort of care recipients. Staff are trained in pain prevention and management and use verbal and non-verbal pain assessment tools to identify, monitor and evaluate the effectiveness of pain management strategies. Documentation shows strategies to prevent and manage care recipients' pain include attendance to clinical and emotional needs, medication and alternative approaches including heat, massage and pressure relieving devices. Allied health and care staff collaborate on the care recipient's pain management strategies. Physiotherapy staff assess and develop relieving massage for pain relief, based on clinical assessment. Care recipients and representatives report care recipients are as free as possible from pain and staff respond in a timely manner to requests for pain control.

## **2.9 Palliative care**

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

### **Team's findings**

The home meets this expected outcome

The comfort and dignity of terminally ill care recipients is maintained. There are records of care recipients' preferred care at end of life, and education programs are in place for staff of the home. The registered nurses consult with care recipients' doctors and the care recipients/representatives where appropriate. Spiritual support is provided as needed. Staff ensure the care recipient's wishes and comfort are observed while delivering palliative care. Interviews confirm care recipients trust the home's staff with all aspects of their care.

## **2.10 Nutrition and hydration**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements



to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

Care recipients and representatives confirm they are satisfied with the care provided to care recipients in relation to skin integrity. Skin integrity assessments and risk of impairment to skin integrity, are conducted on entry to the home and reviewed as necessary including at care review and evaluation. Risk assessment guides the pressure area care as care recipients' mobility, nutrition status and cognition alter. Care recipients with specific skin conditions are closely monitored and treatments applied as directed by the care recipient's chosen doctor. Referrals are made to specialist services as required. Wound monitoring and wound charts show regular review of wound management and improvement strategies. Pressure relieving equipment is available for those care recipients who are identified at risk of skin breakdown.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

Care recipients and representatives confirm continence needs for urine and bowel function are being met. On entry to the home the care recipient's continence needs are assessed by staff obtaining the history from the care recipient, their representatives, doctor's referral and pre-entry assessments. Flow charts are initiated, voiding times and bowel evacuation patterns are recorded to enable assessments to be made. Care plans are developed and reviewed at regular intervals including consultation with care recipients and representatives. Staff continence education includes toileting programs, bowel management and the relationship to privacy, dignity and choice for care recipients.

## **2.13 Behavioural management**

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

### **Team's findings**

The home meets this expected outcome

There are systems to effectively manage care recipients with challenging behaviours. Documentation and discussions with staff show care recipients' behaviour management is identified by initial assessments and care plans are formulated. Management strategies include one-on-one and group activities with care staff and lifestyle staff. The programs are regularly reviewed in consultation with the care recipient, their representatives and other specialist services if consultation is required. Staff confirm they have received education in managing care recipients who express challenging behaviours through access to specialist health professionals and consult with these services as needed. Staff were observed to use a variety of management strategies and resources to effectively manage challenging

behaviours. Care recipients and representatives were satisfied with the staff management of these situations and communication with families, regarding the interventions used to assist the care recipient and the impact of care recipients' behaviours on other care recipients.

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

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

### **Team's findings**

The home meets this expected outcome

Each care recipient has their mobility and dexterity assessed by the physiotherapist. Information is gathered from the care recipients, representatives, and pre-admission documents. Mobility information and the care recipient's need for assistance are detailed in the care plan and programs are instigated by the physiotherapist to optimise care recipients' mobility function. Care recipient mobility and movement are promoted through all care delivery. There is a range of aids to effectively and comfortably move care recipients. Communication about mobility needs is through the handover list, which is derived from the electronic care planning system. All staff have access to and knowledge of the electronic care planning system, including the mobility, and other care directives, on the handover lists. Care recipients and representatives said they are satisfied with the assistance and therapy provided to care recipients.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

Each care recipient's oral and dental health needs are assessed by the care team on entry to the home. The care recipient's needs, preferences and interventions are recorded on the care recipient's care plan. The care recipients' care plans are reviewed regularly and adjusted as necessary to meet their oral health needs. The home has access to dental services and arrangements are made for care recipients to attend external services. Staff interviewed, confirmed their understanding of the oral care process and care recipients and representatives expressed satisfaction with this service.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

Each care recipient's sensory losses are assessed by the care team through completion of the entry assessments and the specific sensory assessment tools. This occurs in consultation with the care recipient and their representative. The methods for communication and compensation for sensory losses are also located on the care plan. Strategies to assist care recipients who have declining cognition include speaking clearly and slowly, making eye contact, using simple statements and speaking with warmth, caring and using gestures as required. Care recipients and representatives interviewed said they are satisfied with the assistance provided to the care recipients.

## **2.17 Sleep**

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

## **Team's findings**

The home meets this expected outcome

Care recipients and representatives confirm care recipients are able to achieve natural sleep in the home. Information about the care recipient's sleep patterns is entered in to their assessment and recorded in the care plan. Observations by care staff are recorded on assessment tools and in the care recipient's progress notes to ascertain their normal sleeping pattern. Sleep patterns are reviewed regularly, and as required. Disturbance of care recipients is kept to a minimum at night. Documents and interviews confirm staff receive education regarding the promotion of sleep. Interviews with care recipients show they feel safe and restful during the night.

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

### **Principle:**

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

### **3.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

- Home has established a monthly newsletter to keep care recipients and families up to date with what is happening in the home. Management reported that families and care recipients like knowing what’s happening.
- As a result of feedback received through the residents’ survey the home has formalize the bus trips for care recipients. The home now hires a large bus with a driver. Examples of recent trips include a night trip to see the lights of Vivid as well as lunches out.

### **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 systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 3: management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are 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”.

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

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include: elder abuse and reportable incidents, as well as discussions at handover regarding privacy and dignity.

### **3.4 Emotional support**

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

## **Team's findings**

The home meets this expected outcome

The emotional support needs of each care recipient are considered and supported on entry to the home. Pre-entry social and background information is provided to ensure a smooth transition to residential care for both the care recipient and their family. There is ongoing emotional support throughout the care assessment process and on an ongoing basis. This includes reference to adjusting to life within the home, general emotional support, as well as an understanding of any personal losses. This initial period is further enhanced by interaction with the lifestyle team. This incorporates a social profiling and assessment of each care recipient's health, care, social, cultural and spiritual needs to gain a holistic understanding of their individual needs. Care recipients are encouraged, where possible, to participate in outings, maintain existing social connections and develop relationships with others. Care recipients and their representatives were very positive during interviews in relation to the support they receive from staff.

### **3.5 Independence**

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

## **Team's findings**

The home meets this expected outcome

The home encourages care recipients to maintain their independence by participating in activities and events both within the home and within the community. Clinical assessments and care plans identify the care recipients' level of independence and the amount of support they require to participate in lifestyle options of their choice. The home assists care recipients with maintaining their independence through assistance with shopping and provision of gentle exercise programs in group and individual settings. The mobility program and social programs promote independence through the maintenance of movement, strength, balance and dexterity. There are also opportunities for care recipients to participate in activities within the home as well as the wider community through the continuation of external activities. Care recipients and their representatives expressed satisfaction that care recipients are assisted to achieve maximum independence, maintain relationships and participate in life within and outside the home.

### **3.6 Privacy and dignity**

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

## **Team's findings**

The home meets this expected outcome

Care recipients are supported to retain their right to privacy and dignity with policies and education to guide staff in this process. Information regarding care recipients' rights and responsibilities is on display and also given to each care recipient on entry to the home. Observation of staff practices showed these are consistent with the home's privacy and dignity related policies and procedures. Care recipients said the staff care for them in a respectful manner. The home has secure information systems in place. Procedures, handbooks and education programs provide further information for staff regarding care recipients' rights to privacy and confidentiality. Interviews with care recipients and representatives indicate that care recipients' privacy, dignity and confidentiality are recognised and respected.

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

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

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

The home meets this expected outcome

Care recipients' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interest to them.

### **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

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities and care recipients have access to religious services at the home. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in activities of their choice. Care recipients/representatives interviewed confirmed the care recipient's customs and beliefs are respected.

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

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

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

The home meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. The home uses a variety of strategies to foster care recipient participation in decision making including care recipient meetings, comments/complaints mechanism, case conferences, surveys and feedback forms. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients 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".

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

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, sharing of rooms, fees and charges and information about complaints when they enter the home. All care recipients have a residential agreement in place. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. The Charter of Care Recipients' Rights and Responsibilities and information about complaint mechanisms are on display at the home. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

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

### **Principle:**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

- Management of the home have reviewed the organisation and structure of the pan rooms. As a result they have had racks installed for storage of bed pans, purchased vases for care recipients’ rooms, installed glove box holders, and purchased colour coded laundry skips. These initiatives improve tidiness and increase efficiency for staff allowing them to spend more time with the care recipients.
- Eye drops now have their own container for each care recipient to make it easier for staff to identify each person’s medication; this also keeps the trolley tidy and improves infection control.
- The chef now prints large print menus daily to inform care recipients of the meals for each day. Care recipients have reported to management that they enjoy knowing what meals are planned.
- The home is in the process of trialling coloured bowls for CRs to stimulate appetite of care recipients living with dementia. Management told us this was a result of research they had reviewed and that they are yet to evaluate this improvement.

### **4.2 Regulatory compliance**

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

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

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 4: management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### **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

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems.



Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include: manual handling, outbreak protocol, use of safety belts, fire safety, food safety, 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's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed are satisfied the living environment is safe and comfortable.

#### **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

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. 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.

#### **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

Fire safety risks are minimised through an alarm and detection system, emergency lighting, fire doors and firefighting equipment. Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. An emergency procedure manual including a disaster contingency plan is available. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security

breach or other emergency and there are routine security measures. The home is secured at night. All care recipients/representatives who participated in a consumer experience interview indicated they feel safe in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

#### **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

The home ensures that hospitality services are provided in a way that enhances the quality of care and service provided for care recipients. The home's kitchen prepares all meals on-site and ensures that all care recipients' preferences and dietary requirements are met. The home's seasonal four week rotating menu outlines options for care recipients at breakfast, lunch and dinner each day. There is a choice of two hot meals at lunch; alternatives can be provided for care recipients who request something different at any meal. Whilst the majority of care recipients we interviewed said they like the food most of the time or always, two care recipients told us the meals could be improved; one care recipient said she finds the food too mushy, the other care recipient said the meals have too much cream. This feedback was discussed with the chef who followed up with the care recipients. Cleaning is conducted by staff seven days per week. The care recipients' rooms and bathrooms are given a detailed clean weekly or more often as needed. All laundry is sent off-site for laundering until the onsite laundry is commissioned. Care recipients interviewed expressed high degree of satisfaction with the cleaning and laundry services provided by the home.