



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Abberfield Aged Care Facility**

RACS ID 4002  
376-380 Bluff Road  
SANDRINGHAM VIC 3191

**Approved provider: Sandra Pty Ltd**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 12 October 2018.

We made our decision on 18 August 2015.

The audit was conducted on 21 July 2015 to 22 July 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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.

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

## Standard 3: Care recipient lifestyle

### Principle:

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

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Abberfield Aged Care Facility 4002**

**Approved provider: Sandra Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 21 July 2015 to 22 July 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 July 2015 to 22 July 2015.

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

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

## Assessment team

<b>Team leader:</b>	Dawn de Lorenzo
<b>Team member:</b>	Fiona Taylor

## Approved provider details

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

<b>Name of home:</b>	Abberfield Aged Care Facility
<b>RACS ID:</b>	4002

<b>Total number of allocated places:</b>	66
<b>Number of care recipients during audit:</b>	60
<b>Number of care recipients receiving high care during audit:</b>	Not applicable
<b>Special needs catered for:</b>	Nil

<b>Street:</b>	376-380 Bluff Road
<b>City:</b>	Sandringham
<b>State:</b>	Victoria
<b>Postcode:</b>	3191
<b>Phone number:</b>	03 9555 8472
<b>Facsimile:</b>	03 9555 0075
<b>E-mail address:</b>	<a href="mailto:manager@abbfld.com.au">manager@abbfld.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Director of nursing	1
Clinical care coordinator	1
Education and training staff	1
Clinical and care staff	7
Lifestyle staff	2
Care recipients/representatives	11
Medical practitioner	1
Physiotherapists	2
Catering and laundry personnel and contracted cleaning staff	4
Maintenance staff	1

### Sampled documents

Category	Number
Care recipients' files	6
Care recipients' lifestyle files	6
Agreements for care recipients	6
Medication charts	7
Personnel files	6
External contracts	5

### Other documents reviewed

The team also reviewed:

- Activities calendar and lifestyle documentation
- Archive register
- Audits, audit schedule and surveys
- Catering, cleaning and laundry schedules and related records
- Clinical charts, progress notes, assessments and specialised nursing care documentation

- Comments and complaints folders and register
- Compulsory reporting register and flow chart
- Consent forms
- Continuous improvement plan
- Education documentation including matrix, calendars, evaluations and competency assessments
- Electronic care planning system
- Employee handbook, position descriptions and duty lists
- Essential services reports
- External contractor register and documentation
- Food safety plan and third party audits
- Incident reports and analysis documentation
- Infection control data and analysis documentation
- Influenza vaccination records
- Information for care recipients including handbook and package
- Material safety data sheets
- Memoranda
- Minutes of meetings
- Newsletters and calendars
- Occupational health and safety documentation and workplace inspection reports
- Orientation documentation for permanent and temporary staff
- Palliative care documentation
- Police certificate and statutory declaration folder and nursing qualification register
- Policies and procedures
- Preventative and corrective maintenance documentation
- Risk assessments
- Rosters and appraisals
- Self-assessment documentation.



## Observations

The team observed the following:

- Accreditation assessment signage for stakeholders
- Activities in progress
- Archive area
- Cleaning and laundry in progress
- Compliments, complaints, suggestion and hazard forms with box
- External complaints pamphlets in English and languages other than English
- Fire-fighting equipment, fire panel, alarms, site maps, evacuation pack and care recipient list
- Fish tank
- Hand hygiene facilities, personal protective equipment, outbreak box and spills kit
- Interactions between staff and care recipients
- Living environment
- Noticeboards
- Nursing stations and staff room
- Refreshment and lunch service with menu displayed
- Short group observation in North wing lounge
- Storage of medication and equipment and supply storage areas
- The 'Charter of care recipients' rights and responsibilities – residential care' displayed
- Vision, mission, philosophy and objectives statements displayed
- Waste management systems.

## Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The organisation actively pursues continuous improvement and monitors performance against the Accreditation Standards. Within the framework of the home's strategic plan, processes such as feedback from stakeholders, infection control information, audits, benchmarking activities and analysis of incident reports ensures identification of areas for improvement. Management encourage stakeholders to contribute to the continuous improvement system through means such as attending meetings, completing 'compliments, complaints, suggestions and hazard' forms, electronic mail and the home's open door policy. In addition, care recipients, representatives and staff complete regular surveys. Management drive and evaluate the improvements to ensure successful implementation. There are processes such as internal and external audits to review performance. Management provide feedback to stakeholders as appropriate verbally through meetings or consultations or through documentation such as electronic mail and letters.

Examples of improvement initiatives implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- Management determined the need to improve staff skills and knowledge. Education organised included the care coordinator completing a post graduate diploma in dementia and a lifestyle staff member completing an external bereavement course. The cook obtained a commercial cookery certification and clinical and care staff completed a dementia dynamics toolkit. There has been positive feedback from staff who report the up skilling has led to improved care and services for care recipients.
- Management identified communication between staff required improvement and introduced a 'clinical care coordinator weekly checklist' to ensure continuity and provided training to staff as to the use of the new document. There has been positive feedback from staff who report this comprehensive approach to auditing of clinical care has led to improved care for care recipients and improved communication between staff.
- Staff suggested the posting of cultural calendars throughout the home to provide improved information to stakeholders regarding various cultural events throughout the year. There has been positive feedback from care recipients, representatives and staff regarding the informative calendars.

## 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 organisation’s management has systems to identify and ensure compliance with relevant legislation, regulatory requirements and professional standards and guidelines across the Accreditation Standards. Management subscribe to various legislative services, government agencies and industry bodies to ensure they receive notification of changes in legislation.

The organisation’s management then develop or modify policies, procedures and education processes to ensure alignment with any changes. Through both internal and external monitoring and auditing activities, management ensure compliance with legislation and regulations. Staff receive information of any regulatory changes through avenues such as meetings, electronic care planning system, memoranda or education.

Examples of responsiveness to regulatory compliance obligations in relation to Standard 1 Management systems, staffing and organisational development include:

- Management notified stakeholders in advance regarding this re-accreditation audit.
- There is a system to ensure compliance with police certificate requirements and overseas statutory declarations for all relevant staff.
- Management monitor the professional registrations of staff to ensure performance of tasks by qualified individuals.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Staff education needs are identified through training needs survey, staff requests, competencies and appraisals, care recipients' needs, safe practices, audits, regulatory requirements and Accreditation Standards. The clinical care coordinator and director of nursing oversee the education program and there is an education calendar and attendance records. Internal sessions are delivered in a variety of ways to meet the learning needs of the staff which includes DVDs from the aged care channel, one to one, small group, micro and practical sessions. Questionnaires, worksheets, and evaluations capture the effectiveness of the education. The home actively supports staff in internal and external education and their professional development in up skilling. Staff are satisfied with the education available and confirmed the home is very supportive in their ongoing learning and development.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- aged care reform and changes to admissions, fees and charges
- accreditation role and responsibilities
- team work – helping each other.

### 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

Each care recipient and/or their representative and other interested parties have access to internal and external complaints mechanisms. The system includes 'compliments, complaints, suggestions and hazard' forms, stakeholder meetings, information handbooks and brochures. A locked box to lodge forms ensures anonymity if desired. Stakeholders also verbalise complaints through management's open door policy or electronic mail. There are interpreter services available for care recipients from non-English speaking backgrounds as required. Management ensure stakeholder satisfaction through regular surveys as well as through the home's auditing system. There is a process to log any comments and complaints as required to identify trends and relevant data is used to assist in continuous improvement. Management investigate any suggestions in a timely manner and provide feedback to stakeholders as appropriate through meetings, letters, consultations or electronic mail. Care recipients, representatives and staff are aware of how to make a complaint and are satisfied to do so if required.

## 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 has documented the residential care services vision, mission, philosophy and objectives statements with a commitment to quality throughout the service. These statements are displayed and also appear in various documents.

## 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 appropriately skilled and qualified staff sufficient to ensure the delivery of services in accordance with these Standards and the residential care service's philosophy and objectives. The recruitment process includes interviews, reference and qualification checks with continued monitoring of registration once employed. There is a system to ensure staff possess current police certificates with associated documentation as necessary. The staff orientation process includes education and 'buddy' shifts and position descriptions document their roles. Management monitor staff performance through competency assessments, appraisals and observation of practice. There is a process to ensure roster coverage through the use of the home's staff or temporary staff to fill any vacancies with consideration given to the current needs of care recipients. Staff said there are sufficient staff to provide skilled care. Care recipients and representatives are satisfied care recipients receive required care in a timely manner.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home ensures adequate stocks of appropriate goods and equipment for quality service delivery are available. The director of nursing and clinical care coordinator maintain stock levels and the regular ordering of adequate catering, clinical, non-clinical, chemical supplies and equipment. Non-routine goods and capital equipment are obtained in response to care recipient needs, discussions at the committee meetings and physiotherapists. Safety considerations and trials with new equipment occur. Corrective and preventative maintenance schedules are in place and electrical items are tested and tagged. Care recipients, representatives and staff are satisfied with the availability of goods and supplies and maintenance of the equipment.

## **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

There are effective information management systems with confidentiality, privacy and security maintained throughout. All stakeholders have access to current information, activities and events of the home as appropriate through means such as meetings, noticeboard displays, handbooks and newsletters. Care recipients and representatives receive adequate information, including regular care consultations, to assist them to make decisions about each care recipient's care and lifestyle. Management and staff receive accurate information to help them perform their roles through the electronic care planning system, various care folders, education, memoranda, handover sheets, meetings, policies and procedures. There is a process to regularly back up the computer system with logons and passwords for staff and all confidential documents are securely and appropriately stored. Care recipients, representatives and staff are satisfied with both information systems and communication processes.

## **1.9 External services**

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

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

The home meets this expected outcome

There is a system to provide externally sourced services to meet the residential care service's needs and service quality goals. Management have a register of approved contractors and review the service agreements regularly with input from care recipients and staff, as appropriate, to ensure the provision of optimum service. There is a system to ensure contractors have a current police certificate with associated documentation as necessary.

External providers receive relevant information regarding the home's processes when they commence. Care recipients, representatives and staff are satisfied with the services provided by the home's contractors.

## 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 regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

- Management identified advanced care planning required improvement and developed new forms with education to staff. There has been positive feedback from representatives and staff who appreciate the improved communication to ensure care recipients' wishes are respected during this sensitive time.
- Management determined care planning for care recipients required improvement and initiated a multidisciplinary case conference. A medical practitioner as well as clinical and lifestyle staff attend the conferences to formulate care planning strategies across modalities such as medical, psychosocial and the physical environment. Families are consulted regarding any new strategies. There has been positive feedback from staff who report the new holistic approach improves communication between levels of staff, thus improving care for care recipients. Evaluation is ongoing.
- Management recognised the need to improve nutrition and hydration and introduced measures such as a new coloured dot dietary information system and a thickened fluids pump device. There has been positive feedback from staff who report the dietary information and the provision of consistent, correct and freshly prepared thickened fluids has improved nutrition and hydration for care recipients.

## **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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 2 Health and personal care include the following:

- Registered nurses oversee specific care planning activities and care tasks.
- There are procedures to ensure compliance with legislation in the event of a care recipient’s unexplained absence.
- There are policies and procedures in relation to medication management.

## **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 processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient health and personal care. For a description of the home’s staff education processes refer to expected outcome 1.3 Education and staff development.

Examples of recent education relating to Standard 2 Health and personal care include:

- palliative approach and end of life care
- demystifying dementia
- bathing and grooming a person confined to bed
- pain management and identification.



## 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. On entry to the home, the registered nurse completes the initial admission assessments and from this develops the interim care plan. After a settling in period a comprehensive suite of assessments are completed and an individual detailed care plan is developed. Care plan reviews occur monthly and ongoing discussions with the care recipient and family occurs in regards to their ongoing needs.

Changes to care are communicated to staff at handover and care plans reflect current needs. The clinical care coordinator oversees clinical care, conducts weekly care and documentation audits and supports staff. A multidisciplinary case conference discusses care recipient’s current needs and strategies for their ongoing care needs. The medical practitioners visit regularly and referrals are made to specialists as appropriate. Care recipients and representatives are complimentary of the staff and care.

## 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’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Assessments and consultation identify care recipients specific needs and individual care plans guide staff in the ongoing care. The registered nurses review the care interventions and strategies and consult with the care recipient and family to ensure care needs are appropriate. Changes to care needs prompt discussion, reviews and referrals to the medical practitioners, allied health services and specialists. Specialised care needs include pain management, insulin and non-insulin dependent diabetes, oxygen therapy and enteral feeding. Care recipients and representatives are complimentary of the staff and specialised care processes.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to appropriate health specialists in accordance with their care needs and preferences. On entry to the home, referrals are made to the physiotherapist, podiatrist and medical practitioners who visit regularly. Initial and ongoing assessments, reviews by the registered nurses and consultation with the care recipient and family ensure care needs and referrals to appropriate specialists occur in a timely manner. Care recipients are assisted to appointments or specialists of their choice. Services that visit the home include dentistry, optometry, audiology, psycho-geriatric services, speech pathology and wound

specialists. Care recipients and representatives are satisfied with the access to visiting or external health specialities according to care recipient needs.

## **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

Care recipients’ medication is managed safely and correctly. Medications are stored securely, regular checking processes occur and there is a system for disposal of medications. Qualified staff administer medications and complete a regular competency assessment. Medication audits, incidents and external pharmacy reviews regularly occur and review of incidents and current best practice discussions occur at the medication advisory meetings. The medical practitioner and other specialists regularly review care recipients’ medication needs to ensure they are appropriate. Staff said alert stickers, photographs, special considerations, coloured book marks and guidelines assist in the safe administration of medications. Care recipients and representatives are satisfied that medication is managed safely and correctly.

## **2.8 Pain management**

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

### ***Team’s findings***

The home meets this expected outcome

All care recipients are as free as possible from pain. On entry to the home, comprehensive assessments in regards to care recipients’ pain occurs by the registered nurse as well as mobility and pain clinic physiotherapists. Care plans document current strategies and regular reviews occur to ensure the comfort and range of movement. Regular reviews of the use of medication occur to ensure adequate pain relief and the in house pain clinic provides ongoing pain interventions. A variety of pain and comfort management strategies are available including position changes, passive exercises, massage, heat packs, splints and aromatherapy. Staff respond to verbal and nonverbal cue and are aware of individual needs and comfort strategies. Care recipients and representatives are satisfied with how care recipients’ pain is managed.

## 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. On entry to the home, comprehensive assessments of their physical, psychosocial, emotional, cultural and spiritual needs occur in consultation with care recipients and family. Information is offered and discussions occur as appropriate about their end of life wishes. A palliative care plan documents the holistic care needs and specific wishes of the care recipient and family.

Regular reviews of the care recipient’s pain and comfort strategies occur to ensure they are effective and their wishes are being met. The medical practitioner and specialist services are consulted regularly for guidance and support in providing holistic care that respects their wishes. Staff confirm they have appropriate knowledge, ongoing education and equipment to support and meet the wishes of their care recipients and families. Care recipients and representatives confirm the home’s practices maintain care recipients’ comfort and dignity.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration. On entry to the home, assessments, discussion and dietitian review assist in identifying nutritional, hydration and cultural preferences, allergies and assistive aids. Care plans and dietary advice forms document these needs. Regular reviews of weights, food and fluid intake, audits and surveys ensure strategies and choices are appropriate. The dietitian visits monthly, tracks weight changes and implements strategies such as supplements, milkshakes, thickened fluids or vitamised meals. A colour coded system identifies individual choices and needs, the dietitian reviews the menu and food is discussed at the care recipient meetings. Care recipients and representatives are satisfied with the quality, variety and availability of food and fluids.

## 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

The home’s practices maintain care recipients’ skin integrity consistent with their general health. On entry, comprehensive assessments and discussion assist in identifying skin conditions and care recipients at risk. Care plans document preventative skin management strategies such as air mattresses, sheepskins, emollient creams, protective bandages and booties. Skin champions and registered nurses oversee the skin and wound care to ensure strategies are effective. Referrals to the wound specialist, medical practitioner and dietitian

occur as appropriate. Staff education in skin care, turning clock position changes, manual handling and appropriate equipment assist in maintenance of skin integrity. Care recipients and representatives are satisfied with the home's management of care recipients' skin integrity.

## **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' continence is managed effectively. On entry, continence assessments and discussions occur and care plans detail specific care needs and preferences, continence aids and level of assistance. Adequate fluids, high fibre diets, fruit, exercise and regular toileting assists care recipients to maintain their routines and independence. The registered nurse reviews continence strategies regularly and initiates new assessments and referrals to the medical practitioner and other specialists as appropriate. Staff confirm they have adequate supplies and receive ongoing education in continence practices, skin care and in maintaining privacy and dignity. Care recipients and representatives confirm staff support care recipients' continence needs with discretion and privacy.

## **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

The needs of care recipients with challenging behaviours are managed effectively. On entry to the home, a behaviour assessment, discussion with care recipient, family and medical practitioner assist in identifying individual behaviours. Care plans document individual triggers and strategies to support the care recipient in managing their behaviours. Regular reviews occur to ensure the holistic management is effective. The medical practitioners review changes in behaviour and medications, referrals are made to appropriate specialists such as the psychiatric community team, psycho-geriatrician and in house pain clinic. Care and lifestyle staff confirm ongoing education in dementia and individual behaviours has been beneficial in increasing their knowledge and skills in their holistic and integrated care of responsive behaviours. Care recipients and representatives are satisfied in the home's approach in managing challenging behaviours.

## **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

Optimum levels of mobility and dexterity are achieved for all care recipients. On entry to the home, mobility and dexterity, functional, pain, risk, falls and transfer assessments by the registered nurses and physiotherapists assist in identifying mobility needs. Care plans

document current care mobility needs and strategies such as wheeled walkers, hip protectors, massage, heat packs, sensor mats and pain medication. Regular reviews occur to ensure they are effective in optimising their mobility and independence. Care and lifestyle staff encourage and support care recipients to improve their mobility and independence by taking them for walks, assisting them with transfers, hourly rounds and exercises to rock and roll music. Care recipients and representatives are satisfied with the home's approach to optimising mobility and dexterity.

## **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

Care recipients' oral and dental health is maintained. On entry to the home, the assessment process identifies each care recipient's oral and dental needs and preferences. Care plans document individual needs, for example, level of assistance, prompting, cleaning preferences of natural teeth and dentures and storage. Regular reviews and audits occur to ensure care recipients' oral and dental health is maintained. Referrals to the visiting or private dentists and dental technician occur according to the care recipients' choice and as they require. Staff complete an oral and dental competency, change the coloured coded tooth brushes seasonally or as required and attend to oral care of those with enteral feeding regimes. Care recipients confirm they attend to their own oral health or staff provide assistance as they require.

## **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

Care recipients' sensory losses are identified and managed effectively. On entry to the home, the assessment process, use of the sensory kit and discussions identify care recipients' sensory requirements. Care plans detail individual needs and regular reviews occur to ensure their needs are being met. Specialist visual and hearing services visit the home or care recipients visit services of their choice. Sensory stimulation for care recipients includes music, cooking, walks in the garden, outings, talking and large print books, use of an electronic tablet and communication cards. Staff confirm they are aware of individual needs and provide support and assistance with the care of their visual and hearing aids. Care recipients and representatives are satisfied with the home's approach in managing sensory losses.

## 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 are able to achieve natural sleep patterns. On entry to the home, sleep assessments and discussion identify rest and sleep routines to assist in achieving natural sleep. Consideration of care recipients’ continence, skin integrity, behaviour, nutrition, hydration and pain assist in care plan information. Regular reviews of individual strategies include settling routines, snacks, warm drinks, massage, aromatherapy, music and reassurance. A discussion with the medical practitioner and appropriate external specialists occur in response to the sleep issues. Staff confirm they have had education in regards to interventions and effective strategies to promote sleep and wellbeing. Care recipients and representatives are satisfied care recipients are able to achieve 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”.*

#### **Team’s findings**

The home meets this expected outcome

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

Examples of improvement initiatives implemented in relation to Standard 3 Care recipient lifestyle include:

- Following information received from the local council, management organised for interested care recipients living with dementia to attend an art and dementia connection program. There has been positive feedback from care recipients, representatives and staff who report care recipients enjoyed the art appreciation and the socialisation.
- Care recipients suggested they would like a knitting group to knit and socialise. Following the formation of the small group, there has been positive feedback from care recipients who enjoy both knitting and reminiscing.
- A medical practitioner suggested an electronic tablet could be used to improve communication between care recipients and others. Management organised for the purchase of the tablet which has various uses such as viewing cultural activities. Other uses include recording messages from a family member to provide communication and emotional support to a care recipient to assist in the reduction of agitation or restless behaviours. There has been positive feedback from care recipients, representatives and staff who said care recipients enjoy the new device.

### **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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 3 Care recipient lifestyle include:

- There is a privacy policy.
- Care recipients and their representatives receive information on care recipient rights and responsibilities, services provided and the complaints scheme.
- There are policies, procedures and a flow chart concerning elder abuse and compulsory reporting with the maintenance of a register.

### **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 processes to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the home’s staff education processes refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 3 Care recipient lifestyle includes:

- dignity in care not an optional extra
- grief and loss
- recognising and preventing elder abuse
- making the most of language services in aged care.



### **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

There is a system to ensure each care recipient receives emotional support adjusting to life in the new environment and on an ongoing basis. Prior to or on entry to the home, management give care recipients and representatives information regarding the entry process, explain services and provide a tour with introductions to staff and other care recipients as possible. Lifestyle staff and volunteers assist clinical and care staff in offering support to care recipients adjusting to the new environment and thereafter. Care recipients personalise their rooms as they wish. Management and staff encourage representatives to participate in the home initially and on an ongoing basis. Staff complete an assessment and care plan which includes emotional needs of care recipients and review these regularly. The lifestyle program provides individual time with care recipients with an aim to maintain personal interests where possible as well as to reminisce and chat. Care recipients and representatives are satisfied with emotional support provided to care recipients.

### **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

Management and staff encourage care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Lifestyle care plans identify care recipients' needs to participate in specific interests, maintain their independence and retain ongoing community and social associations. Strategies to assist care recipients to maintain their independence include mobility aids, access to outdoor gardens and gentle exercises. Management and staff encourage and support care recipients to maintain contact with friends and family as well as participate in activities in the community. Care recipients personalise their rooms as they wish. Care recipients and representatives are satisfied staff assist each care recipient to be as independent as possible.

### **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

Management and staff recognise and respect each care recipient's privacy, dignity and confidentiality. There is a privacy policy and care recipient information is securely and appropriately stored. Care recipients have lockable drawers in their rooms to store private items as they wish. Quiet areas are available for care recipients to meet privately with visitors.

Staff aid care recipients respectfully when attending to activities of daily living including assisting at meal times in a manner to retain each care recipient's dignity. Staff said they are aware of respecting each care recipient's privacy and dignity such as knocking on doors prior to entering care recipient rooms and ironing clothes in a manner to ensure a dignified appearance. Care recipients and representatives are satisfied staff treat each care recipient with dignity and respect.

### **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

Management and staff encourage and support care recipients to participate in a wide range of interests and activities both in groups and on an individual basis. Lifestyle staff complete an assessment in consultation with each care recipient and representative to identify such information as each care recipient's social and leisure interests. This assessment forms the basis of the care plan which undergoes regular review. Lifestyle staff plan activity programs in both group and individual settings. There is a range of activities on offer such as outings, music, high tea, movies, knitting, craft, gentle exercises, aromatherapy, bingo, sing-alongs and word games. Celebration of special occasions such as birthdays and cultural days occurs. Volunteers and care staff assist lifestyle staff with activity programs on a regular basis. Lifestyle staff evaluate and redesign programs as necessary based on care recipient feedback and participation. Information from care recipient meetings and surveys also assists lifestyle staff in planning programs. Care recipients and representatives are satisfied with leisure interests and activities offered to care recipients.

### **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

Management and staff ensure care recipients' individual customs, beliefs and cultural backgrounds are fostered and valued. Lifestyle assessments and care plans document spiritual and cultural needs. Small lounge areas are available for private reflection. There are regular church and religious observances and care recipients attend their own church if preferred. Management and staff ensure the celebration of cultural and significant days such as birthdays, Cup Day and Anzac Day. Staff have access to services specific to cultural sensitivities and interpreter services as required. Care recipients and representatives are satisfied with cultural and spiritual life.

### **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

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 others. Care recipients have input into the services they receive such as preferred settling and rising times, level of participation in activities and preferred title and name. Care recipients have choices regarding meals, preferred times of activities of daily living and preferred clothing. Management encourage care recipients and representatives to provide feedback about care and services through meetings, surveys and consultation. Care recipients and/or their representatives sign various consent forms as required. Management and staff encourage care recipients to make their own decisions. Care recipients and representatives are satisfied with the opportunities provided to care recipients to make their own choices. Care recipients said other care recipients in the home do not infringe on their rights.

### **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 have secure tenure within the residential care service, and understand their rights and responsibilities. A welcome pack and handbook addresses security of tenure, rights and responsibilities and is provided to all care recipients and their representatives.

New care recipients and/or their family have an orientation and a checklist of important information is discussed. A standard care recipient agreement that contains information about rights and responsibilities, security of tenure, schedule of services with fees and charges is provided. Care recipients and representatives are consulted prior to moving rooms and consent is obtained. Care recipients' rights and responsibilities are discussed at meetings, in the newsletter and brochures and pamphlets are available. The 'Charter of care recipients' rights and responsibilities – residential care' is displayed. Care recipients and representatives are satisfied care recipients have secure tenure, know their rights and responsibilities and have access to such information.

## **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 regarding the home’s continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 4 Physical environment and safe systems include:

- Management identified the need to improve risk management systems regarding occupational health and safety. Management organised for an external auditor to provide training to staff with new risk management protocols developed. There has been positive feedback from staff who report the education and documents have led to improved work practices such as those for manual handling.
- Care recipient feedback and an audit suggested the living environment required improvement. Management organised for measures such as repainting internal walls and sidings, external pavement painting with safety lines and ordering new outdoor furniture. There has been positive feedback from care recipients, representatives and staff who report the measures have led to an improved living environment. Care recipients also said they enjoy the new comfortable outdoor chairs on nice days.
- Due to care recipient feedback, management recruited a dedicated laundry staff member who then re-organised the laundry system, including improved processes to avoid lost laundry, provide good communication between staff and iron care recipient clothing in a timely manner. There has been positive feedback from care recipients, representatives and staff who report the new processes ensure improved care and services for care recipients.

## 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 regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance in relation to Standard 4 Physical environment and safe systems include:

- There are processes to provide a safe working environment to meet regulatory requirements.
- Management have a system to ensure compliance with fire safety regulations.
- There is an effective infection control program, including guidelines in the event of an outbreak and a food safety program to include third party auditing.

## 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 processes to ensure management and staff have the appropriate knowledge and skills to effectively perform their roles in the area of physical environment and safe systems. For a description of the home’s education and staff development processes refer to expected outcome 1.3 Education and staff development.

Recent education relating to Standard 4 Physical environment and safe systems includes:

- manual handling
- infection control
- fire and safety evacuation
- assessing risk in everyday care.

#### **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

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with the needs of care recipients. There are primarily private rooms with some shared rooms for couples and all rooms have private ensuites. There is safe access to clean, comfortable and well-maintained communal and private living areas, dining rooms and gardens. All areas are appropriately furnished to ensure a home-like and friendly atmosphere with the internal living environment maintained at a comfortable temperature throughout. A fish tank, large paintings, a piano and an outdoor fountain ensure a pleasant decor. Relevant staff monitor the comfort and safety of the home through preventative and corrective maintenance processes. Staff assist care recipients to remain safe and comfortable by ensuring access to items such as call bells and mobility aids. Care recipients and representatives are satisfied care recipients feel 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

Management is actively working to provide a safe working environment that meets regulatory requirements. The home has an occupational health and safety committee that consists of staff from the different areas, meetings are held two monthly and there is a standard agenda of items to discuss. Safety and environmental audits and risk assessments are conducted regularly and plans of action implemented to address identified issues. Incident and hazards are reported and documented with data analysis identifying any trends and appropriate actions. Chemicals are stored safely, material safety data sheets are centrally located and personal protective equipment is available. The corrective and preventative maintenance schedule maintains the equipment which is replaced as appropriate. Staff confirm they are supported in their work practices with regular no lift education and competencies, serviced equipment, risk assessments, occupational health and safety representative and a return to work program.

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

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

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

The home meets this expected outcome

Management and staff actively work to provide an environment with safe systems of work to minimise fire, security and emergency risks. Approved professionals carry out testing and maintenance on emergency alarms and equipment. There are documented emergency

policies and procedures with regular education for staff in fire, security and other emergencies. The evacuation maps and care recipient lists are current and exit doors are free from obstruction. There is an electrical safety testing and tagging system for all applicable goods. There are instructions for care recipients and visitors to follow in the event of an emergency in each care recipient's room as well as documented instructions throughout the facility. Staff said they have received fire and other emergency training and know what to do in such an event. Care recipients and representatives are satisfied care recipients feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home has an effective infection control program. Policies and procedures guide staff in managing an outbreak of gastroenteritis, influenza or other infectious conditions. The clinical care coordinator oversees the regular infection surveillance data and analysis, conducts audits and provides reports to the various meetings. The home maintains an outbreak starter and spills kit, an appropriate infectious waste management system and sharps containers.

Infection prevention practices include hand hygiene and competences, education, pest control, immunisations and food safety plan. Staff confirm they receive regular infection control education and information and are aware of the use of personal protective equipment.

#### **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

Hospitality services are provided in a manner which enhances care recipients' quality of life and the staff's working environment. Meals are prepared fresh on site with care recipient allergies, likes, dislikes and special dietary needs taken into account. Care recipients have choices at meals to ensure a pleasant overall dining experience. Staff provide cleaning according to a schedule with processes for any extra cleaning tasks as required. Laundry staff process all care recipient clothing and flat linen on site with provisions for ironing as well as labelling of care recipients' clothes to assist in the prevention of lost items. Management monitor hospitality services through internal and external audits with the provision of regular staff education including chemical handling and infection control. Care recipients, representatives and staff are satisfied with the home's catering, cleaning and laundry services.