



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Andrew Kerr Care Ltd**

RACS ID 3530  
67-69 Tanti Avenue  
MORNINGTON VIC 3931

**Approved provider: Andrew Kerr Care 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 24 May 2018.

We made our decision on 10 April 2015.

The audit was conducted on 03 March 2015 to 04 March 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Andrew Kerr Care Ltd 3530**

**Approved provider: Andrew Kerr Care Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 03 March 2015 to 04 March 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 03 March 2015 to 04 March 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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>  | Cassandra Van Gray                  |
| <b>Team members:</b> | Kathryn Bennett<br>Marguerite Hoiby |

## Approved provider details

|                           |                      |
|---------------------------|----------------------|
| <b>Approved provider:</b> | Andrew Kerr Care Ltd |
|---------------------------|----------------------|

## Details of home

|                      |                      |
|----------------------|----------------------|
| <b>Name of home:</b> | Andrew Kerr Care Ltd |
| <b>RACS ID:</b>      | 3530                 |

|  |     |
|--|-----|
| <b>Total number of allocated places:</b>                           | 117 |
| <b>Number of care recipients during audit:</b>                     | 98  |
| <b>Number of care recipients receiving high care during audit:</b> | N/A |
| <b>Special needs catered for:</b>                                  | N/A |

|                        |  |
|------------------------|--|
| <b>Street:</b>         | 67-69 Tanti Avenue   |
| <b>City:</b>           | Mornington   |
| <b>State:</b>          | Victoria   |
| <b>Postcode:</b>       | 3931   |
| <b>Phone number:</b>   | 03 5975 6334   |
| <b>Facsimile:</b>      | 03 5975 6346   |
| <b>E-mail address:</b> | <a href="mailto:eileen@andrewkerr.com.au">eileen@andrewkerr.com.au</a> |

## Audit trail

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

### Interviews

| Category                                  | Number |
|---|--------|
| Management                                | 6      |
| Clinical, care and lifestyle staff        | 12     |
| Hospitality, environment and safety staff | 3      |
| Care recipients/representatives           | 23     |
| Ancillary staff                           | 3      |
| Allied health                             | 2      |

### Sampled documents

| Category                                      | Number |
|---|--------|
| Care recipients' clinical files               | 10     |
| Care recipients' lifestyle files              | 10     |
| Blood glucose level charts                    | 5      |
| Medication charts                             | 10     |
| Contractor agreements and annual reviews      | 10     |
| Continuous improvement plans and records      | 10     |
| Complaint forms and letters                   | 4      |
| Personnel files                               | 10     |
| Authorisation and review of restraint records | 5      |

### Other documents reviewed

The team also reviewed:

- Approved nurse initiated medication list
- Asset register
- Bed pole assessments
- Charter of residents rights and responsibilities
- Cleaning lists and reports
- Clinical practice manual

- Communication diaries
- Compliments
- Confidentiality agreements
- Dietary communication folder
- Emergency procedures manual
- Essential services inspections
- External services lists
- Fire services records
- Food safe audit and report
- Food temperature records
- Human resource management documentation
- Immunisation and specialist records
- Infection control information manual
- Mandatory reporting folder
- Material safety data sheets
- Medication self-administration assessments
- Meeting minutes and schedule
- Memorandum, emails and letters
- Menus
- Occupational health and safety documentation
- Guideline books
- Physiotherapy assessments and communication folder
- Podiatry assessment and ongoing care plans and review records
- Police certificates, registers and statutory declarations
- Post admission checklists
- Preventative and remedial maintenance program documentation
- Quality safety plan and review
- Re-accreditation notification letters to stakeholders



- Resident agreement
- Resident and staff information handbooks
- Resident and staff surveys
- Resident information folder
- Resident meal lists
- Resident of the day global prompt list
- Rosters
- Self-administration documentation
- Staff education documentation
- Vision, values and commitments statement.

## **Observations**

The team observed the following:

- Activities in progress
- Cleaning in progress
- Clinical handover between morning and afternoon shifts
- Complaints brochures
- Equipment, supplies and storage areas
- Fire equipment, signage and evacuation kits
- Hand hygiene facilities with personal protective equipment
- Interactions between staff and residents
- Internal and external living environment
- Meal and refreshment services in progress
- Medication administration and documentation
- Mobility aids in use
- Notice boards and notices
- Security system
- Short observation in a dining area
- Spills and gastroenteritis kits.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home actively pursues continuous improvement and monitors performance against the Accreditation Standards. Management operates continuous improvement plans for each of the four Accreditation standards. Monitoring occurs at a senior level. Residents, representatives and staff contribute to the continuous improvement system through verbal and written feedback including attending meetings and completing paper based forms.

Management introduce changes in a structured manner and regularly monitor the continuous improvement registers to ensure appropriate follow-up and evaluation occurs. Management provide feedback to stakeholders verbally through meetings and consultations as well as through documentation such as newsletters, emails and letters.

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

- As a result of a strategic initiative the home has plans to demolish two existing units, comprising of 30 shared rooms and facilities, in preparation for the building of 63 single rooms with their own ensuite bathrooms. In consultation with the residents and their representatives, some residents have been relocated to other areas of the home. Building is expected to commence in early 2015.
- Due to poor staff attendance at training the home has developed a range of paper based self-paced education packs. Topics include wound management and elder abuse. Management stated there has been good feedback from staff including enhanced skills and knowledge.
- Management identified poor staff completion of education evaluation records. As a result the home has introduced an education evaluation form given to each staff member at the beginning of training. Management stated there has been an increase in feedback allowing for enhanced review and analysis.

## 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 is a member of a peak industry body and engages and subscribes to a range of regulatory compliance related services. Additional information is obtained through accessing Government web sites and notifications. Regulatory compliance is a standing agenda item at most meetings with relevant documentation updated as required. Legislative matters are also monitored and discussed at a senior management level. There are systems to ensure all employees and applicable contractors have current police certificates and statutory declarations. Changes are reported to staff through meetings, emails and notices, as required. Resident and representative notification of changes occurs through meetings, newsletters, notices and mail.

## 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

A system supports management and staff to have appropriate skills and knowledge to perform their roles effectively. Management identify education opportunities through staff education surveys, stakeholder feedback, observation, monitoring of resident needs and data analysis. Staff participate in education presentations, education packages, competency tests and external training to support professional development across the Accreditation Standards. Management participate in education and professional development opportunities and seek to further staff engagement with learning through a subscription to an aged care online learning service. Key staff follow up attendance at education and monitor its effectiveness through audits, education evaluations, observation of practice and data analysis. Residents and representatives stated they are satisfied with the knowledge and skills of staff and management.

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

- accreditation
- aged care funding
- bullying and harassment
- cyber security
- motivation
- staff well-being.

## 1.4 Comments and complaints

*This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

### **Team's findings**

The home meets this expected outcome

The home has comments and complaints systems, processes and procedures that are accessible to all stakeholders. Feedback is encouraged at the resident post entry meeting, and through the completion of paper based forms, audits, surveys, meetings and one to one discussions. Stakeholders receive information regarding internal and external comments and complaints processes on entry and through the resident agreement, resident and staff handbooks, and internal and external brochures displayed throughout the home. The home maintains a complaints register that is monitored and actioned on a routine basis.

Management respond to complainants in a timely manner and maintain confidentiality of individual complaints. Residents, representatives and staff stated they are aware of the internal and external complaint processes and are satisfied management address complaints appropriately.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home has documented vision, values and commitment statements. This information is made available to stakeholders in information packages, outcome books and is displayed throughout the home. The home has a documented commitment to quality improvement across all services; this is evident through the organisation's quality and safety plan which is reviewed on an annual basis.

## 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 sufficient appropriately skilled and qualified staff to deliver care and services. Staff recruitment and performance management processes occur. Commencing staff complete an orientation checklist and work with experienced staff members in 'buddy' shift arrangements. Staff receive position descriptions, duty lists and information handbooks to guide them in their roles. Management and key staff monitor staffing levels and skill mix through stakeholder feedback and consultation, reviews of resident needs and data trend analysis.

Results of monitoring inform staff education programs and rosters are flexible to meet residents' needs. Residents and representatives stated they are satisfied there are sufficient, appropriately skilled staff to meet resident needs.

## 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

There are systems to ensure appropriate goods and equipment are available for the delivery of quality care. Management and designated staff organise the purchase and replacement of inventory and equipment through budget allocations, authorised purchase orders and established ordering processes. Management and staff identify inventory and equipment needs through mechanisms such as frequent visual checks, audits, resident needs, stakeholder feedback, meetings and key data analysis. New equipment is trialled and evaluated on site. Goods are stored safely in secure areas and staff rotate stock.

Preventative and remedial maintenance programs and an electrical testing and tagging program are established. Staff, residents and representatives stated they are satisfied with the availability of appropriate goods and 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

Management has a system to ensure communication is effective across all services of the home. The home operates a paper based resident documentation system, supported by electronic databases. Regular meetings and written documentation support the effective distribution of information. Staff sign a confidentiality agreement and residents and representatives receive a consent form for privacy and confidentiality purposes. Policy and

procedure reviews ensure information remains relevant and current. Information technology systems are backed up on a routine basis and staff have access to on line support.

Information was observed to be stored securely. Staff stated they have access to information required to perform their roles. Residents and representatives stated they are satisfied with information provided by the home on a regular basis.

## **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 engages a number of external services across a range of clinical and non-clinical areas. Senior management monitor contractor performance on a routine basis and provide feedback regarding the quality of goods and services. A list of preferred providers is available and senior staff can access internal and external support and assistance outside business hours. Staff and residents stated they are satisfied with the type and range of external 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

Please 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 a shortfall in the completion of 'resident of the day global' documentation. As a result the review of residents' files was changed from the evening to the day shift and includes a prompt sheet to guide this practice. Management stated there has been an improvement in resident care plan documentation.
- Management identified an opportunity for the improvement in resident physiotherapy services. As a result a new physiotherapist was appointed. Management stated the improvements in visit frequency and documentation have assisted nursing staff in the management of residents' pain and mobility.
- The home has introduced a chair based resident weights exercise program. Management stated the program, supported by the physiotherapist and lifestyle staff, has enhanced resident coordination and mobility.

### 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

Please refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance systems and processes.

All registered nursing staff have current professional registrations. Registered nursing and care staff perform care and medication management activities within their scope of practice. The home has systems to record and manage instances of unexplained resident absence.

## 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

Management and staff have the knowledge and skills to provide appropriate health and personal care to residents. Refer to expected outcome 1.3 Education and staff development for a description of the system.

Staff are satisfied with education opportunities to develop their knowledge and skills in relation to health and personal care. Residents and representatives stated they are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education and staff development relating to Standard 2 Health and personal care include:

- chronic pain and the elderly
- continence and skin care
- eye infections
- falls
- medication management and administration
- pain management in dementia
- Lewy body dementia
- Parkinson's information.

## 2.4 Clinical care

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

### **Team's findings**

The home meets this expected outcome

Clinical and care staff complete initial and ongoing assessments according to documented schedules. Registered nurses review care needs of the residents and review care plans appropriately on a regular basis or if the residents' care needs change. Clinical staff initiate reassessments in response to the changing health status of each resident. Medical practitioners, specialists and appropriate allied health practitioners assess and provide treatment directives as needed. Staff document care consultations after consulting with each resident or their representatives. Residents and representatives stated they are satisfied with the clinical care provided and how staff consult them about care issues.



## 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

Clinical staff complete specialised nursing care assessments for residents who have specialised nursing care needs and staff provide care as directed. Medical practitioners, consultants and specialists review residents with specialised care needs as necessary with recommendations documented on care plans and communicated to appropriate staff. Clinical staff confirm they provide this care as needed. Residents and representatives stated they are satisfied with provision of specialised nursing care and confirm access to appropriately skilled staff.

## 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

Nursing staff and medical practitioners initiate referrals to allied health and other health professionals based on care recipients’ individual needs and preferences. Staff complete care plans that include recommendations from visiting professionals and allied health staff. Health specialists include residential in reach team, psycho geriatrician, psychologist, podiatrist, dietician, speech pathologist, ophthalmologist, dentist and physiotherapists.

Clinical staff complete regular care reviews and ensure reassessment of care recipients by specialists occur as necessary. Staff stated they receive information and recommendations from specialists. Residents and representatives stated staff assist residents to access health specialists who visit the home or in the local area, based on residents’ individual preferences.

## 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

Clinical staff administer medications to care recipients according to legislation, regulations and documented procedures. Clinical staff, medical practitioners and pharmacists regularly review residents’ use of medications, including the use of analgesics and sedation type medicines. Each resident has an individual care plan describing their needs and preferences relating to medication management. Management monitor the administration and storage of medications through audits and the home’s incident reporting system. Residents and representatives stated they are satisfied with how staff manage the medication needs of residents.

## 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

Clinical staff, visiting physiotherapists and medical practitioners monitor and review each resident on an ongoing basis to ensure appropriate management of discomfort and pain. The physiotherapist conducts pain management clinics throughout the week. Staff stated they provide pain relief interventions to residents based on individual assessments and recommendations, including regular massage therapy, analgesics, physiotherapy, gentle exercises and heat therapy. Residents and representatives stated staff promptly respond to any incident of residents experiencing discomfort and provide interventions as needed.

## 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

Care recipients are encouraged to discuss their individual preferences regarding end of life wishes on entry to the home and when their health status deteriorates. Key clinical staff and medical practitioners document these preferences to ensure staff meet these needs and residents receive appropriate interventions relating to comfort and dignity. Staff ensure residents have access to specialist palliative services and a range of other services when needed and appropriate equipment to support residents and their families during this stage of life. Residents and representatives stated staff are aware of their preferences and are confident staff provide care according to individual and cultural expectations.

## 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

Staff assess each resident for their needs and preferences regarding meals and drinks including likes and dislikes, cultural needs and allergies relating to food and fluids. Staff provide texture modified meals and drinks as needed and refer resident who require modified diets or supplements for assessment by visiting medical practitioners and appropriate specialists. Staff monitor each resident for weight loss or gain and where appropriate provide dietary supplements and initiate referrals. Staff who assist with meals are provided with appropriate information to ensure resident preferences are respected and appropriate food and fluids are given. Residents and representatives stated staff are aware of the preferences, cultural and clinical needs of residents.

## 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

Staff assess each care recipient for their risks relating to skin integrity and care plans are available to staff to guide them in providing care. Management of the home ensures staff are able to access appropriate pressure relief equipment, protective garments, wound products and diet supplements based on residents’ assessed needs. Dieticians, podiatrists and a wound consultant review residents as needed. Staff confirm access to pressure relief equipment and wound products. Clinical staff monitor and provide wound care as required. Residents and representatives stated they are satisfied with how skin care and wound care is provided.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Staff assess each care recipient for their continence needs and preferences on entry to the home and on a regular basis. The home provides or assists residents to obtain appropriate continence aids based on their individual needs. Management provides equipment including raised toilet chairs and handrails to assist residents in maintaining their independence where possible. Staff confirm they have access to equipment and knowledge of each residents individual needs relating to continence management and assist them to maintain their dignity. Residents and representatives stated they are satisfied with how staff manage and assist residents to maintain their dignity whilst providing continence care.

## 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

Staff assess the needs of residents with challenging behaviours as required. Staff develop plans of care that include recommendations from medical practitioners, mental health specialists and allied health practitioners where applicable. Staff monitor residents for ongoing and new behaviours and communicate effective interventions to members of the care team. Staff attend education sessions to assist them in providing appropriate interventions for residents demonstrating challenging behaviours. Residents and representatives stated staff responded quickly to any incident relating to 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

Clinical staff and the visiting physiotherapist assess residents for their individual needs and risks relating to mobility, dexterity and rehabilitation. The physiotherapist offers group and individual exercise programs to each resident based on their needs, abilities and preferences. Staff refer residents to the physiotherapist when the resident's health status alters. Care plans reflect individual interventions, type of aids and level of assistance each resident may require and reviewed on a regular basis and as needed by the nursing team and physiotherapist. Care staff commented on the benefits to residents of the physiotherapy services. Residents and representatives stated they are satisfied with physiotherapy services provided and the assistance provided for residents to mobilise effectively.

## **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

Staff provide oral and dental care to residents based on individually assessed needs and preferences. Staff are able to refer residents to medical practitioners and providers of dental services as necessary. Staff provide residents with oral care products, equipment and assistance based on their assessed need and preferences. Residents and representatives stated they are satisfied staff respond to requests for assistance and where appropriate confirmed dental care products are provided.

## **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

Staff assess each resident for sensory loss associated with vision and hearing. The home has well lit corridors fitted with handrails to assist residents to mobilise safely. Interventions required to minimise risk of injuries associated with sensory loss are included in care plans and regularly reviewed. Residents and representatives stated staff assist residents to fit and clean sensory aids and refer care recipients to specialists such as audiology and ophthalmology services as needed.

## **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

Clinical staff assess residents for their individual needs and preferences relating to rest and sleep. Residents are offered supper and hot drinks throughout the evening according to their wishes. Resident individual preferences for routines including rising and settling times are included in their care plans. Staff stated they provide refreshments as per each residents request and needs. Residents stated they were not disturbed overnight and staff provided assistance as needed.

## 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

Please 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:

- A diversional therapy staff member identified the home’s multi denominational church service was poorly attended by residents. As a result a resident was approached to play the organ during the service. Management stated this initiative has subsequently increased resident participation.
- The home has introduced a two week post entry resident leisure assessment. Identified by management, the assessment highlights challenges and difficulties faced by individual residents when settling into the home. Management stated this has resulted in a more effective way of getting to know residents and their needs and preferences.
- Further to resident requests to attend carpet bowls, the previous start was delayed by half an hour. Management stated the change in time has significantly increased participation.

### 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

Please refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Residents and representatives receive information regarding the privacy and confidentiality of their information on entry to the home. The resident handbook and agreement includes information regarding residents’ rights and responsibilities and the Charter of residents’ rights and responsibilities is on display throughout the home. The home has systems to record and manage instances of elder abuse.

### 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

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Staff are satisfied with education opportunities to develop their knowledge and skills in relation to care recipient lifestyle. Residents and representatives stated they are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

Recent education and staff development relating to Standard 3 Care recipient lifestyle includes:

- conversations about death
- elder abuse
- lifestyle documentation.

### 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

Relevant staff identify and meet care recipients’ needs and preferences for emotional support upon their arrival in the new environment and on a continuing basis. Staff develop and regularly review plans of care to meet individual goals based on assessments. Management and staff welcome new residents and their representatives and provide initial and ongoing orientation. Residents receive one-to-one contact with lifestyle and care staff and residents have access to pastoral care and specialised emotional support services as required. Family involvement is encouraged and visitors are welcomed. Staff monitor and evaluate the effectiveness of emotional support through care plan reviews, observation and feedback from residents and representatives. Residents and representatives stated they are satisfied with the level of initial and ongoing emotional support provided to residents.

### 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

Staff support care recipients to remain as independent as possible and to maintain friendships within both the home and the wider community. On each resident's entry, staff assess and plan to meet individual needs and preferences in relation to independence.

Access to allied health professionals, exercise programs with weights and the use of mobility and sensory aids as appropriate maximise independence. Staff organise visits from volunteers, community visitors, local school students and support residents to participate in internal and external community life. Management and staff monitor the system through audits, care plan reviews and stakeholder feedback. Staff gave examples of ways they promote resident independence and showed care plans to promote independence are regularly reviewed. Residents and representatives stated they are satisfied with the assistance and support for residents 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 ensure care recipients' privacy, dignity and confidentiality rights are recognised and respected. Relevant staff assess residents' privacy and dignity needs and preferences and communicate these in care plan documentation. Staff practices such as providing personal care with sensitivity, using residents' preferred names and knocking when entering residents' rooms promote privacy, dignity and confidentiality. Residents have individual rooms and can use various indoor and outdoor spaces to receive visitors or hold private gatherings. Management and staff use stakeholder feedback, audits, care plan reviews and visual observation to monitor the effectiveness of strategies to meet residents' needs, preferences and rights. Staff gave examples of ways they protect residents' privacy, dignity and confidentiality. Residents and representatives stated they are satisfied residents' privacy and dignity is 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 are encouraged and supported to follow their leisure interests and to participate in activities. Staff assess residents' lifestyle needs and preferences, plan strategies to achieve personal goals and regularly evaluate the currency of lifestyle plans. Staff and



volunteers support activity programs that respond to residents' changing interests and abilities. Staff promote a range of group and individual activities and organise one to one contact visits, special events, 'Famous Friday' guest attendances and occasional outings.

Staff seek resident feedback in relation to leisure interests and activities and monitor program effectiveness through activity evaluations, stakeholder feedback and meetings. Staff, residents and representatives stated they are satisfied with the encouragement and support for residents' leisure interests and activities available within allocated resources.

### **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 respect and foster care recipients' individual interests, customs, beliefs and backgrounds. Staff assess residents' cultural and spiritual needs and preferences on entry and on an ongoing basis and maintain care plans to meet individual needs. Regular church services are offered and religious representatives and pastoral carers visit residents to address spiritual needs and offer communion. Days of significance to residents are identified and cultural and personal celebrations or observances occur. Staff have access to communication cards that reflect that the languages of residents and interpreter assistance may be organised. Stakeholder feedback, care plan reviews and visual observation assist management and designated staff to monitor the effectiveness of cultural and spiritual support. Staff, residents and representatives stated they are satisfied with strategies to meet residents' cultural and spiritual needs and preferences.

### **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 their representative is involved in choice and decision making about care, services and lifestyle. Residents receive information about their rights to exercise choice and control in information handbooks and displays and in resident agreements.

Individual care plans and other records reflect residents' decisions such as preferred name, health and personal care, sleep and rest times, dietary preferences and lifestyle. Staff encourage authorised representatives of residents who are unable to make decisions to act on their behalf. Staff monitor choice and decision making through mechanisms such as care plan reviews and stakeholder feedback. Staff gave examples of strategies to provide options to residents. Residents and representatives stated they are satisfied with the opportunities to make choices and decisions.

### **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

The home has systems to ensure care recipients have secure tenure within the residential care service, and understand their rights and responsibilities. Prior to entry an information package is provided and discussions occur to ensure residents and representatives understand tenure, financial details and complaints resolution. Post admission meetings take place regarding the home's approach to the care, lifestyle and services provided.

Management forward updated material in response to changing legislation to residents and representatives as required. In the event there is a need for a resident to relocate to another room, discussions on options occur in line with documented information in the residential agreement. Residents stated they are aware of their rights and responsibilities and feel secure in their living environment.

## 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

Please 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:

- In recognition for enhanced staff hand washing the home’s infection control officer introduced staff hand washing observations. Conducted by unit managers on a six monthly basis, the observations include an excessive jewellery check; with good outcomes for all stakeholders.
- As a result of a security breach staff have been provided with locked cupboards to store their personal items and the home has been fitted with camera monitoring devices. Staff, residents and representatives were informed and encouraged to keep valuables to a minimum. Management stated there have been no further issues.
- An information technology consultant identified the opportunity for the home to replace all existing light globes with LED light globes, in the interest of reducing electricity costs and maintenance. Management stated this has also enhanced the resident living environment.

### 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 regulatory compliance systems and processes.

The home has achieved compliance with the appropriate fire, emergency and food safety certification and regulations.

### 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

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to the physical environment and safe systems. For details regarding the system refer to expected outcome 1.3 Education and staff development. Staff are satisfied with education opportunities to develop their knowledge and skills in relation to environmental safety and safe systems of work. Residents and representatives stated they are satisfied management and staff have the appropriate knowledge and skills to perform their roles effectively.

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

- fire and emergency training
- hand hygiene
- infection control
- manual handling
- minimal lift.

### 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 strives to provide a safe and comfortable living environment. Residents are accommodated in individual rooms with furnishings and fittings appropriate to individual needs and preferences. Residents and visitors have access to large and small lounge spaces, dining areas, a library, hairdresser, 'coffee shop' and outdoor spaces. Individually controlled air conditioning systems maintain residents' comfort, equipment to minimise falls is accessible and remedial and preventative maintenance programs operate. Designated staff monitor the comfort and safety of the living environment through environmental audits and inspections. Staff, residents and representatives stated they are satisfied with the safety and comfort of the living environment.

## 4.5 Occupational health and safety

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

### **Team's findings**

The home meets this expected outcome

Management works to provide a safe working environment that meets regulatory compliance obligations. Staff access information and training to promote a safe environment and work practices. Processes to assist occupational health and safety include meetings, manual handling training, incident reports, regular workplace safety inspections and equipment maintenance programs. There are current material safety data sheets where chemicals are used and appropriate supplies of personal protective, safety and transfer equipment.

Management monitor and support occupational health and safety through mechanisms such as visual observation, policy and procedure development, review of incident reports, workplace audits and data analysis. Staff stated they have equipment and training that promotes safe work practice and they are encouraged to work safely.

## 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 are working to maintain a safe environment that minimises fire, security and other emergency risks. Staff have access to documented emergency procedures and disaster management plans. Fire safety systems include fire plans, fire panel, break glass alarms, sprinklers and heat detectors, smoke and fire doors, a public address system and firefighting equipment. Contracted service professionals regularly monitor safety equipment such as fire systems and emergency lighting. Management maintains keypad and electronic security and security patrols operate. Management and staff are prepared to respond to other emergencies such as evacuations, power outage and storm damage. Staff described emergency procedures and stated they attend ongoing fire training. Residents stated staff would assist them in any emergency.

#### **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 demonstrates there is an effective infection control program. A registered nurse oversees the program to ensure recording and monitoring of relevant information. Infection reporting occurs through results and analysis, which is discussed at clinical staff and continuous improvement committee meetings. Policies, procedures and guidelines inform and guide staff practices regarding infectious outbreaks and other types of infections.

Infection outbreak management kits and spills kits are available to staff alongside appropriate personal protective equipment. Staff participate in infection control training and monitoring during orientation and annually. Staff stated they regularly participate in hand hygiene events.

#### **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 provides hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. Meals are prepared seven days a week, fresh daily on site with resident, allergies, likes and dislikes generally documented and taken into account. Staff clean the kitchen according to a schedule. Cleaning staff provide services seven days a week according to a schedule with provisions for ad hoc cleaning needs, as required.

Designated staff process residents' personal laundry and linen on site. There are provisions for labelling of residents' clothes to assist in the prevention of lost items. Management monitor catering, cleaning and laundry services through one to one discussions, internal and external audits and feedback received at meetings. Residents and representatives stated they are satisfied with the home's hospitality services.