



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Blue Care Alexandra Hills Nandeebie Aged Care Facility**

RACS ID 5197  
87 Winchester Rd  
ALEXANDRA HILLS QLD 4161

**Approved provider: The Uniting Church in Australia Property Trust (Q)**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 April 2018.

We made our decision on 20 February 2015.

The audit was conducted on 19 January 2015 to 20 January 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.

<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: 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**

**Blue Care Alexandra Hills Nandeebie Aged Care Facility 5197**

**Approved provider: The Uniting Church in Australia Property Trust (Q)**

### **Introduction**

This is the report of a re-accreditation audit from 19 January 2015 to 20 January 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 19 January 2015 to 20 January 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>	Felette Dittmer
<b>Team member:</b>	Anita Camenzuli

## Approved provider details

<b>Approved provider:</b>	The Uniting Church in Australia Property Trust (Q)
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## Details of home

<b>Name of home:</b>	Blue Care Alexandra Hills Nandeebie Aged Care Facility
<b>RACS ID:</b>	5197

<b>Total number of allocated places:</b>	76
<b>Number of care recipients during audit:</b>	72
<b>Number of care recipients receiving high care during audit:</b>	64
<b>Special needs catered for:</b>	Dementia and related conditions

<b>Street/PO Box:</b>	87 Winchester Rd
<b>City/Town:</b>	ALEXANDRA HILLS
<b>State:</b>	QLD
<b>Postcode:</b>	4161
<b>Phone number:</b>	07 3824 4999
<b>Facsimile:</b>	07 3824 5040
<b>E-mail address:</b>	<a href="mailto:d.tarrant@bluecare.org.au">d.tarrant@bluecare.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Administration officer	1
Allied health practitioner	1
Care recipient/representative	9
Chaplain	1
Clinical nurse	1
Facilities and maintenance manager	1
Hospitality officer	4
Hospitality support coordinator	1
Lifestyle coordinator	1
Maintenance officer	1
Maintenance supervisor	1
Personal care worker	6
Registered staff	3
Residential service manager	1
Support officer	1
Volunteer coordinator	1
Work health and safety advisor- regional	1

### Sampled documents

Category	Number
Care recipient file	9
Medication chart	21
Personnel file	3

### Other documents reviewed

The team also reviewed:

- Activity program, evaluations and resident activity participation records
- Administration manual

- Allied health referrals and folder
- Audits, surveys and findings
- Care plan review and case conference schedules
- Care recipients' information handbook and entry package
- Checklists
- Cleaning program and schedules
- Clinical focus assessments and monitoring charts
- Clinical indicator analysis and report
- Clothing label order form
- Code of conduct booklet
- Communication diaries
- Consent forms
- Controlled drug registers
- Dietary summary sheets
- Education and training records and workbooks
- Electronic care management systems
- Electronic mail, letters and facsimiles
- Emergency evacuation evaluation record
- Emergency response manual
- Employee handbook
- Feedback form and log
- Fire system maintenance records and reports
- Flip charts – emergency procedures
- Food and equipment temperature monitoring records
- Food safety plan
- Goods receipt/return records
- Handover report
- Hazard register and hazard report form

- Incident forms
- Key register
- Laundry service procedures and records
- Maintenance request book
- Mandatory reporting and critical incident folder (including register)
- Manual handling cards
- Menus
- Minutes of meetings and agendas
- Newsletters – residents and staff
- Notices and memoranda
- Nursing/care agency orientation folder
- Pharmacy order forms
- Police certificate register
- Policies, procedures and flowcharts
- Policy and regulatory compliance amendments and updates
- Position descriptions
- Preventative maintenance schedule
- Professional registration list
- Quality improvement plan
- Resident care agreement
- Resident entry pack
- Resident occupancy list
- Restraint authority, monitoring and review records
- Risk assessments and risk review monitoring form
- Roster
- Safe work procedures and register
- Safety data sheets
- Self-assessment

- Self-medicating assessment
- Sign in/out registers
- Staff orientation pack – including staff handbook
- Staff signature register
- Students' orientation checklist and handbook
- Task analysis worksheet
- Training schedule
- Volunteer services manual and handbook
- Volunteer task agreement
- Work order
- Wound documentation

## **Observations**

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Brochures on display – food safety, complaints and advocacy, grief and loss
- Charter of residents' rights and responsibilities on display
- Chemical storage
- Colour coded equipment and personal protective equipment in use
- Emergency exits, lighting and egress routes
- Equipment and supply storage areas
- Falls prevention aids in use
- Fire panel, mimics and fire safe
- Fire/smoke detection and firefighting equipment and inspection tags
- Handover processes
- Interactions between staff and residents
- Internal and external living and working environments
- Maintenance shed

- Midday meal, setting, service and practices
- Morning and afternoon tea service
- Outbreak management kit
- Sharps containers, spill kits
- Short group observation – secured living Court
- Staff assisting residents with meals and mobility
- Suggestion box - secure
- Waste disposal

## 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

Blue Care Alexandra Hills Nandeebie Aged Care Facility (the home) has a framework with multiple mechanisms to assist in the active pursuit of continuous improvement – the home's system works in tandem with the Approved Provider's organisational continuous improvement system. Improvement information is identified, implemented, monitored and evaluated through the audit program, various meeting forums, incident and hazard reports, comments and complaints process and maintenance requests. Feedback on improvements is communicated through meetings and via staff/resident memoranda, noticeboards, newsletters, electronic mail and correspondence. Residents, representatives and staff are satisfied improvements continue to be implemented at the home and that their suggestions are considered and result in action.

Examples of recent improvements in management systems, staffing and organisational development include, but are not limited to:

- As more than one person was used to back-fill the key administration officer's position for planned or unplanned leave, an Administration Manual was developed in June 2014 to provide instructions (with screen drops) for role associated tasks and responsibilities. As the manual is “comprehensive, user-friendly” and universal, it has been shared with other Blue Care service sites. This manual has been evaluated as providing opportunity for staff to increase their skill set; ensures continuity in the role, and ensures key area runs (pays, roster) continue.
- Following identification in January 2014 of a gap in the probity record system relating to similarly named staff not consistently captured on the Central Support probity register, the home manages a matrix in tandem with Central Support office. Notification is sent to staff 90 days out from their police certificate expiry date, with this backed up by Central Support's 60 day notification. This system provides the home with consistently accurate information; facilitates timely staff response and probity clearance, and ensures compliance with pertinent legislation.

## 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 and organisation have implemented systems to identify regulatory requirements and manage compliance with relevant regulations. Personnel at the home are notified of changes to relevant legislation, regulations, standards and guidelines by their networks and key organisational roles and documents. The orientation program and compulsory education sessions reinforce relevant regulatory requirements. There are systems to monitor compliance; to notify residents and their representatives of the re-accreditation audit; to present self-assessment information, and to ensure all relevant personnel have a current police certificate.

## 1.3 Education and staff development:

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

### **Team’s findings**

The home meets this expected outcome

The home provides an education program for management and staff based on identified needs, legislative, organisational and advisory requirements. Rostering strategies, self-directed learning packages and organisational and external specialists are used to improve access to education and training opportunities. Staff have an obligation to attend compulsory education and their attendance is monitored by key personnel; measures are taken to action non-attendance at compulsory training. Management monitor the skills and knowledge of staff using audits, competency assessments, and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations. Examples of information topics relevant to Standard 1 include code of conduct, use of the electronic residential management system, equipment usage, and an incident investigation workshop.

## 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

Residents, representatives and other interested parties have access to internal and external complaints mechanisms. Information on the compliments/complaints system is disseminated in documents including the resident information book, brochures and discussion at meetings. When complaints are received they are logged and actioned with opportunity to transfer to the continuous quality improvement plan. Issues raised are handled in a confidential manner by the Residential Service Manager. Staff receive information relating to the comments, complaints and suggestion system during orientation. Issues raised by stakeholders are discussed at staff meetings as appropriate. Stakeholders who have raised issues are

responded to promptly and staff are aware of the processes to assist residents to communicate their concerns to management. Residents and/or their representatives are satisfied with the processes in place and are confident to raise issues of concerns with management.

### **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's values are documented and displayed in the home for residents/representatives and visitors. They are reflected in policies and procedures of human resource management and care, and underpin information provided at interview, orientation, and in staff and resident information books.

### **1.6 Human resource management**

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

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

The home meets this expected outcome

The home has recruitment and selection processes for employing staff which identifies their skills and qualifications. A process of orientation, ongoing education and training needs supports staff to acquire and/or maintain the skills and knowledge required to perform their roles effectively. Staff skills are monitored through performance reviews, competency assessments, incident management, suggestions for improvement, and comments and complaints. Staffing hours are adjusted and reviewed in consultation with staff to meet residents' needs. The home has processes for replacing staff on planned leave or unexpected staff absences. Residents and/or their representatives are satisfied there are sufficient staff who understand residents' needs, and are responsive to the care needs of residents and requests of residents and/or their representatives.

### **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

Staff and residents and/or their representatives are satisfied with the availability of goods and equipment at the home and that the equipment is well maintained. There are processes for the ordering of goods with quality checked on delivery. Stock is rotated and use-by-dates are monitored. There are processes to monitor the condition of equipment and to repair or replace as required. New equipment is tested prior to purchase to ensure it is appropriate to the needs of the home and, if purchased, relevant training is provided. Equipment is maintained

according to the existing maintenance schedules or in response to a maintenance request from staff or residents and/or their representatives.

## **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 systems to enable staff and management to access sufficient and reliable information for appropriate decision-making. Policies, procedures and forms are reviewed regularly. Confidential information is stored securely on computer files or in locked cabinets/rooms, and can be accessed by those staff with the authority and need to do so. Password protection is in place as well as a back-up system for computer records with access to residents' and staff records being restricted. Information necessary for staff to perform their roles is available and regular briefings, distribution lists, and electronic or paper message systems keep staff informed. Meetings are held regularly to support information sharing. Case conferences, satisfaction surveys and auditing processes monitor effectiveness; notice boards, an activity calendar and personal communication opportunities are used to inform residents of daily activities. The archiving process is managed in accordance with regulatory, organisational and work station storage requirements. Staff and residents and/or their representatives are satisfied communication of information is timely and management regularly correspond with residents and/or their representatives to seek their input into improving communication systems.

## **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

Service and goods provision agreements are established and reviewed. Agreements outline the home's and/or organisation's requirements on site and the quality of the service to be provided. Performance of external service providers is monitored and feedback is obtained from staff and residents/representatives. The Equipment Advisory Group supports the contract process in relation to purchase of equipment. External service providers are informed of the home's work health and safety processes and requirements. Staff have direct access (or through the organisation's helpdesk) to the contact details of key service providers if required after hours or in an emergency. Management and staff are satisfied that external service providers are responsive to concerns raised by the home and that, if goods were faulty, they would be replaced. Staff, residents and/or their representatives are satisfied with the quality of external services provided.

## 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

The home has a continuous improvement system in relation to care recipients' health and personal care. Refer to Expected outcome 1.1, Continuous improvement, for details on the home's overall system.

Examples of recent improvements in health and personal care include but are not limited to:

- Following a review of information dissemination practices for staff returning to work after days off, management identified the electronic residential management system can provide handover reports which cover all care recipients and for a 24 hour period – there is capacity for a care recipient's history to be viewed over several days. Use of the handover report eliminates duplication of documentation; facilitates viewing of a comprehensive clinical and lifestyle overview of care recipients; enables continuity of care, and enhances communication pathways.
- Through review of care recipient diagnoses and acuity, the role of the physiotherapist was extended beyond mobility and pain management to facilitate a rehabilitative program (balance group) for care recipients not rehabilitated in hospital following a fall or cerebrovascular accident – the 'balance group' program also included care recipients with dementia who fell frequently. The program has an in-built element of fun to the weekly program to ensure participation and engagement rates remain high. Measurements were taken pre and post involvement of the participants to enable evidence-based analysis of the program and care recipients. The program has been evaluated as promoting rehabilitation of residents leading to an improved quality of life; balance has improved illustrated through reduced falls, and has enhance socialisation of 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

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines about health and personal care. There are systems for checking nursing and allied health practitioner registrations, and systems for storage, checking and administration of medications in accordance with regulatory requirements.

Registered nurses assess, plan and evaluate care recipient medication and care needs. Staff receive information and education on policy and procedures for unexplained absences of care recipients, and notifiable infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

## 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 provides management and staff with a learning and development program to enable the maintenance and improvement of clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of training needs. Competencies for clinical skills are conducted annually or as required. Staff are assisted to attend external tertiary education. Refer to Expected outcome 1.3, Education and staff development, for details on the home’s overall system. Examples of information topics relevant to Standard 2 include pathology, first aid, oxygen competencies, wound management, and understanding dementia.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ clinical needs are determined through review of information gathered from medical officers, completion of comprehensive and focused assessments, and discussion with care recipients and/or their representatives. Information gathered is used to formulate a care plan to guide staff regarding care recipient’s individual needs and preferences. Care plans are reviewed on a three monthly basis or when clinically indicated. Changes in care needs are communicated through care plans, progress notes and the handover process.

Care recipients are attended by a medical officer of their choice and are referred to allied health professionals as needed. Clinical incidents are assessed by a registered nurse and addressed as necessary; strategies are implemented to reduce the risk of incident recurrence.

Senior clinical staff monitor the effectiveness of clinical care through care recipient feedback, case conferences, incident analysis and the auditing process. Care recipients and/or their representatives are satisfied with the management of care recipients' clinical 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

Specialised nursing care needs are identified and met by appropriately qualified staff. Registered staff conduct assessments in consultation with care recipients and/or their representatives, liaison with allied health professionals, medical officers or treating specialists. Care plans and treatment sheets identify and monitor specialised care needs. The home employs a skill mix of nursing and care staff who undergo training and competency assessment to ensure they have the skills to manage specialised nursing care needs of care recipients. Registered nurses are available 24 hours a day and oversee specialised nursing care needs. A senior registered nurse is on call for advice and support with decision making. The home liaises with external specialists should the care recipients' care need exceed the current knowledge and skill of staff and external education is sourced. Resources are available to guide staff in specialised nursing care needs. Care recipients and/or their representatives are satisfied specialised nursing care needs are met by appropriately qualified 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

Care recipients are informed about allied health and other health related services available through the information handbook and discussion with staff. The home has referral processes for care recipients if and when the need arises to a variety of medical and allied health professionals with a process to manage urgent referrals. Documentation of the health specialist's visit is included in the care recipients' progress notes and incorporated into their plans of care as appropriate. Consultations occur in the home or where this is not possible and/or appropriate staff facilitate attendance to external appointments. A physiotherapist is available four days a week and assesses, plans, implements and reviews mobility and therapy programs for all care recipients. Implementation of recommended care strategies is monitored and the effectiveness of care is evaluated. Care recipients and/or their representatives are satisfied with the range and access to appropriate health specialists and the follow-up care provided.

## 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 needs are assessed on entry to the home and on an ongoing basis. Medications are managed using a packaged system and are administered by registered and care staff who have completed education and competency assessment.

Medication charts and care plans contain information to guide staff regarding assistance required when administering medication to care recipients. Care recipients wishing to self-medicate are assessed for competency, the outcome is documented and a lockable drawer provided. Medications are stored securely including controlled medications, which are housed within a locked safe; appropriate records are maintained. An imprest system is available for commonly used antibiotics and palliative care drugs and an approved nurse initiated medication list is available. Effectiveness of medication management is monitored through audits, incident reporting and review by the medical officer and pharmacist.

Medication incidents are analysed, trended and discussed with staff and with the pharmacy when applicable. Care recipients and/or their representatives are satisfied with the management of medications and with the assistance provided by staff.

## 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

Care recipients’ pain is assessed on entry to the home and on an ongoing basis by nursing staff and the physiotherapist. If pain is assessed as not being effectively managed, additional management strategies are investigated for effectiveness with input from the treating medical officer and allied health professionals. Pain interventions are recorded on care recipients’ care plans and treatment sheets. Strategies used to manage pain include massage, repositioning, heat and ice, medicated rubs, transcutaneous electrical nerve stimulation and medication. Medication measures include regular prescribed oral pain relief, transdermal patches, and ‘as required’ medications. Registered staff and the physiotherapist monitor effectiveness of pain relieving strategies. Pastoral care and lifestyle staff support care recipients with emotional support and diversional therapy activities to assist with pain management where appropriate. Care recipients and/or their representatives are satisfied that pain is managed effectively.

## 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

End of life wishes and palliative care needs are assessed on entry to the home or at a time suitable to the care recipient and/or their representative. Information such as enduring power of attorney and advance health directives are located in care recipients’ records. Relatives and significant others are able to remain with and be involved in the care of their loved one throughout the palliative care phase and are provided with information, meals and pastoral support as necessary. The home has its own palliative care resources and manages care recipients in the home if that is their wish. External palliative advisory services are accessed as necessary for additional support and advice in symptom management.

Emotional support, cultural and spiritual care is provided as appropriate by on-site and/or visiting pastoral carers. Staff have an awareness of care recipient’s individual spiritual and cultural beliefs and endeavour to provide a peaceful environment throughout palliation. Pain and comfort needs are managed in consultation with care recipients and/or their representatives, medical officers, nursing staff and pastoral care personnel to provide physical, psychological and emotional support to care recipients and their representatives.

## 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

Dietary requirements including likes, dislikes and allergies are assessed on entry to the home. Relevant information is provided to the catering department and included in care recipients’ plans of care to guide staff. Interventions to support care recipients’ nourishment and hydration needs include assistance with meals, provision of special or texture modified diets and dietary supplements. Care recipients’ weights are monitored monthly or more frequently if indicated. Unintended weight variations are analysed for causative factors, with the introduction of special diets, supplements, monitoring of intake and referral to a medical officer, dietitian and/or speech pathologist as required. Strategies from health professionals are incorporated into plans of care, and follow up visits are organised as needed. Care recipients are assisted with meals and fluids as required and specialised equipment is available to assist in dietary intake. Care recipients and/or their representatives are satisfied with the provision of food and fluids and the support of staff to meet care recipients’ nutrition and hydration needs.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is assessed on entry to the home and strategies are developed and implemented based on the identified needs of care recipients and included in plans of care. Staff observe care recipients’ skin condition and pressure points during care delivery. Changes are reported to registered staff to enable implementation of additional strategies to ensure skin integrity is protected and consistent with general health. Preventative strategies employed include pressure relieving devices, use of emollients, regular positional changes, limb protectors and equipment assisted manual handling. Skin tears and wounds are reported, analysed and trended. Wound healing progress is monitored and evaluated on wound charts and through progress notes; registered nurses plan treatments and conduct regular wound reviews. Wound care specialists and medical officers are engaged to provide advice and assistance for ongoing skin issues and complex wounds. Care recipients and/or their representatives are satisfied with the care provided in relation to 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 needs and preferences are assessed on entry to the home and on an ongoing basis. Individual continence programs are developed by registered nurses in consultation with nursing and care staff, care recipients, representatives and other specialists as necessary and these are recorded on care plans. Staff interventions to manage care recipients’ continence requirements include scheduled toileting, use of continence aids and ensuring sufficient fluid intake. Staff complete daily bowel monitoring charts and these are monitored to alert registered staff if changes in care recipients’ continence patterns occur to allow intervention strategies to be implemented. Bowel management strategies may include dietary intervention and, following medical officers’ directive, regular and ‘as required’ medication. Effectiveness of continence management strategies are evaluated regularly and additional measures implemented as necessary. Care recipients and/or their representatives are satisfied that care recipients’ continence needs are met and staff support privacy and dignity.

## 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

Information relating to care recipients’ challenging behaviours and management strategies are gathered on entry to the home through review of medical history, discussion with care recipients’ representatives and medical officers. Staff complete behaviour assessments and

information gathered formulates the plan of care. Care plans identify possible triggers for challenging behaviour and strategies for intervention and/or de-escalation. Challenging behaviours are investigated and staff seek to identify unmet needs and address as appropriate. Lifestyle staff and volunteers assist with diversional activities to assist in reduction of agitation and challenging behaviours. External mental health services are accessed to assist in the management of complex behaviours and provide support and education for staff. Regular medical officer review occurs and staff are aware of their reporting responsibilities in the event of a behavioural incident. Care recipients and/or their representatives are satisfied the home manages care recipients' challenging behaviours in an effective manner.

#### **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

Mobility and dexterity needs and preferences of care recipients are assessed on entry to the home by registered nurses and a physiotherapist to ensure they can mobilise safely and at their optimal capacity. A care plan is formulated which includes mobility, transfer and exercise needs and any equipment required. Staff assist care recipients in walking, activity and regular exercise programs. Mobility aids and specialised assistive devices are provided as required. Walkways are clear with hand rails; equipment is stored safely. Care recipients' falls and mobility changes are reported and reviewed by registered nurses, medical officers and/or a physiotherapist. Additional interventions and strategies are implemented to support mobility, dexterity and rehabilitation opportunities. Staff are provided with mandatory training in manual handling techniques. Care recipients and/or their representatives are satisfied with care recipients' ability to maintain optimum levels of mobility and dexterity and the assistance provided by staff.

#### **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

The oral and dental needs and preferences of care recipients are assessed on entry to the home and used to formulate the plan of care. The effectiveness of strategies utilised to maintain oral and dental health are reviewed on a regular basis to ensure care recipients' needs are met. Staff monitor care recipients' ability to self-manage their oral care and assist as required. Mouth care equipment and products are supplied and replaced regularly.

Increased frequency of oral care for palliating care recipients is conducted with appropriate products to optimise comfort and dignity. Oral and dental issues are referred to care recipients' medical officers, allied health professionals or dentists as required. Registered staff liaise with care recipients and their representatives to coordinate preferred options of in-house dental visits or external referral as required. Care recipients and/or their representatives are satisfied with the assistance provided by staff to maintain the oral and dental health of care recipients.

## 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

Sensory needs of care recipients are assessed on entry to the home through review of past history and discussion with care recipients and/or their representatives. Focused assessment of the five senses is completed and care plans guide staff practice with strategies to address identified needs and personal preferences. A referral system is in place with audiology and optometry services available. Staff assist care recipients to manage assistive devices such as spectacles and hearing aids and provide assistance to manage sensory impairments to enable participation in activities of daily living. Lifestyle activities consider sensory impairments and care recipients are assisted to participate to their optimal capacity. Care recipients with identified sensory loss and/or their representatives are satisfied with management strategies and assistance provided by staff to care recipients.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ needs and preferences with regards to sleep and rest are gathered on entry to the home, included in plans of care and reviewed regularly. Provision is made for care recipients who need or prefer to have a rest during the day. The physical environment is monitored at sleep and rest times with use of minimal lighting and noise, a comfortable and warm, quiet environment. Drinks and food are available should care recipients wake and require them; staff assist care recipients to re-settle as necessary. Care recipients are assisted with toileting needs and repositioning as appropriate. Medical officers are consulted for ongoing sleep issues and pharmacological strategies are utilised for care recipients when other strategies are ineffective. Care recipients and/or their representatives are satisfied with interventions to manage care recipients’ sleep.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

The home has a continuous improvement system in relation to residents’ lifestyle. Refer to Expected outcome 1, Continuous improvement, for details on the home’s overall system.

Examples of recent improvements relating to resident lifestyle include, but are not limited to:

- The Chaplain (new to the home) introduced programs specific to the home. One of the programs which have become part of the home’s culture is the ‘blessing of rooms’. When a room is vacated, a ceremony is conducted with management and staff reporting it provides an opportunity for interested parties to remember the previous resident and closure for the community, and the ‘blessing’ of the room acknowledges new occupancy.
- A cooking group was started to provide an activity for sensory stimulation; however, following resident feedback, the activity was extended to provide more resident involvement including consuming the cooked item. The activity has become an event with residents enjoying an alcoholic/non-alcoholic beverage to accompany their cooking. This initiative has been evaluated as increasing the participation and levels of engagement of residents; provides an opportunity for reminiscing; increased socialisation for residents, and provides increased social networking across the Nandeebie community.
- As a response to feedback received, a monthly Care and Support group for families meets to clarify life matters of their relative, and provide emotional support through general sharing and encouragement.
- Following feedback from residents that weekly Happy Hours held in the Courts are “boring and need livening up”, themed Happy Hours have been introduced. There is a monthly theme and to date the residents have had French, winter and cruise themes. Since the commencement of the revised Happy Hour more residents have participated and the level of engagement increased.

### **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

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to resident lifestyle. Residents and/or their representatives are provided with a resident agreement and information pack. The resident information materials detail information relating to residents’ security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and residents’ rights.

Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

### **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

Lifestyle officers and care staff support residents in relation to their leisure and lifestyle interests, needs and preferences. Education in leisure and lifestyle issues is derived from changing resident needs and/or desired outcome, and through review of training needs. Staff are assisted to attend external education and are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home’s overall system. Examples of information topics relevant to Standard 3 include customer service, conflict and aggression with residents, active listening, and consumer protection.

### **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

Residents and their representatives receive information regarding life in the home through discussion with management, provision of an information pack and orientation to the home. Opportunities are provided to ask questions and discuss issues relating to adjustment to life in the home. Ongoing assessment, planning and evaluation systems identify residents’ social needs and preferences for emotional support. Individual activity and care plans detail care interventions and preferred support mechanisms, both internal and external. Family members, friends and volunteers are welcomed as part of the supportive network and encouraged to visit the home. Lifestyle staff and pastoral carers provide emotional support and are involved in monitoring residents’ emotional needs. Residents are provided with additional support at times

of identified increased emotional need. Ongoing monitoring by clinical staff identifies changes in mood and behaviour and appropriate remedial action is taken such as referral to medical officer, social worker, chaplain or specialist services.

Residents and/or their representatives are satisfied with support received by residents during their settling in period and with the ongoing support provided by management and staff.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home's system for the assessment, planning and delivery of care and services identifies residents' previous social interests and lifestyle as well as their current interests and abilities. The information assists with development of care plans that maximise opportunities for residents to maintain independence according to their capacity in relation to activities of daily living, exercise and participation in group and individual activities. Residents are encouraged to maintain control over their lives as much as they are able. Assistance is given with aspects of personal care and other activities that residents are unable to manage on their own. Ability to maintain mobility is prioritised and a multidisciplinary approach to planning occurs.

Equipment such as mobility aids and modified cutlery are provided to support residents' independence. Residents are assisted to maintain their civic and legal rights and to exercise their independence to their optimal capacity. Residents and/or their representatives are satisfied residents are encouraged and supported to be independent.

### **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

The home has established processes and maintains a supportive environment to protect residents' privacy, dignity and confidentiality. Entry processes provide residents with information about their rights, including their right to privacy. Care plans contain information regarding maintenance of privacy and dignity and residents' preferred names. The home provides secure storage of residents' information with limited access to authorised staff and visitors. Staff are informed of their responsibility to respect residents' privacy and dignity and to maintain confidentiality. Provision of privacy and dignity and resident satisfaction is monitored through resident feedback, audits, observation of staff practice and discussed at staff and resident meetings. Residents and/or their representatives are satisfied staff are courteous and respectful of residents' privacy and personal preferences.

### **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

Residents' past and current interests are identified through interview with residents and/or their representatives. The activity program is developed with residents' interests and capabilities in mind. There is a daily organised program with activities conducted in the home's individual courts, in the main activity room and the coffee shop. Residents are able to attend activities in courts other than their own. One on one visits and activities are conducted for residents who cannot, or prefer not, to attend group activities. The activities program is communicated through an activities calendar displayed in common areas of the home, distributed individually to residents in the newsletter and announced over the personnel address system. Activities are evaluated by way of resident feedback gathered formally and informally to ensure resident satisfaction is met and opportunities for new activities are identified. Residents and/or their representatives are satisfied with the leisure and activity program offered by the home.

### **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

Residents' specific cultural and spiritual needs are identified through initial and ongoing assessment processes. The assessment information is included in care plans that assist staff to foster and value individual beliefs and customs. Residents are assisted to attend religious services according to their preferences. Weekly inter-denominational services are conducted in the onsite chapel and in the memory support unit; alternative denominations conduct services regularly. A chaplain is available to visit residents irrespective of their beliefs and offers support to their representatives and staff when necessary. Visits from specific religious representatives are organised at residents' request according to their beliefs and wishes. The home celebrates special events and cultural celebrations with appropriate catering services provided on these occasions with specific dietary needs addressed as required. Residents and/or their representatives are satisfied that residents' cultural and spiritual needs are respected and supported.

### **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

Residents are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Residents and their representatives are provided with opportunities

to participate in decision making through information relating to lifestyle choices and services available at the home. Choices are identified through initial and ongoing assessment processes and daily communication between staff and residents. Staff respect and accommodate residents' choices and encourage them within their capacity regarding activities of daily living. Residents and their authorised representatives retain the right to refusal of care and information is provided regarding risks to enable informed decision making. Opportunities to exercise decision making rights are monitored through regular care plan evaluations, resident feedback and surveys. Residents and/or their representatives are satisfied with choices offered in matters relating to the care and services residents receive.

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

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

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

The home meets this expected outcome

Each resident and/or their representative is provided with an information package on entry to the home which includes the residential care agreement and handbook. The information includes residents' rights and responsibilities (which is displayed in the home), security of tenure, fees and charges, internal and external complaints mechanisms (displayed throughout the home), and the care services and routines provided. Key personnel are available to ensure there is an understanding of the terms of the agreement and answer any queries. Residents and/or their representatives are aware of their rights and responsibilities and are satisfied that residents' tenure at the home is secure.

## 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

The home has a continuous improvement system in relation to the physical environment and safe systems. Refer to Expected outcome 1.1, Continuous improvement, for details on the home’s overall system.

Examples of recent improvements in the physical environment and safe systems include, but are not limited to:

- Feedback from staff and service managers identified that contracted equipment was not always the most suitable. An equipment advisory group was formed with the occupational therapist, procurement officer, physiotherapist and residential service manager providing input for specific-use equipment and risk assessing prior to use. In the 12 months since the inception of this group it has been evaluated that this initiative has provided for the purchase of equipment which is more user-friendly, more home-specific, and minimises work health and safety risks.
- Following identification of there not being consistent dissemination of infection control information, six months ago an Infection Control representative was appointed to manage the home’s program through attending to competencies, attend meetings and promote the home’s infection control program. This role has been evaluated as providing an effective dissemination of relevant information and resources, while empowering staff.

### 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

The home has an audited food safety program, and has systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

### 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 has systems to monitor and enhance the skills and knowledge of staff in relation to the physical environment and safe systems. In conjunction with the mandatory safety education program, staff are afforded the opportunity to attend in-service and external courses or information sessions conducted by specialist educators. Refer to Expected outcome 1.3, Education and staff development, for details on the home’s overall system. Examples of information topics relevant to Standard 4 include chemical safety, fire and evacuation, manual handling, infection control, and food safety.

### 4.4 Living environment

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

#### **Team’s findings**

The home meets this expected outcome

The home is on a campus with the home care and day respite services, independent living units, and a chapel. The home accommodates residents in six Courts separated by covered walkways. Residents are accommodated in single rooms with private ensuite bathroom – there is provision for couples. The living environment and resident safety and comfort needs are assessed and reviewed through regular staff meetings, audits, reporting of incidents and hazards, and the maintenance program and staff observation. The environment provides safe access to clean and well-maintained internal and external communal areas, with appropriate furniture sufficient for residents’ needs. The external environment facilitates resident mobility outside, and consists of covered outdoor sitting, walking areas and gardens. Maintenance is managed and conducted by the maintenance team who implement the reactive and preventative maintenance programs on buildings, grounds, infrastructure and equipment with use of external contractors as required. One of the Courts provides secured living for residents assessed as needing perimeter restraint. Restraint is utilised for the safety of residents, and appropriate authorisation and monitoring is undertaken. Staff monitor external entrances to the home to ensure they are secure in the evening; regular and random security rounds are undertaken inside and outside the home, and staff have access to emergency telephone numbers in the event of a security breach. Residents and/or their representatives are satisfied with the maintenance, safety and comfort of residents’ 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

The organisation and management of the home have implemented a safety system to meet regulatory requirements. The home's safety system is coordinated by a work health and safety advisor in association with the maintenance and management teams, and the organisation's other work health and safety practitioners. Processes enable notification and control of hazards; managing exposure to risks; reporting and investigation of staff incidents; management of chemicals; regular safety and environmental audits, and the rehabilitation of injured staff to support their return to work. Staff receive education on their responsibilities in relation to work health and safety in a safe working environment.

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

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

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

The home meets this expected outcome

The home has processes for the identification and actioning of risks associated with fire, security and other emergencies. The Residential Service Manager networks with other service managers with links to the local regional council and major utility providers which enables the home to respond appropriately and in a timely manner to any adverse event. Emergency and evacuation procedures have been documented and are available to staff along with resident lists. Fire systems, equipment and signage are maintained by an external provider. Internal environmental and maintenance audits are conducted to monitor emergency systems and equipment and identified deficiencies are actioned accordingly.

Evacuation diagrams are located across the site and exits are clear of obstructions. Staff receive instruction on fire/emergency requirements and non-attendance is followed up. Staff are aware of security procedures, evacuation procedures, assembly points and location of resident evacuation lists. Residents are provided with information and are confident staff have the required knowledge of evacuation procedures in the event of an emergency. The maintenance programs support the home's preparedness for severe weather events.

External security lighting and procedures facilitate security (day and night) of the buildings, residents and staff.

#### **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 infection control program with policies and procedures to guide staff practice, and infection control education for staff is provided. The Clinical Nurse and Infection

Control representative oversee the infection control program and staff complete education at orientation, annually and as required. Infections are recorded as part of the incident reporting process, reviewed and monitored monthly. Hand washing facilities are located throughout the home and personal protective equipment is available. Clinical waste is managed via allocated bins and the home has processes for discretely communicating increased infection risks to staff. There are policies and processes to guide management and staff in the event of an infectious outbreak. Care, catering and cleaning staff practices are in accordance with standard precautions and infection control guidelines. There are effective cleaning schedules for each Court and service area of the home. Residents and/or their representatives are satisfied with the effectiveness of the infection control system and processes.

#### **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

Residents and/or their representatives and staff are satisfied with the catering, cleaning and laundry services provided. Residents' dietary needs are assessed on entry to the home and reviewed as necessary to identify allergies, likes, dislikes and preferences. This information is communicated to the on-site kitchen and Court kitchenettes. Menus are developed with residents' input and discussed at residents' meetings. Residents are presented with options for main meals and provide feedback to care and catering staff during meals. A cleaning program includes duties lists and schedules to guide staff in the cleaning of residents' rooms and the environment. Personal clothing is laundered on-site with residents encouraged to name personal clothing items to facilitate satisfaction with the laundry service. Manchester is laundered at a commercial laundry off-site. Regular stock-takes are conducted to ensure linen and crockery is replaced as necessary. The effectiveness of hospitality services is monitored through meetings, audits and surveys.