



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Charles Young Residential Care Centre**

RACS ID 6038  
53 Austral Terrace  
MORPHETTVILLE SA 5043

**Approved provider: Allity Pty Ltd**

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 June 2019.

We made our decision on 05 April 2016.

The audit was conducted on 29 February 2016 to 02 March 2016. The assessment team's report is attached.

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

### **ACTIONS FOLLOWING DECISION**

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of Most recent decision concerning performance against the Accreditation Standards.

## Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 9 June 2016 concerning the home's performance against the Accreditation Standards is listed below.

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

Expected outcome	Quality Agency's latest decision
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

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest 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**

**Charles Young Residential Care Centre 6038**

**Approved provider: Allity Pty Ltd**

### **Introduction**

This is the report of a re-accreditation audit from 29 February 2016 to 02 March 2016 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:

- 43 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.4 Comments and complaints

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 29 February 2016 to 02 March 2016.

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>	Catherine Wohling
<b>Team member:</b>	Kimberley Moss

## Approved provider details

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

<b>Name of home:</b>	Charles Young Residential Care Centre
<b>RACS ID:</b>	6038

<b>Total number of allocated places:</b>	157
<b>Number of care recipients during audit:</b>	155
<b>Number of care recipients receiving high care during audit:</b>	146
<b>Special needs catered for:</b>	People with dementia or related disorders

<b>Street:</b>	53 Austral Terrace
<b>City:</b>	MORPHETTVILLE
<b>State:</b>	SA
<b>Postcode:</b>	5043
<b>Phone number:</b>	08 8350 3600
<b>Facsimile:</b>	08 8350 3699
<b>E-mail address:</b>	<a href="mailto:gm.charlesyoung@allity.com.au">gm.charlesyoung@allity.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Corporate and site Management	4
Clinical and care staff	12
Lifestyle staff	3
Administration assistant	1
Catering staff	2
Care recipients/representatives	18
Laundry staff	2
Cleaning staff	4
Maintenance staff	1

### Sampled documents

Category	Number
Care recipients' files	28
Summary/quick reference care plans	5
Medication charts	6
Personnel files	8

### Other documents reviewed

The team also reviewed:

- Agency shift checklist
- Allity values statement
- Care recipients' information package and surveys
- Cleaning schedules and checklists
- Comments and complaints documentation, including feedback forms and logs
- Communication books
- Continuous improvement plan
- Contractor site induction checklists

- Dangerous drugs of addiction register
- Diet preference forms
- Dietitian review of menu
- Emergency plan
- End of shift report
- Equipment service history
- Food safety program and audit report
- Hazard and staff incident report
- Hazardous chemical register
- Incident reporting requirement guide
- Infection control resources and equipment
- Maintenance requests
- Menu
- Monthly clinical indicator report
- Newsletters
- Performance appraisals
- Planned contractor preventative maintenance schedule
- Police check status list
- Position descriptions, duties statements and shift guidelines
- Preferred suppliers list
- Referral documentation
- Rosters
- Staff handbook
- Scheduled medicines license
- Testing and tagging records
- Training records, including needs analysis, education plans, attendance records and evaluations
- Triennial fire safety certificate



- Various audits, surveys and audit schedule
- Various meeting minutes
- Various policies, procedures and guidelines
- Various temperature recording logs
- Visa check status list
- Volunteer mandatory requirements checklist
- Work area inspections

## **Observations**

The team observed the following:

- Activities in progress
- Café
- Charter of care recipients' rights on display
- Chemical storage
- Contractor/visitor sign-in/out book
- Equipment and supply storage areas
- Fire safety equipment
- Infection control resources
- Interactions between staff and care recipients
- Internal and external complaints information
- Internal and external living environments
- Kitchen, satellite kitchens and laundry
- Lunchtime meal service
- Medication administration and storage
- Personal protective equipment
- Short group observation in the Acacia Lounge
- Various noticeboards
- Walking group

## 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

Charles Young Residential Care Centre has a continuous improvement system to monitor compliance with the Accreditation Standards and identify opportunities for improvement. Staff and care recipients can make suggestions and provide feedback through feedback forms and at meetings, however, this information is not consistently used to generate improvement initiatives. The home also uses incident data analysis, internal and external audits and surveys to identify opportunities to improve. Identified improvements are added to the continuous improvement plan and progress is monitored both at a corporate and site level. Improvements are evaluated through a variety of methods, including audits, incident data analysis and feedback gathered from care recipients and staff. Care recipients and staff are aware of the mechanisms available to them to suggest improvements.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard 1 and recent examples of this are listed below:

- In response to an incident an 'end of shift' report has been created. Registered nursing staff complete this report at the end of their shift, which includes information on clinical issues, staffing issues and family concerns. This report is then emailed to the general manager, care manager and all registered nurses. The evaluation identified that some information is also relevant for the hospitality co-ordinator and they have now been added to the mailing list. The evaluation indicates management and registered nursing staff feel this has improved the handover process and the flow of information within the home.
- A new incident reporting system has been created corporately to streamline processes across the organisation. An incident reporting requirement guide has been created to guide management and staff. Staff now have an 'after hours' number to call for guidance and reporting if needed. Senior management were educated through an online training package and registered nurses were educated via a webinar. The general manager reports that they now receive fewer calls after hours, appreciates the extra support and feels the guidelines are useful.

## 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

Charles Young Residential Care Centre has a corporate system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines. There are systems to inform general managers of legislative changes, the implications and any action that is required. Staff are informed of legislation relevant to their roles when they commence with the organisation through the induction process and the staff handbook. Relevant legislation updates are communicated to staff through electronic messaging, meetings, noticeboards and education. The home could demonstrate a process for ensuring police certificates are obtained for all staff, volunteers and relevant contractors. Compliance is monitored through internal and external audits. Staff described how they are informed of legislative changes relevant to their role. Care recipients and representatives were informed of the re-accreditation site audit in accordance with the Quality Agency Principles 2013.

## 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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. The recruitment process identifies the knowledge, skills and education required for each position. All new employees undergo an orientation process.

Education needs are identified through a staff training needs analysis questionnaire, staff appraisals, and incident analysis. From this an annual training calendar is created covering the four Accreditation Standards, and includes mandatory training sessions. There is a system to record and monitor staff attendance at training sessions. The effectiveness of the education provided is evaluated through competencies and feedback from the attendees.

Education and training related to Accreditation Standard 1 includes leadership, workplace behaviours and policies and procedures. Management and staff are satisfied with the education and training opportunities available at the home. Care recipients and representatives feel staff have the knowledge and skills to perform their roles effectively.

## 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 does not meet this expected outcome

Care recipients and their representatives are not satisfied they have access to an internal complaints mechanism that prevents retribution, or ensures outcomes are to the satisfaction of the complainant. While there is a comments and complaints system it is not being implemented consistently. Monitoring processes are not identifying gaps, and staff are not consistently using the comments and complaints system. Not all staff have the skills or knowledge to respond to complaints appropriately and in a timely manner. Care recipients and representatives interviewed said there is a lack of consistency in discussing the resolution with the complainant and in evaluating the effectiveness of actions taken.

## 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

Allity has a values statement and an Allity's approach statement which includes the organisation's commitment to quality throughout the service. These are documented and displayed in handbooks and throughout the home. Results show the home's mission, philosophy and values are provided to care recipients and representatives on entry.

## 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

Care recipients and representatives are generally satisfied there are appropriate numbers of skilled staff sufficient to meet their needs. The organisation has systems for the recruitment, orientation, and performance review of staff. The organisation uses a staff to number of care recipients' ratio to determine the number of staff rostered in the home. There are corporate systems to monitor that staffing numbers and skill mix are sufficient which consider staff and care recipient feedback, audit results and incident data. There is a process for the orientation of agency staff working in the home. Staff skills are monitored through audits, competencies, and the performance appraisal system. Staff said they have enough time to complete their tasks and feel they can raise concerns with management.

## 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 care recipients are satisfied there are stocks of appropriate goods and equipment for quality service delivery. A preventative maintenance program ensures equipment is serviced regularly and reactive work is completed in a timely manner. The system is monitored through audits, meetings and the feedback mechanisms of the home. We observed adequate supplies of goods and equipment available for the provision of care, to support care recipients' lifestyle choices and for all hospitality services. There is a process for the electrical testing and tagging of equipment and for trialling new equipment prior to purchase.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home's information management systems are effective. The home has processes to provide management and staff with access to sufficient accurate and appropriate information to support them in meeting the requirements of their roles. The home communicates relevant information to staff, care recipients and representatives through activities calendars, noticeboards, handbooks, newsletters, memoranda, staff and care recipient meetings. Senior staff meetings, diaries, email, electronic messaging, policies, procedures, guidelines and education sessions support staff communication processes. Care recipients are assessed on entry to the home and care plans are developed from this information. Monitoring processes include feedback forms, resident and staff meetings, audits, surveys, incident and hazard reporting. Results show information from corporate office is used effectively to communicate with relevant stakeholders. The home has processes for the effective storage, archiving, disposal and management of information. Care recipient files are kept in nurses' stations with access limited to appropriate staff, medical officers and allied health professionals.

Computers are password protected with various level of access. Staff interviewed are satisfied they have access to information to guide them in the delivery of care and services. Care recipients and representatives interviewed are satisfied they have access to appropriate information to assist them to make decisions about care and lifestyle preferences.

## 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

Care recipients and staff are satisfied with the external services provided at the home. There are corporate systems, including contracts and service agreements, for externally sourced

services. The home has a list of approved suppliers. There is a system for the induction of external contractors. The quality of external services is monitored through audits and staff and care recipient feedback.

## 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

Charles Young Residential Care Centre has a continuous improvement system to monitor compliance with the Accreditation Standard 2 and identify opportunities for improvement relating to health and personal care. The organisation monitors medication incidents, falls, fractures, skin tears, pressure injuries, incidents of aggression, unplanned weight loss, and restraint and uses this information to identify improvement opportunities. Internal and external audits, surveys and a risk management system are also used to monitor compliance and identify opportunities to improve. Improvements are evaluated through a variety of methods, including audits, incident data analysis and feedback gathered from care recipients and staff. Care recipients and staff are aware of the mechanisms available to them to suggest improvements relating to health and personal care.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard 2 and recent examples of this are listed below:

- In response to a suggestion from a care recipient a review of the processes for providing massages occurred. A 'wellness room' was created, which includes aromatherapy and soothing music, so care recipients have a more holistic experience when receiving massages for pain management. A full time registered nurse position was rostered for a 'wellness' shift and provided training on massage from a physiotherapist. The evaluation reflects care recipients are now requesting massages more than they were previously which has improved their pain levels and feedback indicates they enjoy the holistic approach.
- A care recipient complained that they were not getting enough exercise so a walking group activity commenced to improve mobility. The carers were to implement, however, the evaluation identified the group was not occurring consistently so a lifestyle member was allocated the responsibility five days a week. The group started with three care recipients and now has up to 10 care recipients participating daily. Recent feedback from staff indicates that care recipients are now independently instigating the activity on weekends as it is so popular.

## 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

Charles Young Residential Care Centre has a corporate system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. A record is kept of the current registration of registered nurses and other health care professionals. Medications are administered safely and correctly in accordance with current regulations and guidelines. The organisation has a policy and procedure for the notification of unexplained absences of care recipients. Staff described how they are informed of legislative changes relevant to their role.

## 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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. Education and training related to Accreditation Standard 2 includes dementia and behaviour management, falls prevention and incident management, medication management and nutrition and hydration. Care recipients and representatives feel staff have the knowledge and skills to perform their roles effectively. Management and staff are satisfied with the education and training opportunities available at the home.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Clinical care needs are identified by initial and ongoing assessment and review processes. An initial assessment and interim care plan are completed on entry to the home. Assessments are completed in consultation with care recipients/representatives and other health care providers. This information is used to develop care plans that are reviewed four monthly. The home has access to medical officers to assist with the assessment and review of care recipients. Care recipients’ clinical care is monitored through monthly weighs, bowel charts, observation, care reviews and clinical audits. Changes are communicated to staff through progress notes, memoranda and electronic messages. Medical officers are informed of significant changes in care recipients’ health status and visit the home on a regular basis. Care recipients are referred to specialists and mental health services as required. Results show care recipients’ needs are documented, reviewed and changes to care are implemented as required. Information provided by staff interviewed was consistent with care recipients’ care



plans. Care recipients and representatives interviewed said they are satisfied with the health and personal care provided.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered staff are responsible for the initial assessment, care planning and review processes on entry to the home and when care recipients’ care needs change. Individualised care plans are developed in consultation with care recipients’ medical officers and other health professionals. The home has access to external specialists to assist in meeting care recipients’ individual needs. Specialised nursing care is monitored through care plan reviews, audits and observations. Results show care recipients’ needs are documented and reviewed. A review of documentation and staff interviews confirmed staff have access to education and specialised clinical guidelines. Care recipients and representatives interviewed said they are satisfied with the specialised nursing care provided.

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

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

### **Team’s findings**

The home meets this expected outcome

Care recipients are referred to health specialists according to their assessed needs and preferences. Care recipients’ needs for specialist health referrals are identified through care reviews, consultation and observations. Physiotherapy services are provided on-site and assessments of care recipients’ needs are completed on entry to the home and on an ongoing basis. Care recipients are referred to a variety of health services, including mental health specialists, podiatry, speech pathology and dental services. Changes to care recipients’ needs are documented in progress notes and care plans are updated to reflect these changes. Monitoring processes include audits, care reviews and consultation with care recipients and representatives. Results show care recipients’ needs are documented and reviewed. Staff interviewed said they are informed of changes through progress notes, memoranda and electronic messages. Care recipients and representatives interviewed said they are satisfied care recipients have access to health specialists according to their individual needs and 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

Care recipients’ medication is managed safely and correctly in accordance with relevant legislation, regulatory requirements and professional standards and guidelines. Care recipients’ medication needs are identified on entry to the home. Each care recipient has a medication chart with personal details and administration instructions. Medications are stored safely and securely. Medications are pre-packaged in sachets and blister packs and administered by registered nurses and credentialed carers. Monitoring processes include care reviews, incident reporting and audits. Medication issues are discussed at relevant meetings. Results show care recipients’ medications are documented and reviewed.

Education records and staff interviews confirm staff undertake annual medication competencies. Care recipients and representatives interviewed said they are satisfied with the level of consultation and management of care recipients’ medication.

## 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 managed to ensure they are as free as possible from pain. Care recipients’ pain is managed through initial and ongoing assessment and review processes. This information is used to develop individualised care plans in consultation with medical officers and other health professionals. Pain monitoring tools are used to assess all care recipients, including those with cognitive deficits. In addition to medication, the home uses interventions, such as massage, exercises and repositioning to assist in managing care recipients’ pain. Monitoring processes include care plan reviews, observations and audits. Results show care recipients’ pain is identified, assessed and evaluated with changes made to care plans and medication charts as appropriate. Staff interviewed said they are aware of the non-verbal signs of pain. Care recipients and representatives interviewed said they are satisfied care recipients’ pain is managed according to their individual needs and preferences.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to maintain the comfort and dignity of terminally ill care recipients. Care recipients’ end-of-life wishes are identified on entry to the home. This information is used to develop individualised care plans. The home has links with external palliative care services. Pastoral services are available on-site to provide emotional and spiritual support to care recipients and representatives. Monitoring processes include clinical reviews, observation and

feedback from representatives. Results show care recipients' end-of-life wishes are documented and implemented as required. Staff interviewed said they have access to appropriate equipment and education is provided. Care recipients' families are supported if they wish to stay at the home. Complimentary written and verbal feedback from representatives expressed satisfaction with the home's approach to the care provided for terminally ill care recipients.

## **2.10 Nutrition and hydration**

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

### **Team's findings**

The home meets this expected outcome

Care recipients receive adequate nutrition and hydration according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients' nutrition and hydration needs and preferences. This information is used to develop individualised care plans. Drink supplements and fortified meals are provided to care recipients as required. Care recipients with impaired swallowing or at risk of weight loss are referred to allied health professionals as necessary. Monitoring processes include monthly weighs, audits, care plan reviews, surveys and observations. Results show through care plan review that care recipients nutrition and hydration needs are addressed. Clinical staff interviewed said they update care recipients' nutrition and hydration care plans and communicate changes to kitchen staff. Care staff interviewed provided information consistent with the care recipients' care plans. Care recipients and representatives interviewed said they are satisfied care recipients' nutrition and hydration needs and preferences are met.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

Care recipients are provided with care that maintains their skin integrity consistent with their general health. Initial and ongoing assessment and review processes identify and manage care recipients' skin care needs. A skin assessment tool is used to assess the level of risk for each care recipient. This information is used to develop individualised care plans. Preventive strategies include moisturising creams, pressure care mattresses, limb protectors, repositioning and protective dressings. Wounds are assessed, managed and reviewed by registered staff. Monitoring processes include care plan reviews, observations, audits and incident reporting. Results show care recipients' needs are documented and reviewed. Staff interviewed said they have access to wound products and equipment to support care plan interventions and ongoing training is provided. Care recipients and representatives interviewed said they are satisfied care recipients' skin integrity is maintained.

## 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 receive care that manages their continence according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ continence needs. This information is used to develop individualised care plans that document continence aids, assistance required and strategies for managing continence. Monitoring processes include, bowel charts, toilet schedules, care plan reviews, observations and clinical audits. Results show care recipients’ needs are documented and reviewed. Staff interviewed confirmed they have access to continence management education. Care recipients and representatives interviewed said they are satisfied care recipients’ continence needs are managed effectively.

## 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

Care recipients with challenging behaviours are managed effectively according to their individual needs and preferences. Initial and ongoing assessment and review processes identify and manage care recipients’ challenging behaviours. Behaviour management plans are developed from this information and strategies to assist staff are identified. The effectiveness of behaviour management strategies is monitored through incident reporting, care plan reviews, audits and observations. Referrals are made to mental health services and behaviour management specialists as required. Results show care recipients’ behaviours are documented and reviewed. Staff interviewed provided examples of strategies to assist with the management of challenging behaviours. Care recipients and representatives interviewed said they are satisfied with the home’s approach to managing challenging behaviours.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive care that optimises their mobility and dexterity. Initial and ongoing assessment and review processes identify and manage care recipients’ mobility and dexterity needs. These processes include assessment by a physiotherapist and individualised exercises are documented in care recipients’ care plans. A walking group exercise program is available to care recipients to encourage mobility. Equipment, such as low beds and mobility aids are available to assist care recipients to maintain their independence, mobility and dexterity. Monitoring processes include incident reporting, care plan reviews, clinical audits, observations and physiotherapy reviews. Results show care recipients’ mobility, dexterity and rehabilitation needs are documented and reviewed. Staff interviewed said they attend annual

manual handling education. Care recipients and representatives interviewed said they are satisfied the care provided optimises care recipients' mobility and dexterity.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' oral and dental health is maintained according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' oral and dental needs. This information is used to develop individualised care plans. The home encourages care recipients to attend regular dental checks which are available on-site and assists with facilitating visits to a dentist of their choice. Monitoring processes include care plan reviews, audits and observations. Results show care recipients' dental needs are documented and reviewed. Staff interviewed said they assist care recipients to maintain good oral hygiene. Care recipients and representatives interviewed said they are satisfied the care provided maintains care recipients' oral and dental health.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

Care recipients' sensory losses are identified and managed effectively according to their individual needs and preferences. The home has initial and ongoing assessment and review processes to identify and manage care recipients' sensory needs for all five senses. Care recipients are assisted to use equipment, such as hearing aids and prescription glasses where appropriate. The home facilitates appointments with external services as required. Monitoring processes include care plan reviews, observation and audits. Results show care recipients' sensory needs are documented and reviewed. Staff confirmed they are aware of strategies documented in care plans to assist care recipients with sensory loss. Care recipients and representatives interviewed said they are satisfied care recipients' sensory losses are identified and managed effectively.

## **2.17 Sleep**

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

### **Team's findings**

The home meets this expected outcome

Care recipients are provided with care to assist them to achieve natural sleep patterns. Initial and ongoing assessments and review processes identify and manage care recipients' sleep patterns. This information is used to develop individualised care plans that identify care recipients' sleep preferences, including preferred settling and rising times. Environmental preferences and strategies, including lighting, repositioning and warm drinks are offered to support natural sleep patterns. Monitoring processes include care plan reviews, incident

reporting, observations and audits. Results show care recipients' sleep patterns are documented and reviewed. Staff interviewed said they refer to the care recipients' care plans for individual sleep preferences. Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients to achieve natural sleep patterns.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Charles Young Residential Care Centre has a continuous improvement system to monitor compliance with the Accreditation Standard 3 and identify opportunities for improvement relating to care recipient lifestyle. Lifestyle staff identify improvement opportunities through feedback from care recipient meetings, comments and complaints, lifestyle reviews and suggestions from staff. Improvements are evaluated through feedback gathered from care recipients, staff and other stakeholders. Care recipients and staff are aware of the mechanisms available to them to suggest improvements relating to care recipient lifestyle.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard 3 and recent examples of this are listed below:

- A program has been developed to assist care recipients and families to settle in to life at the home and includes involvement from care, lifestyle staff and management. Lifestyle staff now capture a brief profile about the care recipient and display this in their room so staff have a quick reference to refer to while the lifestyle plan is being developed. Lifestyle staff created a form for new care recipients to use to post to friends and families letting them know they have moved and providing their new contact details which lifestyle staff post on behalf of the care recipients. Lifestyle staff also complete a ‘knowing your resident’ form asking the care recipient what means the most to them and what they would like to be remembered for. An evaluation of this improvement has identified care recipients feel emotionally supported when they move into the home. The evaluation also identified that gathering the ‘knowing your resident’ information often leads into a discussion about end of life care and that more specific, meaningful and individualised information is gathered about care recipients, resulting in a more person centred approach.
- An intergenerational program has been created in conjunction with a local primary school, with students and their parents attending activities in the home, and the care recipients going out to the school to participate in events. Both the care recipients and the school students have provided feedback that they really enjoy the program and the opportunity to participate and be a part of the community.

### 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

Charles Young Residential Care Centre has a corporate system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipients’ lifestyle. Information is provided to care recipients/representatives in the handbook and the agreement regarding care recipients’ rights and responsibilities, including security of tenure and the care and services to be provided to them. The Charter of care recipients’ rights and responsibilities is displayed in the home. Staff are trained in care recipients’ rights and responsibilities in their orientation program. The organisation has policies and procedures for the mandatory reporting of alleged and suspected assaults and maintains a register of these incidents. Staff described how they are informed of legislative changes relevant to their role.

### 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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipients’ lifestyle. Education and training related to Accreditation Standard 3 includes compulsory reporting, recreational activities and customer service. Care recipients and representatives feel staff have the knowledge and skills to perform their roles effectively. Management and staff are satisfied with the education and training opportunities available at the home.

### 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

Care recipients are supported emotionally in adjusting to life in the home and on an ongoing basis. The home has a structured approach for identifying, assessing, monitoring, referring and communicating each care recipient’s emotional needs. Communication with care recipients and their representatives assist with the pre and post entry and assessment process. Care recipients have access to pastoral care support as required. Visits from family and friends are encouraged. Care recipients preferences are respected and support is offered through individualised activities. The home monitors the effectiveness of emotional support strategies through joint clinical and lifestyle collaboration, surveys, care and lifestyle review processes. Results from surveys demonstrate care recipients are satisfied with their quality of life in the home. Staff interviewed said they provide support to help care recipients settle into



their new environment. Care recipients and representatives interviewed said they are satisfied with the level of emotional support provided.

### **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

Care recipients are assisted to maintain independence, friendships and connections with the home and broader community. Care recipients' capabilities, preferences and wishes are identified through initial and ongoing assessment and review processes. Individualised care plans are developed from this information. Care recipients are assisted and encouraged to maintain contact with the local community, including family, friends and social groups. Visitors and community groups are welcomed in the home. Monitoring processes include care and lifestyle reviews, comments and complaints processes, audits and surveys. Results show assessments are effective in identifying care recipients who wish to vote in elections.

Staff interviewed said they encourage care recipients to maintain their independence. Care recipients and representatives interviewed are satisfied care recipients are assisted to maintain friendships and physical independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Initial assessment and ongoing review processes identify care recipients' wishes and preferences. This information is used to develop individualised care plans. Care recipients and representatives are informed about the home's approach to collecting and storing personal information on entry to the home. Staff are informed about care recipients' rights to privacy and dignity and sign a confidentiality agreement when commencing employment at the home. Monitoring processes include surveys and audits. Results show staff practices are effective in recognising and respecting care recipients' right to privacy, dignity and confidentiality. Staff interviewed are aware of strategies to maintain care recipients' privacy and dignity, including addressing care recipients by their preferred name. Care recipients and representatives interviewed are satisfied with practices used by staff to respect and recognise care recipients' right to privacy, dignity and confidentiality.

### 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 participate in individual and group activities of interest to them. Lifestyle assessments and social history profiles identify care recipients' interests and preferred activities. This information is used to develop group activity programs and to implement strategies to assist care recipients to maintain or develop personal interests and activities. Activity program calendars are displayed on noticeboards around the home. Care recipients are informed about activities by lifestyle staff and volunteers and are provided with support to attend if they wish. The effectiveness of the activities program is monitored through lifestyle reviews, attendance records, activity evaluations, meetings, audits and surveys. Results show care recipients' leisure interests are identified and supported. Staff interviewed said they assist care recipients to attend activities of interest.

Care recipients and representatives interviewed are satisfied with the support provided to enable care recipients to participate in leisure interests and activities.

### 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

Care recipients' individual interests, customs, beliefs and cultural backgrounds are valued and fostered. Initial assessment and ongoing review processes identify care recipients' cultural and spiritual needs. This information is used to develop individualised care plans. Religious services and prayer groups are held in the home on a regular basis. The home celebrates significant spiritual and cultural days, such as Anzac day, Remembrance Day, St. Patrick's Day and birthdays. Monitoring processes include care and lifestyle reviews, audits, surveys and meetings. Results show care recipients' cultural and spiritual preferences are documented in care plans. Staff interviewed are aware of care recipients' cultural and spiritual needs which affect the provision of care and lifestyle. Care recipients and representatives interviewed are satisfied staff foster and value care recipients' individual 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 is encouraged and supported to participate in decisions and exercise choice and control over the care and services they receive. Initial assessment and ongoing review processes identify care recipients' likes, dislikes and preferences. This information is used to develop care and lifestyle plans. Care recipients have opportunities to provide feedback about the provision of care and services and are encouraged to raise suggestions. Care recipients and representatives are provided with advanced care directives information to enable them to document their care wishes and appoint substitute decision makers of their choice. Monitoring processes include care and lifestyle reviews, meetings, audits and surveys. Results show care recipients have access to advocacy services and their choices are respected and encouraged. Staff interviewed said they assist care recipients to make informed choices where appropriate. Care recipients and representatives interviewed are satisfied care recipients are able to exercise choice and control over their care and lifestyle.

### 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

All care recipients/representatives are provided with an information pack prior to coming to the home, which outlines their rights and responsibilities. This includes a handbook which gives detailed information about all aspects of life at the home. These matters are discussed with the care recipient/representative prior to moving into the home. All care recipients/representatives are offered an agreement on entry to the home. The agreement includes information for care recipients about their rights and responsibilities, complaints handling, fees and charges, care and services provided, their security of tenure and the process for the termination of the agreement. Care recipients/representatives are aware of care recipients' rights and responsibilities and expressed satisfaction they are upheld.

## 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

Charles Young Residential Care Centre has a continuous improvement system to monitor compliance with the Accreditation Standard 4 and identify opportunities for improvement relating to the physical environment and safe systems. Improvement opportunities are identified through internal and external audits and feedback from staff, care recipients and their representatives, incident data analysis and maintenance programs. Improvements are evaluated through audit results, incident data analysis, and feedback gathered from care recipients, staff and other stakeholders. Care recipients and staff are aware of the mechanisms available to them to suggest improvements relating to the physical environment and safe systems.

The home demonstrated it is actively pursuing continuous improvement in relation to Accreditation Standard 4 and recent examples of this are listed below:

- Feedback from care recipients and staff showed they felt the environment looked tired and old and gave suggestions for improvement. A strategic review of the home was conducted corporately and approval granted to renovate some of the public areas of the home, including reception, hairdressing salon, coffee shop, lounge and dining areas and some care recipient rooms. Feedback reflects care recipients find the area brighter and more inviting and staff report an improved workflow.
- In response to suggestions from kitchen staff a review of processes in the main kitchen area has resulted in improved workflow and reduced the requirement for manual handling. Staff report the new processes are much more efficient and reduce the risk of injury through unnecessary manual handling that was occurring previously.

### 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

Charles Young Residential Care Centre has a corporate system to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Fire safety equipment is being inspected, tested and maintained in accordance with fire safety regulations, staff have fulfilled the mandatory fire awareness and evacuation training. The home has a current triennial certificate. The home has a food safety plan. Safety data sheets are displayed

adjacent to the chemicals to which they refer. The organisation has a work health and safety management system in-line with current legislation. Staff described how they are informed of legislative changes relevant to their role.

#### **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

There is a system to ensure management and staff have appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems.

Education and training related to Accreditation Standard 4 includes manual handling, fire & safety, handwashing & infection control, food safety, and chemical awareness.

Management and staff are satisfied with the education and training opportunities available at the home. Care recipients and representatives feel staff have the knowledge and skills to perform their roles effectively.

#### **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 provides a safe and comfortable environment that meets care recipients' individual needs. There is a combination of both individual and share rooms and care recipients have personalised their own rooms. The living environment is clean, well furnished, well-lit and has a heating/cooling system to maintain a comfortable temperature. The buildings and grounds are well maintained with a program of scheduled, preventative and reactive maintenance.

The safety and comfort of the living environment is monitored through environmental inspections, care recipient and representative feedback, incident/accident reports, audits and observation by staff. The home does not use restraint. Care recipients and representatives interviewed said they were satisfied the home ensures care recipients' safety and provides a comfortable environment in which to live.

#### **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 home provides a safe working environment that meets regulatory requirements. The home actively works towards providing a safe environment through the provision of policies

and procedures that guide staff practice. Staff interviewed said they are provided with equipment that is fit for use. Ongoing safety training includes induction, manual handling, fire and emergencies and infection control. Occupational health and safety is monitored at both a site and corporate level through the home's incident, hazard reporting and audit processes. The home has a Health and Safety Committee that monitors all incident data and maintenance issues. Staff said they are satisfied they have access to information that promotes a safe working environment and are aware of their responsibilities for occupational health and safety

#### **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 detecting and acting on fire, security and other emergencies, risks and incidents. An external fire contractor regularly monitors and maintains fire systems and equipment. Staff interviewed said they are trained in and are aware of the home's fire and emergency procedures, including the lock-up procedure each night. Care recipients and representatives said they know what to do on hearing an alarm and feel safe and secure.

#### **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 maintains an infection control program that meets Australian Government infection control guidelines. The home has a dedicated infection control staff member who provides education to staff. There are processes for outbreak management, care recipient, staff and volunteer vaccination, pest control and safe food handling. Care recipient infections are identified by clinical staff and appropriate interventions implemented. Pest control treatments are conducted by external service providers. The home has an audited food safety program and has processes to manage infectious outbreaks, including gastroenteritis outbreak kits and hand sanitisers. The infection control program is monitored through internal and external audits and incident reporting. Results show an effective infection control system is in place.

Staff interviewed said they have access to personal protective equipment and attend food safety and infection control education. Care recipients and representatives interviewed said they have access to an annual influenza vaccination program provided by the home.

#### **4.8 Catering, cleaning and laundry services**

*This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".*

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

The home meets this expected outcome

Hospitality services are generally provided in a way that enhances care recipients' quality of life and the staff's working environment. There is a four weekly rotating menu which offers

variety to meet care recipients' individual dietary needs and preferences. Main meals are cooked off site and heated on-site. Care recipients' dietary requirements, food allergies and preferences are identified and communicated to relevant staff and regularly updated. Snacks are available for care recipients who get hungry out of meal hours. Care recipients' rooms and numerous communal areas are cleaned according to a schedule and laundry services are provided by dedicated laundry staff six days a week. Hospitality services are monitored through audits, surveys, care recipient meetings and complaint processes. Staff have access to work schedules, policies and procedures that guide their practice. Care recipients and representatives are generally satisfied with the catering, cleaning and laundry services provided by the home.