



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Kessal Wing Nursing Home**

RACS ID 6914  
101 Lake Terrace East  
MOUNT GAMBIER SA 5290

**Approved provider: Boandik Lodge Inc**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for five years until 14 July 2020.

We made our decision on 27 May 2015.

The audit was conducted on 20 April 2015 to 23 April 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.

Expected outcome	Quality Agency 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

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Kessal Wing Nursing Home 6914**

**Approved provider: Boandik Lodge Inc**

### **Introduction**

This is the report of a re-accreditation audit from 20 April 2015 to 23 April 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 20 April 2015 to 23 April 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>	Sandra Lloyd-Davies
<b>Team member:</b>	Catherine Wohling

## Approved provider details

<b>Approved provider:</b>	Boandik Lodge Inc
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## Details of home

<b>Name of home:</b>	Kessal Wing Nursing Home
<b>RACS ID:</b>	6914

<b>Total number of allocated places:</b>	56
<b>Number of care recipients during audit:</b>	53
<b>Number of care recipients receiving high care during audit:</b>	53
<b>Special needs catered for:</b>	People with dementia or related disorders.

<b>Street:</b>	101 Lake Terrace East
<b>City:</b>	MOUNT GAMBIER
<b>State:</b>	SA
<b>Postcode:</b>	5290
<b>Phone number:</b>	08 8725 7377
<b>Facsimile:</b>	08 8725 8262
<b>E-mail address:</b>	<a href="mailto:admin@boandiklodge.org.au">admin@boandiklodge.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Chief executive officer	1
Director of care	1
Clinical and care staff	7
Lifestyle staff	2
Human resource officer (Corporate)	1
Quality coordinator (Corporate)	1
Care recipients/representatives	8
Ancillary staff	4
Maintenance officer (Corporate)	1
Housekeeper (Corporate)	1
Residential services officer (Corporate)	1
Work, health and safety coordinator (Corporate)	1

### Sampled documents

Category	Number
Care recipients' files	13
Summary/quick reference care plans	4
Medication charts	5
Lifestyle files	4

### Other documents reviewed

The team also reviewed:

- 'What do you think?' forms
- Audit schedule
- Chemical register
- Communication books
- Complaints register

- Continuous improvement database
- Contractor induction records
- Critical incident report document
- Dangerous drugs of addiction register
- Dietary change notification records
- Dietitian review of menu
- Documentation change request form
- Duty statements
- Emergency procedures manual
- Food safety program and audit report
- Hazardous chemical register
- Housekeeping documentation
- Infection control resources
- Information book (corporate)
- Legionella testing summary reports
- Mandatory reporting register
- Meal summary records
- Memoranda of understanding
- Menu
- Police certificate records
- Policy and procedure update distribution list
- Position descriptions and duties lists
- Preventive and corrective maintenance records
- Relocation notices
- Resident dietary preference records
- Residential care service agreement
- Resident information book (site-specific)
- Risk and restraint forms



- Roster
- Safety data sheets
- Staff bulletin
- Staff education records
- Staff information book (corporate)
- Strategic plan
- Temperature records
- Treatment books
- Triennial fire safety certificate
- Various audits and surveys
- Various checklists
- Various external contracts
- Various meeting minutes
- Various newsletters
- Various policies, procedures and guidelines
- Volunteer handbook
- Weekly hot water flush records
- Work experience students induction pack

## **Observations**

The team observed the following:

- Activities in progress
- Chemical storage
- Cleaning in progress
- 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
- Living environment
- Meal service
- Medication administration
- Personal protective equipment
- Short group observation in activity room
- Storage of medications
- Suggestion boxes
- Various noticeboards

## 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

Kessal Wing Nursing Home is owned and operated by Boandik Lodge Incorporated. The organisation has a planned approach to identify improvement opportunities and monitor performance against the Accreditation Standards. The home identifies improvement opportunities from 'What do you think?' forms and continuous improvement forms to capture comments, complaints and suggestions. Audits, surveys, care recipient and staff meetings, verbal feedback, housekeeping and maintenance requests contribute to this process.

Identified improvements are logged on a corporate continuous improvement database to track actions, progress and evaluation. The corporate quality coordinator notifies the directors of care at Kessal Wing when a new continuous improvement has been logged. The overall system is monitored through quality improvement reports that are discussed at Quality Committee meetings. Management monitor actions and timelines generated from continuous improvement activities. The corporate database is accessible to the home's director of care. Results show systems and processes are effective in capturing continuous improvement activities. Care recipients, representatives and staff interviewed are satisfied the home acts upon their suggestions.

Examples of corporate improvement initiatives implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Corporate management identified an opportunity to improve the orientation program for staff from culturally and linguistically diverse (CALD) backgrounds. Selected staff have been trained to mentor the new employees. Check lists have been developed for new staff. Mentors are required to work the first shift with the mentee. Areas for additional assistance are identified and appropriate actions implemented. CALD staff have attended a 'bridge' program to improve English language learning with a focus on documentation used by Boandik sites. Feedback from directors of care has been positive, stating progress note entries have improved. This is a work in progress and yet to be fully evaluated.
- Following success with school based traineeships in the past, management identified an opportunity to improve recruitment processes for school based trainees. Two information sessions were held at corporate office in November 2014 and was attended by 28 school

students. Eight students were engaged in work experience at various sites. As a result of this program, two students have been selected to commence as trainees.

- Management identified an opportunity to improve staff productivity and allow care recipients to connect personal devices to the internet. A wireless network has been installed which provides ease of use for all electronic equipment throughout the facility. Feedback has been positive from care recipients and staff. Care recipients are able to access books using library tablet devices. Staff have access to laptop computers to undertake assessments in the care recipients' rooms and are able to immediately enter information into the clinical program, instead of taking paper notes and transcribing into the electronic care planning system.
- The director of care identified an opportunity to improve training in medication management. An assessment tool with case scenarios has been developed. Staff complete the assessment which requires the use of research skills to find the answers. The assessments are marked by the director of care who provides feedback to staff. Staff state the assessment has helped them to think more broadly when obtaining answers in relation to the safe and correct management of medications. Management state the assessment has developed staff skills, including research skills and resourcefulness.

## 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 management of Boandik Lodge Incorporated have systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Corporate office receives updates through their subscription to State and Commonwealth legislative update services, membership of peak bodies, external consultants and correspondence with government departments. Policies, procedures, guidelines and documentation are updated corporately to comply with regulatory requirements. Staff and volunteer police certificates are recorded in a corporate database. A compulsory reporting register, food safety program and legionella certificates of analysis are held corporately. All work, health and safety guidelines are updated by corporate office to comply with legislative changes. Compliance is monitored through internal and external audits. An electronic list of regulations is monitored by the chief executive officer. Regulatory compliance is a standard agenda item for management team meetings. Senior staff are required to sign a policy and procedure update distribution list to demonstrate how they disseminate regulatory changes to staff. This process is monitored by the corporate quality coordinator. Police certificate expiry dates are monitored corporately for board members, staff, volunteers and external contractors. The director of care receives expiry dates for staff on site. Staff receive reminder letters from corporate office three months prior to expiry dates. The corporate human resource officer manages recruitment processes including statutory declarations for staff. The corporate maintenance officer monitors legionella testing for all sites including a six monthly decontamination of the warm water systems. There are corporate and site-specific processes for monitoring fire safety, including triennial fire safety inspections and observation audits. The food safety program is audited by an external service provider. The system demonstrates each home has access to relevant legislation.

Results show changes in legislation are communicated effectively to management and staff. Staff interviewed said they are updated about legislative changes that impact their roles.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Police certificates are current for staff, contractors and volunteers
- Professional registrations are monitored for clinical and allied health staff
- Re-accreditation audit notification sent to care recipients and representatives in writing.

### 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 has systems and processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Corporate management develop a training plan that outlines the frequency of training delivery. This plan incorporates compulsory education. A residential training plan for each site is developed from the corporate training plan and includes specific education scheduled over a five year period. All staff receive a corporate orientation on commencement of employment. A compulsory study day is held over five days to accommodate all staff. Staff are required to attend one full day. The overall system is monitored through annual staff performance appraisals and education evaluation records. The corporate human resources officer monitors attendance and reports to senior management meetings. Results show the organisation develops relevant education programs across the Accreditation Standards. Staff evaluation of the education program informs the development for future education topics. Staff interviewed said they have access to a range of education sessions.

Examples of education conducted over the past 12 months in relation to Standard 1 Management systems, staffing and organisation development include:

- 'In their shoes' training
- ACFI training
- Information technology
- Managing conflict
- Performance appraisals
- Self-directed learning packages.

### 1.4 Comments and complaints

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

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

The home meets this expected outcome

There are corporate systems and processes in place to ensure each care recipient/ representative and other interested parties have access to internal and external complaints mechanisms. Corporate office provides each site with information that informs care recipients and representatives about the comments and complaints system. On entry to the home care recipients and/or representatives are provided with a corporate information book, site-specific resident information handbook and residential care service agreement. The overall system is monitored through 'What do you think?' forms, audits, surveys, care recipient and staff meetings and verbal feedback. Suggestion boxes are available for confidential lodgement of

comments or complaints. Complaints are logged on a register that is monitored by the corporate quality coordinator. The director of care reports to the Corporate Services Committee on a monthly basis. The systems demonstrate the home provides access to internal and external complaints mechanisms. Results show care recipients and representatives are provided with information about advocacy services on entry. Staff interviewed are aware of the comments and complaints system and feel supported in raising concerns with management. Care recipients and representatives interviewed are satisfied that concerns they raise are managed effectively.

## **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

Boandik Lodge Incorporated has documented their vision, mission, philosophy and principles. The chief executive officer reports to a Board of management on a regular basis. An induction provided for new Board members covers governance responsibilities.

Management are guided by a three year strategic plan that reflects the organisation's commitment to quality. Results show the home's vision, mission, philosophy and principles are provided to care recipients and representatives on entry. Staff are familiar with the home's values and commitment to quality care and services.

## 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 processes to ensure there are sufficient numbers of appropriately skilled and qualified staff to deliver care and services. Corporate office has a human resource management system, including recruitment, a comprehensive induction and orientation program and performance management processes. Human resources are managed in consultation with the director of care at each site. Staffing levels are monitored at site level and the director of care has the ability to adjust rosters as required. The orientation program includes a corporate and on-site induction and a mentoring program to support new staff.

Staff skills are maintained and monitored through the education program, mandatory training requirements, annual performance appraisals, audits and feedback from staff, care recipients and representatives. The organisation provides additional support to staff, including an incentive program through training opportunities. Vacant shifts are filled by permanent or casual staff. Police certificates for board members, staff, volunteers and external contractors are monitored corporately. The director of care monitors clinical staff professional registrations. The system demonstrates the organisation identifies when care recipient needs change and employs staff with appropriate skills to provide care. Results show reminder letters are effective in managing staff police certificates to ensure currency. Staff are guided in their roles by schedules, rosters, duty statements, policies, procedures and guidelines.

Staff interviewed said they have sufficient time to complete their tasks. Care recipients and representatives interviewed are satisfied that staff have the appropriate skills to deliver care and services.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The organisation has an overarching corporate inventory and equipment system to ensure the home has appropriate stocks of goods and equipment to deliver quality care and services. Corporate services maintain a central asset replacement register and reporting database for the site, including a plant and equipment register and hazard management system. This includes safe work methods, a risk assessment rating and safe operating procedures. The home uses corrective and preventive maintenance processes and external contractors to monitor plant and equipment. Designated staff are responsible for ordering and maintaining appropriate supplies. The overall system is monitored through feedback, scheduled maintenance and incident and hazard reports. Corporate services monitor stakeholder satisfaction through comments and complaints processes, surveys and annual reviews. Results show stock levels of goods and equipment are reviewed and maintained. Staff, care recipients and representatives interviewed said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.



## 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

Boandik Lodge Incorporated has an effective corporate information management system. At a site level the home has an information system which provides staff, care recipients and relevant stakeholders access to accurate and appropriate information. Care recipients/representatives receive information about the provision of services via the resident information handbook and residential care service agreement. A variety of information is available on-site including newsletters, meetings, noticeboards and 'What do you think?' forms. The organisation has a web based SMS communication system for providing information to staff. Memoranda and hard copy information is also used to communicate with staff. Staff handover processes facilitate the identification, documentation and communication of changes in care needs. Specific information, such as audit, survey and incident data is collected and analysed at site and corporate level. Centralised archiving processes monitor the storage and destruction of documentation. Corporate office ensures computers are password protected with restrictions on levels of access. There are procedures for secure storage and management of confidential information. The home monitors information systems through audits, surveys and feedback from care recipients/ representatives. Results show information from corporate office is used effectively to communicate with relevant stakeholders. Results on-site show staff practices comply with organisational and legislative requirements. Staff interviewed said they have access to accurate information to assist them to perform their role. Care recipients and representatives are satisfied they have access to information to make decisions about care and lifestyle.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home uses externally sourced services to assist in meeting the residential care service's needs and service quality goals. Corporate office maintains a preferred supplier list, external service contracts and memoranda of understanding. Agreements with external service providers meet regulatory and legislative requirements and the terms and conditions of each agreement are specific to the service provided. Where services are contracted for care recipients directly, memoranda of understanding have been established. Medical, allied health, pharmacy, hospitality and property maintenance services are contracted for set periods with renewals based on service performance and feedback from stakeholders.

Service providers are changed if considered unsatisfactory. Corporate office manages the tendering process for external services across the organisation. The overall system is monitored through stakeholder feedback, incident and hazard reporting and annual reviews. Results show external agreements are documented and meet the home's service quality goals. Staff, care recipients and representatives interviewed said they are satisfied with the 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

In relation to Standard 2 Health and personal care, the home identifies improvements from 'What do you think?' forms, incident data and care reviews. Care recipient incidents are documented by staff, including falls, infections, behaviours, skin integrity and medication errors. This information is collated and analysed for trends. Care recipients, representatives and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of corporate and site-specific improvement activities and achievements relating to Standard 2 Health and personal care include:

- In response to feedback from directors of care, management identified an opportunity to improve care recipient access to allied health services. Previously wait times for allied health services were lengthy. Memoranda of understanding have been developed for speech pathology, dietetic services and audiology. Management said they plan to engage oral/dental services with a memorandum of understanding. Care recipients and representatives have been advised of the allied health services available. Turnaround times have reduced, with care recipients usually being seen by an allied health professional within one week. This is a work in progress and ongoing.
- The director of care from a sister-site identified an opportunity to improve the comfort and turnaround times for blood results for care recipients on anticoagulant medication. A blood test meter was purchased that requires only a finger prick of blood. The sample is analysed on site and has reduced the need for pathology services. Care recipients feedback has been positive as it is a less intrusive method of blood testing. Management state this initiative has improved efficiency of testing and obtaining instructions from the medical officer in response to the blood results.
- Following a suggestion from staff, management identified an opportunity to improve care recipient skin care and wound management. Moist wound healing has been introduced for skin tears. Staff feedback has been positive, stating skin tears are healing more quickly. Due to the success of this initiative, moist wound healing techniques have been adopted across the organisation.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

Examples of how the home ensures compliance in relation to Standard 2 Health and personal care include:

- Care recipients assessed by appropriately qualified and skilled staff
- Dangerous Drugs of Addiction (DDA) register
- Mandatory reporting register for absconding care recipients
- Medication is stored safely and securely.

## 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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 2 Health and personal care include:

- Behaviour management
- Continence management
- Dental
- Dysphagia
- Medication management and competencies
- Mobility - falls prevention
- Pain management
- Palliative care
- Skin integrity.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure each care recipient receives appropriate clinical care. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient’s clinical care needs. In consultation with the care recipient and their representative an interim care plan is developed on entry to the home. Care recipients are assessed using a variety of assessment tools to generate a detailed electronic care plan. Care plans are reviewed four monthly or updated as required to reflect changes to care needs. Clinical care is monitored through reviews, observations, treatment plans, clinical incident data, audits, care recipient and staff feedback. Changes are communicated to staff through handover, progress notes and communication diaries. Clinical Issues Committee meetings are conducted monthly. These meetings look at trending and allow discussion of individual care recipient’s issues. Results show care recipients are referred to medical officers and/or allied health specialists where there are changes to clinical care needs. Staff interviewed said they have access to up-to-date care plans and are notified of changes to care recipients’ clinical

care needs. Care recipients and representatives interviewed said they are consulted about clinical care needs and are satisfied with the 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 met by appropriately qualified staff. The home has a structured approach for identifying, assessing, monitoring, referring and communicating each care recipient’s specialised care needs. Individualised treatment care plans outline interventions and support strategies for specialised nursing care. Complex needs are overseen by registered and enrolled nurses with support and advice from senior clinical staff when needed. Training and education programs support staff with ongoing learning opportunities. Specialised nursing care is monitored through care plan reviews, observations and audits. Results show care recipients’ needs are documented and reviewed. Staff interviewed said they have access to equipment, procedures and guidelines to assist them to meet care recipients’ specialised care needs. Care recipients and representatives interviewed said they are satisfied specialised care needs are managed appropriately.

## **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

Boandik Lodge Incorporated has processes to ensure care recipients are referred to appropriate health specialists in accordance with each care recipient’s needs and preferences. Referral requirements are identified through assessment processes, progress note entries, clinical incidents and observations. A range of allied health specialists visit the home including physiotherapy, podiatry, speech pathology, and dietitian services. The home employs an occupational therapist and therapy aides. The home has electro-cardiogram recording equipment to prevent unnecessary transfer of care recipients to hospital and to allow monitoring of long term medication use. Care recipients are assisted to attend allied health services outside of the home as required. The home monitors the effectiveness of allied health referrals and outcomes through care plan review processes, and clinical review meetings. Results show care recipients are referred to appropriate allied health specialists as required. Care plans and treatment plans are updated to reflect specialists’ recommendations. Staff interviewed described referral processes and said care plans are updated to reflect care recipients’ current care needs. Care recipients and representatives interviewed said care recipients are referred to appropriate specialists as required.

## 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 regulatory requirements, professional standards and guidelines. This is supported through systems and processes and staff practices. Care recipients’ medication needs are identified on entry to the home. Each care recipient has a medication chart with their photograph, personal details, including allergies and administration instructions. Care recipients’ medication is monitored through medical officer and clinical pharmacist review. Gaps are identified through reviewing processes, trending information is collated and issues are discussed through the Medication Advisory Committee. Medication is stored safely and securely and administered from blister packs by registered, enrolled nurses and personal care staff. Ongoing competency is monitored through annual education. Results show care recipients’ medications are documented and reviewed. Staff interviewed said they undertake training in relation to medications. Care recipients and representatives interviewed said they are satisfied with how care recipients’ medications are managed and the level of consultation.

## 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

The home has systems to ensure all care recipients are as free from pain as possible. On entry to the home care recipients are assessed by nursing staff, allied health and medical personnel for needs and preferences relating to pain. The home uses a pain assessment tool and non-verbal assessment tools to assess care recipient pain levels. Care planning includes addressing identified pain through a variety of interventions, such as physiotherapy, massage, exercise programs and pharmacological interventions. Care recipients’ pain levels are monitored through observation, assessment and care plan review processes. 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 have access to guidelines to assist in managing experiences of pain. Care recipients and representatives interviewed said they are satisfied that pain issues are 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

The home has processes to ensure the comfort and dignity of terminally ill care recipients. On entry to the home care recipients and representatives are consulted about individual care needs including end of life care wishes and preferences. Assessment processes identify cultural and spiritual needs and preferences that are reflected in health and end of life care.

When a care recipient enters the palliative care phase, a collaborative approach is used which includes the care recipient, representative, medical officer and allied health specialists to maintain comfort and dignity of the care recipient at all times. The home has equipment for staff to facilitate therapeutic management and ongoing education is provided to staff. Results show through care plan review that care recipients are monitored for change in health status and care and activities are altered to reflect the change. Staff interviewed said they have access to appropriate equipment and education is provided. Staff said they feel well supported and confident in being able to support and manage care recipients through the palliative process. Written 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 nourishment and hydration. Menu planning is undertaken in partnership with care recipients and includes input by a dietitian who ensures food combinations are nutritionally sound. Each care recipient is assessed for nutrition and hydration risk as well as contributing factors that may detract or enhance nutritional outcomes. There is a system to monitor individual needs, preferences and weights of care recipients. Where issues are identified there is a referral process to refer care recipients to a speech therapist, dietitian or dental services to support ideal nutritional outcomes. Care recipients are assisted to attend allied health services appointments outside of the home as required. Results show through care plan review that care recipients nutrition and hydration needs are addressed. Staff interviewed said they have access to products to assist at risk care recipients. Care recipients have the opportunity to provide feedback through 'what do you think?' forms, resident meetings and surveys. Care recipients and representatives interviewed said they are satisfied care recipients' nutritional and hydration needs 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

There are systems to ensure care recipients are provided with assistance to maintain their skin integrity. On entry to the home, consultation and assessment is undertaken with care recipients and representatives to identify existing skin integrity issues, and contributing factors. Risk assessments are included in care recipients care plans. There are monitoring systems through activities of daily living, skin incident reports and wound reviews which are reported to the clinical staff and discussed at clinical review meetings. Results show the home has a system and processes in place to assess and monitor the changing needs of care recipients and monitor their skin integrity. Enrolled and registered nurses attend to wound care and treatment plans are reviewed by the registered nurse. Nursing staff interviewed said they have access to wound products and equipment to support care plan interventions related to skin care and ongoing training is provided. Care recipients and representatives interviewed said they are satisfied with the care provided to maintain care recipients' skin integrity.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ continence is managed effectively. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient’s continence management needs. Care plans outline a range of support strategies including aids and assistance required. Bowel habits are documented and monitored on a daily basis. Staff promote regular fluid intake and dietary strategies are implemented to maintain continence, minimise the incidence of infections and promote regular bowel habits. The home has access to a continence advisor who provides support where additional expertise is required.

Continence management training for staff is included in compulsory training days as part of the corporate training plan. The effectiveness of continence management strategies is monitored through care plan review processes, care recipient and staff feedback. Results show the incidence of urinary tract infections is monitored and collated. Strategies are implemented where trends are identified. Staff interviewed described strategies to support care recipients’ continence needs. Care recipients and representatives interviewed said they are satisfied care recipients’ continence needs are being met.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure the needs of care recipients with challenging behaviours are managed effectively. The home has a structured approach to identify, assess, monitor and communicate each care recipient’s behaviour support needs. Care plans outline individual support strategies including, triggers and interventions to minimise the incidence of challenging behaviours. Care recipients are referred to medical officers, allied health specialists or external services to assist with the management of ongoing challenging behaviours. Care plans are updated to reflect specialists’ recommendations. The home monitors the effectiveness of behaviour support strategies through care plan review processes, observation, care recipient, representatives and staff feedback. Results show incidents relating to challenging behaviours are monitored, collated and analysed. Strategies are implemented where trends are identified. Staff interviewed described behaviour support strategies for individual care recipients. 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

The home has processes to ensure optimum levels of mobility and dexterity are achieved for all care recipients. The home has a structured approach for identifying, assessing, monitoring, referring and communicating each care recipient's mobility requirements. A physiotherapist visits the home to assess and conduct ongoing review of care recipients' mobility, dexterity and pain management. Care plans outline a range of mobility support strategies including assistance required and mobility aids. The effectiveness of mobility and dexterity support strategies is monitored through care plan review processes, observation and care recipient and staff feedback. Results show the incidence of falls is monitored, collated and analysed through the clinical issues meetings. Strategies are implemented where trends are identified. Staff interviewed described mobility and dexterity support strategies for care recipients consistent with documented care plans. Care recipients and representative interviewed said care recipients are supported to optimise their 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 health is maintained through established processes. Assessments are undertaken in consultation with each care recipient and their representative. Care plans provide individualised oral and dental hygiene strategies. Care recipients are provided with options and support to access dental services of their choice. Oral equipment is replaced every season and monitored by the residential clerical support worker. Monitoring of care recipients' oral care is completed through staff observations, care plan review processes, feedback from dental specialists, care recipients and their representatives. Results show care recipients' oral and dental care is documented and reviewed. Staff interviewed said they undertake education in oral hygiene and described strategies to support care recipients' oral and dental health. Care recipients and representatives interviewed said they are satisfied care recipients' oral and dental health is maintained.

## **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. The home has structured processes to identify, assess, monitor, refer and communicate each care recipient's sensory support needs. Care plans outline a range of support strategies including communication strategies, aids and environmental strategies. Large print books and magnifying equipment is available in general areas of the home for all care recipients to

access. The effectiveness of sensory support strategies is monitored through care plan review processes, surveys and care recipient and staff feedback. Results show care recipients are referred to allied health specialists where specific sensory issues are identified. Staff interviewed described sensory support strategies for individual care recipients consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied with the way care recipients' sensory losses are managed.

## **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

The home has processes to ensure care recipients are able to achieve natural sleep patterns. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient's individual preferences for achieving natural sleep. Care plans outline a range of support strategies including, warm drinks, assistance with positioning to maximise comfort and warmth and environmental preferences. Care recipients are referred to medical officers or allied health specialists where ongoing sleep disturbances are identified. The effectiveness of sleep management strategies is monitored through care plan review processes, care recipient and staff feedback. Results show that care recipients' sleep patterns are documented and reviewed. Staff interviewed described strategies to support natural sleep patterns for individual care recipients consistent with documented care plans.

Care recipients and representatives interviewed said they are satisfied the care provided assists care recipients to achieve a good night's 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

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

In relation to Standard 3 Care recipient lifestyle, the home identifies improvements from continuous improvement forms, lifestyle reviews, care recipient meetings and ‘What do you think?’ forms. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients, representatives and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of corporate and site-specific improvement activities and achievements relating to Standard 3 Care recipient lifestyle include:

- Following feedback from volunteers, management identified an opportunity to improve transport options and reduce costs for care recipients. A volunteer donated a vehicle for use by the organisation. A volunteer booking schedule has been set-up for volunteers to assist care recipients to appointments off site. The volunteers stay with the care recipient while they attend their appointment and return them to site. Care recipients contribute to the cost of fuel. This initiative has significantly reduced the cost of transport for care recipients who were previously dependent upon taxis. Eighteen trips were undertaken in January 2015, involving 19 care recipients across the sites. Feedback from care recipients has been positive, stating it is a fantastic service and has reduced costs when travelling to appointments.
- Lifestyle coordinators identified an opportunity to improve the lifestyle program. Work procedures have been developed with a view to providing guidance for staff and volunteers and a consistent approach when facilitating activities. The work procedures include dot points under each topic explaining how to facilitate the activity. Lifestyle coordinator feedback has been positive stating activities are delivered in a consistent manner across all sites.
- In response to feedback from care recipients the lifestyle coordinator identified an opportunity to improve outdoor activities. Raised garden beds in the Roughana courtyard area have been developed. Pots and plants for care recipients to re-pot are available in the secure memory support unit. Care recipients participate in shopping outings to purchase plants with the lifestyle coordinator. Care recipient and representative feedback has been positive, stating they enjoy helping to maintain the garden.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

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

Examples of how the home ensures compliance in relation to Standard 3 Care recipient lifestyle include:

- Mandatory reporting register for allegations of elder abuse
- Privacy policy to protect the use of information
- Residential care service agreements.

### 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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Examples of education conducted over the past 12 months in relation to Standard 3 Care recipient lifestyle include:

- Choice and decision making
- Dementia
- Elder abuse reporting
- Leisure and lifestyle
- Privacy laws.

### 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

The home has processes to assist care recipients to achieve maximum independence, maintain friendships and participate in the life of the home and the community. Assessment and review processes assist the home to identify each care recipients' lifestyle preferences, interests and abilities. Care plans include strategies to support independence and are developed in consultation with care recipients and/or representatives. Physiotherapy services and occupational therapy support care recipients to maintain and improve their mobility and independence. Care recipients' civic preferences are captured and recorded. Staff assist care recipients to attend appointments outside of the home and to maintain links with family, friends and the community. Monitoring processes include surveys, resident meetings, care and lifestyle review processes, care recipient and staff feedback. Results through surveys and review processes show activities are changing to meet the needs of groups or individuals as required. Staff interviewed described strategies to support individual care recipient's independence consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied the home assists care recipients to maintain their independence according to their needs and preferences.

### 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 processes to maintain each care recipient's right to privacy, dignity and confidentiality. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient's privacy and dignity needs and preferences. Care recipients are informed of their privacy rights through the corporate information book, site-specific resident information handbook and residential care service agreement. The home maintains processes to protect care recipients' privacy and dignity. Care recipients are accommodated in single rooms and have access to private areas to meet with family and friends. Monitoring processes include feedback mechanisms, resident meetings, surveys, audits and verbal feedback. Results from surveys demonstrates care recipients are satisfied staff respect their choices and privacy. Staff interviewed described appropriate practices, such as knocking on care recipients' doors and maintaining privacy when delivering personal care. Observations of staff practices were consistent with those that support care recipients' privacy and dignity. Care recipients and representatives interviewed said staff are courteous and respectful of care recipients' privacy.

### 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

The home has processes to identify and respond to care recipients' individual interests and preferred activities. The home has a structured approach for identifying, assessing, monitoring and communicating each care recipient's lifestyle needs and preferences. Staff liaise with care recipients and representatives to gather a social history, including information relating to care recipients' past and present interests and lifestyle support needs. The information gathered is used to develop care recipients' individual lifestyle needs. A weekly activity calendar 'the grapevine' provides a varied program of regular and special activities.

Care recipients are encouraged and assisted to participate in activities. Volunteers are available to provide companionship and one-to-one activities for care recipients. The home monitors the ongoing suitability of the activities provided and the extent to which they meet care recipients' individual needs and interests through attendance records, observation, resident meetings, surveys, care recipient and staff feedback. Results show that activity attendance and evaluation sheets are completed and used to develop/change programs for care recipients as required. Staff interviewed said they have access to information about each care recipient's leisure and lifestyle preferences and they assist care recipients to attend activities as required. Care recipients and representatives interviewed said they are satisfied with the variety of activities available and the support staff provide to assist care recipients to participate.

### 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 and spiritual needs are recognised and supported. Assessment processes assist the home to identify the cultural background, spiritual beliefs and social history of care recipients on entry. Lifestyle plans are developed and include strategies to support each care recipient's cultural and spiritual preferences. Care recipients are supported to engage in events and activities of cultural and spiritual significance to them within the home and community. Religious services from a range of denominations are held at the home. Significant cultural days are celebrated including Anzac Day, St. Patricks Day, Shrove Tuesday and Australia Day. The home monitors spiritual and cultural needs through activity attendance records, surveys, feedback and through lifestyle review processes. Results show care recipients attend cultural and spiritual activities of importance to them. Staff interviewed described strategies to support individual cultural and spiritual preferences consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied the home values and promotes care recipients' individual interests, beliefs and cultural backgrounds.

### 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

Care recipients and representatives are encouraged to make decisions and exercise choice about care recipients' care and lifestyle. On entry to the home assessment processes assist the home to identify each care recipient's preferred needs, authorised representatives and contacts. Care plans outline care recipients' preferred preferences including, activities of daily living, meals, drinks and sleep. Information outlining resident rights and responsibilities is displayed in the home, in the residential care service agreement and resident information book. Care recipients are encouraged to raise concerns through, resident meetings, feedback forms, annual lifestyle survey and speaking to staff. The home monitors their processes in relation to choice and decision-making through audits, care recipient and representative feedback. Results show care recipients make decisions and exercise choice and control over their care and lifestyle needs and preferences. Staff interviewed described their responsibilities in providing care recipients opportunities to make choices about the care and services they receive. Care recipients and representatives interviewed said they are able to make choices and decisions about care recipients' care and lifestyle needs.

### 3.10 Care recipient security of tenure and responsibilities

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

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

The home meets this expected outcome

Care recipients have secure tenure within the home and are assisted to understand their rights and responsibilities. Care recipients and/or representatives are informed of their security of tenure and resident rights and responsibilities by a corporate residential services coordinator. They are provided with a resident information pack and residential care service agreement. Information regarding independent sources of advice and advocacy are available within the home. Requests to change rooms are considered by management and implemented where appropriate in consultation with care recipients and representatives. The overall system is monitored by the corporate residential services coordinator in consultation with the home's director of care. Residential care service agreements are held corporately.

Results show processes for informing care recipients of their rights and responsibilities are effective. Staff are aware of care recipients' rights and responsibilities. Care recipients and representatives interviewed are satisfied care recipients' tenure is secure and the home supports their individual needs and preferences where possible.



## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through housekeeping audits, continuous improvement forms, incident and hazard data, comments and complaints processes and maintenance records. Care recipients, representatives and staff interviewed are satisfied the home supports them to provide feedback and suggestions.

Examples of corporate and site-specific improvement activities and achievements relating to Standard 4 Physical environment and safe systems include:

- In response to an increase in workers’ compensation claims and incident reporting, management identified an opportunity to improve the manual handling program. Management reviewed the current manual handling program in collaboration with external consultants. It was recommended the organisation adopt a new manual handling program. Eight staff have received manual handling education to enable them to deliver the program. Staff education commenced in February 2015. All staff are to be trained in the new program. Feedback from staff to-date has been very positive stating the program has increased their understanding of manual handling. This initiative is due to be completed by the end of June 2015. Evaluation is ongoing.
- Following feedback from a staff survey an opportunity to improve staff health and wellbeing was identified. Twelve champions have been trained to support staff who need advice regarding health and general wellbeing. The program has been developed with a focus on health and wellbeing on a monthly basis. The work, health and safety coordinator challenged all staff during the month of November 2014 to engage in healthy behaviour. Suggestions included drinking five glasses of water or eating three pieces of fruit a day. Feedback from staff has been positive stating it has helped improve their awareness of health and wellbeing. Workplace champions are continuing to develop ideas to improve staff health and wellbeing.
- Management identified an opportunity to improve the living environment for care recipients through their corporate development plan. Two new bedrooms with en-suite bathrooms have been developed. Previously these rooms shared a bathroom. Two new courtyards have been developed to-date. A new activity room with kitchen for lifestyle activities has been developed. The feedback from staff has been positive, stating the building improvements have created a more flexible work area. This has enabled care recipients to move to various areas of the home if they wish to have ‘quiet time’.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance systems and processes.

Examples of how the home ensures compliance in relation to Standard 4 Physical environment and safe systems include:

- Food safety program and audit
- Infection control guidelines
- Legionella reports
- Triennial fire safety certificate.

## 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

Refer to Expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Examples of education provided to staff in the past 12 months in relation to Standard 4 Physical environment and safe systems include:

- Chemical training
- Emergency procedures
- Food safety
- Infection control
- Manual handling
- Senior first aid
- Work, health and safety induction.

#### 4.4 Living environment

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

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

The home meets this expected outcome

Management actively works towards providing a safe, clean and comfortable environment that is consistent with care recipients' care needs. Corporate and site-specific preventive and corrective maintenance processes ensure the home provides a safe and comfortable environment. Care recipients are accommodated in single rooms with en-suite bathrooms or single rooms with shared bathroom facilities. Care recipients have access to communal living and dining areas, including courtyard gardens. Care recipients are encouraged to personalise their rooms to reflect individual preferences. The home has a minimal restraint approach and physical restraint is used in consultation with the care recipient and/or representative, clinical staff and medical officer. Corporate maintenance services keep a central database for the site, including a plant and equipment register and hazard management system. Various external contractors assist in maintaining property, electrical testing and tagging and fire equipment. The living environment is monitored through housekeeping audits, incident and hazard reporting, preventive and corrective maintenance processes and observation. Corporate services monitor stakeholder satisfaction through feedback and annual reviews. Results show housekeeping audits are conducted on a regular basis and safety issues are identified and actioned. Staff interviewed said they are aware of their roles in assisting to maintain a safe and comfortable environment. Care recipients and representatives interviewed said they are satisfied with the safety and comfort of the home.

#### 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 has systems and processes to provide a safe working environment that meets regulatory requirements. The organisation has a risk management framework in place to identify and manage risk. Plant and equipment is risk assessed and there are safe operating procedures available. Work health and safety audits assist in monitoring and maintaining the environment. There is a centralised incident and hazard reporting system that allows each site to log and record incidents. Incident and hazard data is collated and reported at Quality Committee meetings. Monitoring processes include audits, incident and hazard reporting, preventive and corrective maintenance and annual reviews. Results show observations and housekeeping audits are effective in identifying workplace issues. Staff receive training regarding their work, health and safety responsibilities at induction and manual handling education is provided on an annual basis. Staff interviewed said they have access to personal, protective equipment, safe operating procedures and guidelines.

## 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 systems and processes to provide a safe environment through the minimisation of fire, security and emergency risks. Contracted external services and internal maintenance processes monitor the security, fire and emergency systems. There is a centralised register that schedules work to maintain the environment and safety systems in the home. The organisation has an overarching emergency procedure manual. Emergency instructions are individualised and specific to each site. External service providers undertake electrical testing and tagging of equipment. The home's security is maintained through keypad operated doors and evening lock down procedures. Monitoring processes include audits, incident and hazard reporting and housekeeping audits. Corporate services monitor stakeholder satisfaction through feedback and annual reviews. Results show fire safety records are up-to-date and maintenance requests are actioned promptly. Staff interviewed said they attend annual fire training and are aware of their responsibilities in the event of an emergency. Instructions on what to do on hearing a fire alarm are documented in the resident information book.

## 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 Boandik group has an effective infection control program with corporate services responsible for the prevention and monitoring processes for legionella. Key staff have undergone training and systems are monitored through external contractors. Equipment is serviced and maintained to an annual schedule. The organisation has policies and procedures related to the infection prevention system. Senior clinical staff and management implement and monitor the infection control program. The site has an outbreak trolley containing all basic equipment for the management of an infectious outbreak. There are processes for the disposal of contaminated waste, personal protective equipment and pest control. An audited food safety program guides catering staff practice. Management monitors infection control by scheduled audits, infection data analysis and observation of staff practices. Results show the home maintains infection control practices compliant with legislative and organisational requirements. Staff interviewed described infection control procedures relevant to their role and said their practices are monitored. The systems demonstrate the home has access to equipment that is monitored and maintained to meet the needs of care recipients.

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

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

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

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life and the staff's work environment. Care recipient needs are assessed on entry and hospitality services are planned, implemented and monitored. Catering staff use a four week rotating menu which has been reviewed by a dietitian. Meals are prepared and cooked on-site and catering staff are guided by an audited food safety program. Dietary notification records, communication books and food summary sheets including dislikes, allergies and serve size are also used to inform catering staff. Food moulds are used across the organisation to improve the appearance of modified foods. Cleaning and laundry services are guided by infection control procedures, cleaning schedules and safety data sheets. Cleaning is scheduled throughout the week for care recipients' rooms and communal areas. Laundry services are available on site for care recipients' personal clothing. Linen is managed by an external service provider. Corporate and site-specific processes monitor stakeholder satisfaction through 'What do you think?' forms, resident meetings and annual surveys.

Results from the survey confirm stakeholders are satisfied with the catering, cleaning and laundry services offered. Staff interviewed said they are aware of care recipients' needs and preferences and are satisfied with their working environment. Care recipients and representatives interviewed said they are satisfied hospitality services are provided in a manner that meets care recipients' needs and preferences.