



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Longridge Aged Care**

RACS ID 6069  
900 Attiwill Street  
NARACORTE SA 5271

**Approved provider: Naracoorte Home for the Aged 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 three years until 05 May 2019.

We made our decision on 08 March 2016.

The audit was conducted on 15 February 2016 to 17 February 2016. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Longridge Aged Care 6069**

**Approved provider: Naracoorte Home for the Aged Inc**

## **Introduction**

This is the report of a re-accreditation audit from 15 February 2016 to 17 February 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:

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 15 February 2016 to 17 February 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>	Judith Silkens
<b>Team member:</b>	Judy Aiello

## Approved provider details

<b>Approved provider:</b>	Naracoorte Home for the Aged Inc
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## Details of home

<b>Name of home:</b>	Longridge Aged Care
<b>RACS ID:</b>	6069

<b>Total number of allocated places:</b>	50
<b>Number of care recipients during audit:</b>	50
<b>Number of care recipients receiving high care during audit:</b>	10
<b>Special needs catered for:</b>	People living with dementia and related disorders

<b>Street:</b>	900 Attiwill Street
<b>City:</b>	NARACOORTE
<b>State:</b>	SA
<b>Postcode:</b>	5271
<b>Phone number:</b>	08 8762 1340
<b>Facsimile:</b>	08 8762 1359
<b>E-mail address:</b>	<a href="mailto:elbroadstock@longridge.org.au">elbroadstock@longridge.org.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	4
Clinical staff/Registered nurses	4
Care staff	5
Clinical administration support	1
Care recipients/representatives	8
Physio aides/Lifestyle staff	4
Hospitality staff	3
Maintenance staff	1

### Sampled documents

Category	Number
Care recipients' files	7
Summary/quick reference care plans	1
Medication charts	6
Personnel files	1

### Other documents reviewed

The team also reviewed:

- Action plans
- Allied health referrals/directives and follow through
- Audit schedule, various audits and results
- Call bell response reports
- Care planning documentation
- Care recipients' surveys
- Cleaning schedules
- Clinical handover documentation
- Clinical resources/guidelines and protocols

- Complaint records and reports
- Continuous improvement documentation
- Contractor and visitor sign in/out register
- Dietary needs profiles
- Duty Statements
- Exercise programs
- External contracts
- Food safety audit
- Food safety program
- Incident and hazard reports and analysis
- Infection register and control guidelines
- Job descriptions
- Maintenance records
- Medication credentialing guidelines and booklet
- Medication management documentation
- Menu
- Newsletters
- Palliative care documentation
- Resident agreement
- Resident and representative survey results
- Resident entry information checklist
- Resident handbook
- Resident transfer list
- Restraint assessments and authorisations
- S8 drug licence
- Safe operating procedures
- Self-assessment
- Staff orientation pack and staff handbook



- Temperature monitoring records
- Training documentation
- Tri-ennial fire safety certificate
- Fire system monitoring records
- Various meeting minutes, memoranda and emails
- Various policies and procedures and flow charts
- Weekly activity calendars and exercise programs

## **Observations**

The team observed the following:

- Activities in progress
- Advocacy information
- Chapel and religious service
- Charter of Residents Rights and Responsibilities displayed
- Chemical spills kit
- Colour coded cleaning system in use
- Comments and complaint information displayed
- Equipment and supply storage areas
- Hand washing and hand gel facilities
- Infection management cupboard
- Infectious waste bin
- Interactions between staff and care recipients
- Kitchen and laundry facilities
- Living environment
- Meal service in various locations
- Medication round in progress
- Noticeboards
- Personal protective equipment in use
- Photographic displays

- Pin code access
- Secure document storage and disposal systems
- Short group observation in the Bainger dining room
- Storage of medications
- Suggestion box

## 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

Longridge Aged Care actively pursues continuous improvement through an established framework of monitoring processes, which identify opportunities for improvement across the Accreditation Standards. A continuous improvement flow chart advises staff and management of the framework. Monitoring includes feedback from care recipients, representatives and staff, formal complaint and compliment processes, audits, incident trends, meeting discussions and continuous improvement suggestion forms. Improvement ideas are discussed, planned and outcomes reviewed at regular continuous improvement meetings. A continuous improvement action plan assists the review process. Staff and care recipients are advised of continuous improvement during orientation to the home. Ongoing information and participation in improvement activities is supported through meetings, newsletters, notice boards and individual communication. Care recipients and staff interviews indicate they are encouraged to participate in continuous improvement and that management is responsive to their suggestions.

Improvements implemented in relation to Standard 1 Management systems and organisational development includes:

- To improve communication systems the home has installed a new phone/pager system/call bell system. The previous system was unreliable and did not provide a comprehensive service. Over the last 12 months there have been progressive improvements to communication processes facilitated by the new system attributes. These include links to the fire alarm system, sensor mat alarms, after hours' front door intercom, and the ability to monitor call bell response times. Staff are able to promptly contact each other using the paging system. The executive director of nursing has commenced monitoring call bell response times and following discussion with staff about the need to be more prompt when answering call bells, recent reports show a 50% reduction in response times.
- Following an external audit which identified the home's orientation program documentation did not provide adequate evidence of staff orientation content, the home has revised their orientation checklist. In consultation with line managers, a more structured and detailed program, particularly related to the home's management systems, has been documented. While formal evaluation has yet to be conducted on this revised program, initial feedback from recently recruited staff has been positive.

## 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

There are management processes to identify and ensure compliance with required legislation and regulatory requirements. The quality and risk manager receives notification of legislative changes through on-line links to the Department of Health and Ageing and relevant peak bodies. Required changes are advised to the Board, management and staff through meetings, internal message systems, notice boards and through training if required. Items of relevance to care recipients and their representatives are advised through newsletters and personal communication. The home monitors actions taken through regular continuous improvement meetings with results indicating actions are taken in response to changes in legislation.

Examples of regulatory compliance relevant to Standard 1 Management systems and organisational development include:

- Processes to ensure police clearances for relevant staff, volunteers and contractors
- Staff and contractor professional registrations monitored
- Advice to care recipients and relevant stakeholders of forthcoming Re-accreditation audits.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Job specifications and staff selection processes are used to advise required skills, experience and knowledge for selected roles. Annual performance appraisals and a staff training needs survey, assist the home to plan the annual training program. Mandatory training topics and ad hoc sessions to meet additional training needs are included. Staff are paid to attend mandatory sessions and are supported to upgrade their qualifications. The home provides graduate nurse placements. The home accesses on-line training resources, in addition to external training facilitators. Attendance records and session evaluations are documented and staff maintain their own personal training logs. Cash incentives are offered for regular attendance. Staff are satisfied they have access to a range of training opportunities.

Examples of staff and management training provided in relation to Standard 1 Management systems and organisational development include:

- Customer service
- Mentoring new graduates
- Leadership-working with staff
- Assessing risk in everyday care

### 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

Care recipients and their representatives have access to internal and external comment and complaint processes. Care recipients are advised of both internal and external complaint mechanisms during entry processes, and on an ongoing basis through information displays in care recipients' rooms and throughout the facility. Confidential feedback can be placed in the home's suggestion box or lodged via the website. Staff are advised of their responsibility to advocate for care recipients and indicate they understand their role in assisting care recipients to provide feedback. All comments and complaints are recorded, reviewed and actioned by the Executive Officer/Director of Care (EO/DoC) or delegate. Outcomes are discussed at the regular continuous improvement meetings, and where relevant at staff meetings when strategies for improvement are identified. While the home does not maintain a complaint or compliment log, a summary report and analysis of all feedback received is provided to the Board six monthly. Results show there is a low incidence of complaints, which are actioned and closed out in a timely manner. Care recipient and representative satisfaction with access to feedback processes is monitored through surveys, and both staff and care recipients are satisfied they have access to effective complaint processes

## 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

Longridge Aged Care has developed and documented a vision and mission statement and commitment to providing quality aged care services. A ten year strategic plan outlines the home's objectives and strategies to fulfil this commitment. The information is provided to care recipients, staff and other stakeholders through handbooks, during orientation to the home and on the home's website.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There is sufficient, appropriately skilled staff for the delivery of care and services, consistent with the home's mission and goals. The home has recruitment and retention processes based on the identified staff numbers and skill mix to provide care and services which includes ensuring required police clearances and professional registration. Staff are rostered and allocated relevant to work loads, care needs and supervision requirements, in consultation with service managers. Planned and unplanned leave and additional required hours are managed through a casual pool and extra shifts filled by part time staff. The home does not employ agency staff. Subsequent to their orientation program, which includes a code of conduct, expected team norms and initial 'buddy' shifts, staff have access to policies, procedures and duty lists to guide their practice. Staffing levels are monitored through staff meetings, care recipient and staff feedback, call bell response times and incident trends.

Results and care recipient and staff feedback show the home has sufficient qualified staff. Care recipients are complimentary about the responsiveness and approach by staff to their needs.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

There are sufficient stocks of supplies and equipment for the provision of care and services. Supplies are monitored and ordered by line managers, according to service and care requirements and the home's procedures. Clinical supplies are replaced according to an established inventory. Clean linen is ordered from the home's own stock held by the contracted linen service. Equipment replacement and new purchases are made based on care

recipient and staff needs, relevant to trial and risk assessment outcomes. There is relevant staff training for new equipment and safe operating procedures. The home maintains an equipment register using an electronic bar code system, which is used to also track ongoing preventive maintenance requirements. Inventory and equipment is monitored through audit processes, a corrective maintenance program, testing and tagging processes, and feedback and suggestions from care recipients and staff. Results show there is sufficient, fit for purpose equipment and supplies. Care recipients are satisfied they have access to supplies and equipment relevant to their needs.

## **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 has effective information management systems in place. The home has processes to provide management and staff with access to information which supports them in meeting the requirements of their roles. Management communicates relevant information to staff, care recipients and representatives through the home's internet site, noticeboards, newsletters, emails and memoranda. Shift handover, communication books, policies, procedures and education sessions support staff communication processes. Monitoring processes include feedback from care recipients, representatives and staff, staff meetings, audits, surveys, incident and hazard reporting. Results show the home generally uses audit tools which record follow up actions from audits and has processes for the effective storage, archiving, disposal and management of information. 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

External services are provided consistent with the home's requirements and quality goals. Written agreements and contracts are prepared and monitored by the management team. This includes ensuring the requirements for police clearances, registration and insurance are met. An orientation program is conducted when new contractors enter the home and there are sign in and sign out processes. Review and evaluation of contracted services is conducted informally through management meetings, and includes staff and care recipient feedback, with changes made to services when performance is unsatisfactory. Care recipients interviewed indicated their satisfaction with externally provided services

## Standard 2 – Health and personal care

**Principle:** Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home monitors clinical care through regular care evaluations which provide an opportunity for consultation with care recipients and their representatives. Improvements are identified through trends in incidents such as falls, behaviours and skin tears, and regular audit processes. Staff and care recipients are satisfied the home is responsive to their suggestions in relation to improving health and personal care.

Improvements implemented in relation to Standard 2 Health and personal care include:

- To improve care recipient care and the capacity for care staff to respond appropriately to care recipients care needs, laminated action plans for specific care events have been documented. These include care recipients feeling unwell, episodes of vomiting or diarrhoea, agitation or being unsettled, cold or influenza symptoms. These action plans describe relevant observations to be taken, or symptom relief to be implemented prior to phoning the on-call registered nurse. The action plans are accessible in the care staff offices and in the handover book. Staff indicate this information has enabled them to initiate appropriate care, precluding the need to call the registered nurse or enabling care recipient comfort while waiting for the registered nurse to attend. Registered nurse call out has been reduced as a result.
- To improve the safety of S8 medication management, the home has revised the processes for changing and applying S8 patches. Previous processes included patch changes being conducted at 6am requiring credentialed night duty care staff to change them. This is a busy time for staff, increasing the potential risk for error. The patch change time has now been revised to 10am and the changes are made by registered nurses. This has reduced the pressure on staff and reduced the risk of error.



## 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 for information relating to the home’s systems and processes for regulatory compliance.

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

- Current licence to possess and store S8 drugs
- Policy and procedures for the management of unexplained care recipient absences.
- Provision of care by qualified staff according to the Quality of Care Principles.

## 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 relating to the home’s education and staff development systems and processes.

Examples of staff education provided relevant to Standard 2 Health and personal care include:

- Palliative care
- Medication management credentialing
- Wound management
- Aural health
- Dementia care Start supporting information here.

## 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 appropriate for their needs and preferences. Nursing staff complete clinical assessments in consultation with medical and allied health professionals, the care recipient, representatives and staff attending their care.

Care plans are reviewed regularly, handover processes and progress notes inform staff of changes in care, nursing staff advise medical officers of changes in care recipient health status. Clinical care is monitored through audits, observations during regular care, medical review and incident analysis. Results show care needs are assessed and reviewed on a regular basis and changes in health status are referred to the care recipient’s medical officer for review. Staff interviewed provided examples of individual care needs consistent with planned care. Care recipients and representatives interviewed said they are consulted about care recipients’ care needs and care is provided in a caring, respectful manner.

## 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 staff. Registered nursing staff identify, plan, implement and evaluate specialised care needs and specialised care documentation includes specific needs and preferences, equipment required and relevant instructions for use. Registered Nurses are appointed to specialised care portfolios to enable consistency of care. Specialised care provided includes pain management, diabetes management, complex wound and catheter care. Specialised nursing care is monitored through scheduled care review, clinical audit and consultation with relevant specialist services. Results show medical and specialist services are accessed as required and treatment orders updated. Staff interviewed said specialised care is delivered by registered nursing staff in consultation with medical and health professionals. Care recipients and representatives interviewed 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 appropriate health specialists in accordance with their needs and preferences. Physiotherapy services are provided at the home and audiometry services, a speech pathologist and mental health specialists visit the home when required. Podiatry, dental and ophthalmological services are accessed externally and the home can provide

assistance to attend if required. Specialist treatment orders are recorded in progress notes and care plans, and changes in treatment orders are reported in the handover report.

External appointments are recorded in handover documents and diaries. The home monitors the referral process through regular consultation with relevant services, feedback from care recipients and representatives, and care review. Results show staff make appropriate referrals to specialist services and care documentation is updated as required. Staff interviewed said they are notified of changes in treatment orders and gave examples of instructions consistent with planned care. Care recipients and representatives interviewed said they are satisfied care recipients are referred to specialist services when appropriate.

## **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

The home has systems to manage care recipients’ medication safely and correctly. Nursing staff assess and record medication administration requirements and oversight medication administration by credentialed care staff. There are procedures for medical officer approved nurse initiated medications, and ‘as required’ medications are recorded on care recipient medication charts with directions for use. Evaluation of effectiveness of nurse initiated and ‘as required’ medications is recorded and pharmacists and medical officers review medications and medication charts on a regular basis. Medication management is monitored through audits, observation of staff practices, clinical meetings and analysis of medication incidents. Results show staff understand and generally comply with the home’s medication management procedures. Care and nursing staff interviewed described their practice for safe administration of medication and said they undertake medication competency assessment.

Care recipients and representatives interviewed are satisfied care recipients’ medications are managed safely and correctly.

## **2.8 Pain management**

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

### **Team’s findings**

The home meets this expected outcome

The home has an approach to pain management that enables care recipients to remain as free as possible from pain. Nursing staff identify and document specific and individual verbal and non-verbal indicators of pain, and strategies to manage pain are included in the care plan. The physiotherapist provides ongoing assessment and pain management treatments for all care recipients with pain. Nursing staff utilise alternatives to medication when possible, including massage, positioning, heat treatment and reassurance. The effectiveness of pain management is monitored through review of ‘as required’ medication, observation of care recipients and formal pain assessment during regular care plan reviews. Results show care recipients’ level of comfort is regularly assessed and interventions implemented are monitored for effectiveness. Staff said pain assessments occur on a regular and as needed basis and gave examples of how individual care recipients indicate they may have pain. Care recipients and representatives interviewed are satisfied care recipients’ pain is managed effectively.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

There are processes to maintain the comfort and dignity of terminally ill care recipients and to support staff and representatives. In consultation with representatives, where possible, nursing staff identify and document individual end-of-life needs and preferences. End-of-life care and comfort is managed in consultation with the medical officer and documented in ‘High Care’ care plans, with consideration for maintaining dignity and comfort. The home is able to provide a memorial service for families, friends, staff and other care recipients who may wish to attend, supported by local churches. The provision of appropriate end-of-life care is monitored through ongoing observation of care recipients’ comfort, monitoring staff practices and feedback from family and friends. Results show care recipients’ individual needs are assessed and documented and medical officer support is accessed should care needs change. Staff interviewed provided examples of care interventions, such as, skin care, pain management and oral care to maintain comfort and dignity. The home provided examples of feedback from representatives complimenting the home on the comfort and dignity provided during end-of-life care.

## 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. Nursing staff assess individual nutritional needs and assistive care requirements in consultation with care staff and allied health professionals. Referrals are made to the speech pathologist as required and specific orders are communicated to relevant staff via the handover process, in progress notes and care plans. Meals and drinks are modified according to specialist advice. Nutrition and hydration is monitored through regular weighing of care recipients, scheduled care review and ongoing consultations with the medical officers. Results show there is ongoing assessment and monitoring of nutrition and hydration needs for care recipients at risk of nutrition and hydration deficiencies. Staff interviewed gave examples of individual nutritional requirements such as modified consistency of foods consistent with planned care. Care recipients and representatives interviewed said they are satisfied care recipients receive adequate nutrition and hydration.

## 2.11 Skin care

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

### **Team’s findings**

The home meets this expected outcome

The home provides effective care strategies to maintain care recipients’ skin integrity consistent with their general health. Nursing staff assess skin care needs and record care interventions to maintain skin health, in the care plan. Strategies to maintain skin integrity include the use of moisturising creams, nutrition and hydration management, regular positioning, protective bandages and clothing. Nursing staff assess and monitor skin incidents and provide wound care in consultation with the medical officer when required. Skin care is monitored through care evaluation, review of wound care results and observation of staff practices. Results show nursing staff assess and monitor skin care and document required interventions in the care plan. Staff described strategies and interventions to maintain and improve skin care. Care recipients and representatives interviewed are satisfied with their skin integrity is managed effectively.

## 2.12 Continence management

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

### **Team’s findings**

The home meets this expected outcome

The home has a continence management program that is effective in maintaining care recipients’ comfort and dignity. Nursing and care staff assess, plan and monitor continence and comfort needs in consultation with relevant health professionals. Care plans include individual strategies and interventions to assist with personal care and where required appropriate aids are provided. An appropriately qualified care staff member has portfolio responsibility for continence management, and there are strategies to manage and monitor urinary infections, skin condition and fluid intake. Monitoring processes include staff feedback regarding continence aid effectiveness, feedback from care recipients and care review.

Results show individual continence requirements are assessed and evaluated on a regular basis and staff report and record changes in care needs. Staff interviewed gave examples of continence management consistent with planned care. Care recipients and representatives interviewed said they are satisfied the care provided maintains care recipients’ comfort and dignity.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to support and manage care recipients with challenging behaviours. Nursing staff assess, plan and evaluate behavioural management needs in consultation with medical officers, relevant specialist services and staff providing daily care. Care

documentation includes information regarding triggers that cause care recipients' anxiety and discomfort, and interventions to manage individual needs. Behaviour incidents are documented and reviewed by senior clinical staff. Medical officers and specialist services are accessed as required and treatment orders recorded in care documentation. Monitoring processes include scheduled care review, incident analysis, observation and feedback from care recipients and staff. Results show individual needs are assessed and monitored and the medical officers are consulted when care needs change. Staff interviewed gave examples of strategies used in response to challenging behaviours. Care recipients and representatives interviewed are satisfied that care recipients with challenging behaviours are managed effectively.

## **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 maintains care recipients' mobility and dexterity at a level consistent with their general health status. Nursing staff and the physiotherapist assess individual mobility and dexterity needs and document detailed strategies for support in the care plan. The physiotherapist is on-site regularly to review care and provide treatments and exercise programs and physiotherapy aides provide ongoing mobility support five days per week. The physiotherapist assesses the suitability of mobility aids for individual care recipient needs and provides staff training regarding individual manual handling and equipment needs. Falls prevention strategies include sensor mats, protective equipment, and regular monitoring and lifestyle activities encourage mobility and dexterity. Nursing staff monitor mobility and dexterity needs through scheduled care review, analysis of fall incidents, observation and audits. Results show staff implement strategies to support mobility and dexterity consistent with planned care needs. Staff gave examples of strategies to maintain care recipients' dexterity, such as exercise and therapeutic massage. Care recipients and representatives said they are satisfied care recipients have access to suitable equipment.

## **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

There are processes to assist care recipients to maintain their oral and dental health. Nursing staff assess individual oral and dental care needs and include this information in the care plan. Care recipients are assisted to access local dental services when required.

Toothbrushes and denture care products are replaced as required and staff assist care recipients with their daily oral and dental care needs where necessary. Management monitors the home's oral and dental care program through care reviews, observation of staff practice and feedback from care recipients. Results show regular care review and ongoing consultation processes enable effective management of care recipients' oral and dental care needs. Staff said they monitor oral and dental hygiene during daily care and report signs of discomfort. Care recipients and representatives interviewed said they are satisfied with the care and services provided.

## 2.16 Sensory loss

*This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

The home has processes that identify and manage the impact of sensory loss in relation to the five senses. Nursing staff assess sensory loss for hearing, vision, taste, touch and smell and record relevant information in the care plan. There are assistive aids to support vision and hearing loss and an audiologist visits the home when required. The physiotherapist regularly reviews sensory loss in relation to touch. Nursing staff monitor the impact of sensory loss through observation and feedback and staff provide appropriate support to assist care recipients in their daily activities. Results show appropriate aids are provided and maintained, assisting care recipients to participate in daily activities. Staff interviewed gave examples of how they manage the impact of sensory loss for individual care recipients. Care recipients and representatives interviewed said they are satisfied with the care and services provided.

## 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 supports care recipients to achieve natural sleep patterns. Nursing and care staff identify and document individual preferences to support natural sleep including preferred settling routines, warm drinks and environmental stimuli. Staff document sleep disturbances and what comfort strategies are provided in progress notes. This information is reviewed by nursing staff who consult the medical officers when strategies are not effective. Nursing staff monitor sleep patterns and ‘as required’ medications on a regular basis and through the regular care review. Results show sleep disturbances are identified, reported and interventions are regularly reviewed. Staff described strategies to support individual preferences consistent with documented care plans. Care recipients and representatives interviewed said they are satisfied with individual sleep strategies implemented by the home.

## 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 relating to the home’s continuous improvement systems and processes.

In relation to Standard 3 Care recipient lifestyle the home’s complaint and compliment process provides improvement ideas, in addition to the home’s resident and representative surveys and activity evaluations. Lifestyle plan reviews provide an opportunity for feedback during consultation with the care recipient and their family. Care recipients are satisfied they are supported to make suggestions to improve their lifestyle.

Examples of improvements implemented in relation to Standard 3 Care recipients’ lifestyle include:

- Recognising the changing capacity of care recipients, the home has reviewed their activities program and has developed separate programs and activity calendars for high level care, care recipients with cognitive deficit, compared to those requiring low level care. Care recipients are supplied with the activity calendar relevant to their needs. Results show increased levels of attendance and participation in each program and there is increased attention to individual needs. Behaviours have reduced and there is less care recipient agitation.
- To assist care recipients’ representatives to be more aware of the activities care recipients participate in and to see their enjoyment, the home has implemented a number of photographic displays around the home, showing care recipients engaged in a variety of activities. Some representatives had expressed concern that their family member did not appear to engage in any activities, or the care recipient could not recall having attended activities. The outcome is that representatives are re-assured that their family member does participate and the photographs also provide a conversation focus during visits. The photographs indicate there are a wide variety of activities available in the home and show care recipient enjoyment and social engagement



### 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 relating to the home’s systems and processes.

In relation to Standard 3 Care recipient lifestyle the home ensures compliance through:

- Policy and procedures relating to the reporting and management of alleged elder abuse
- Privacy policy and related processes
- Security of tenure processes, supported by current residential care 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 relating to the home’s education and staff development systems and processes.

Examples of staff education provided relevant to Standard 3 Care recipient lifestyle include:

- Meaningful activities for dementia care
- Person centred activities
- Pet therapy
- Elder abuse

### 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 receive support in adjusting to life in the new environment and on an ongoing basis. The home has processes to identify, assess and monitor each care recipient’s emotional needs. On entry, staff provide individual support to care recipients to assist them settle into their new environment. Community visitors provide one-to-one companionship for

care recipients and local churches provide pastoral care services when required. General practitioners and allied health services are able to be accessed as required. Monitoring of care recipients' ongoing needs is conducted through the lifestyle review process, audits, observation and feedback. Results show care recipients are referred to medical officers or allied health services where further support is required. Staff interviewed gave examples of emotional support provided to care recipients. Care recipients and representatives interviewed said they are satisfied with the emotional support provided by staff.

### **3.5 Independence**

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

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

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Each care recipient's lifestyle preferences, interests and abilities are assessed on entry and regularly reviewed. Care plans include strategies to encourage independence including civic, cultural, physical, emotional and social aspects. The home is able to assist care recipients to attend appointments outside the home if required and family members assist care recipients maintain links with family, friends and the community. The home has activities involving community groups who attend the home providing an opportunity for care recipients to socialise. The home monitors strategies to support independence through care and lifestyle review processes, audits, observation and feedback. Staff interviewed described strategies to support care recipients' independence consistent with documented plans of care. 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. The home identifies each care recipient's privacy and dignity preferences during assessment processes. Strategies including preferences for preferred name, activities of daily living and lifestyle are documented in care plans. The home maintains processes to protect care recipients' privacy and confidentiality including consent to collect and disclose personal information. Care recipients have access to lounge and outdoor areas to meet with family and friends. Monitoring processes include care and lifestyle reviews, audits, observation and feedback. Results show care plans include individualised strategies to support care recipients' privacy, dignity and confidentiality needs and preferences. Staff interviewed described practices to support care recipients' privacy and dignity. Care recipients and representatives interviewed said privacy, dignity and right to confidentiality is respected.

### **3.7 Leisure interests and activities**

*This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".*

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

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities of interest to them. The home has processes to identify, and record in care plans, each care recipient's lifestyle needs and preferences, social history, leisure interests and, preferred activities. Two different weekly activity calendars provide a varied and responsive program of activities and special events enabling staff to react to care recipient preferences and entertainment opportunities. Care recipients are assisted to participate in activities of their choice with each calendar tailored to cater to the abilities of care recipients. The ongoing suitability of activities is monitored through lifestyle reviews, audits, surveys, observation and feedback. Results show care recipients are encouraged to participate in activities and have opportunities to provide feedback in relation to the activity program. Staff interviewed said they have access to information relating to each care recipient's lifestyle and leisure interests and assist care recipients to attend activities of interest to them. Care recipients and representatives interviewed said care recipients are supported to participate in activities of interest to them.

### **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 ethnic background are recognised valued and fostered. The home has processes to identify, assess, monitor and communicate each care recipient's cultural and spiritual needs and preferences. Spiritual preferences, social history and cultural background are recorded in care plans and care recipients are encouraged to participate in cultural and spiritual events of significance to them. Religious services are held on a regular basis with several local churches of various denominations rostered to provide services at the home. Significant cultural days are celebrated including Australia day, St Patrick's Day, Remembrance Day, Christmas and Easter. Monitoring processes include lifestyle reviews, audits, observation and feedback.

Results show care recipients' individual spiritual and cultural needs are documented and supported. Staff interviewed provided examples of spiritual support strategies for individual care recipients consistent with documented care plans. Care recipients interviewed said they are satisfied the home fosters and supports their 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

Care recipients and representatives are encouraged to make decisions and exercise choice and control over care recipients' care and lifestyle. Each care recipient's needs and preferences are assessed on entry to the home. Care plans identify care recipients' preferences for activities of daily living, meals and drinks, sleep, and lifestyle. Care recipients are provided with information on their rights and responsibilities on entry, in residential accommodation agreements, resident handbooks and noticeboards throughout the home.

Care recipients and representatives are encouraged to raise concerns through feedback forms and verbally to staff. Monitoring processes include audits, surveys and through care recipient and representative feedback. Results show care recipients are assisted and encouraged to make decisions and choices about their care and lifestyle. Staff interviewed described their responsibilities in supporting care recipients' choices regarding the services they receive. Care recipients and representatives interviewed said they are supported to make choices and decisions about the services offered and their lifestyle needs and preferences.

### **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

There are processes to provide for secure tenure and assist care recipients to understand their rights. Entry processes include discussion and provision information about financial arrangements and security of tenure. A checklist assists the home to ensure all required information is discussed. Care recipients are encouraged to seek alternative advice about the agreement and their rights and additional information including The Charter of Residents' Rights and Responsibilities is displayed in the home and included in the home's newsletter when relevant. Accommodation changes, if required, are negotiated with the care recipient and their representative and documented. Staff are provided with information about care recipients rights and general advice about Aged care funding arrangements. The home receives external legal updates relating to the content of residential agreements and conducts a post-entry survey to assess care recipient and representative satisfaction with entry processes. Results and care recipient interviews show care recipient satisfaction with entry processes and that they feel secure in their tenure.

## 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 relating to the home’s continuous improvement systems and processes.

In relation to Standard 4 Physical environment and safe systems the home identifies improvements through resident and representative surveys, incident, hazard and accident trends and internal and external audits. Improved processes for infection control are identified through infection surveillance and observation of staff practice.

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

- To improve staff safety in relation to moving furniture around the home, two moving trolleys have been purchased. These trolleys are used to assist staff when moving a large number of chairs or other heavy furniture from one area to another in the home. These trolleys have been welcomed by staff, reducing the risk of injury.
- To assist staff to promptly address small equipment faults after hours, laminated trouble shooting sheets have been prepared and are accessible in the carer’s office and the home’s kitchen. These sheets include information on such items as re-setting the phone system, re-booting the air conditioners, isolating internal alarms and turning gas off in an emergency. Staff were advised of the new information through the electronic message system and it is included in staff orientation. Staff have found the information helpful and maintenance staff call out has been reduced by 80%.

## 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 relating to the home’s systems and processes.

In relation to Standard 4 Physical environment and safe systems the homes ensures compliance through:

- Maintaining a current Tri-ennial fire safety certificate
- Audited food safety program
- Current Work, health and safety policy and procedures

## 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 relating to the home’s systems and processes.

Examples of staff training provided in relation to Physical environment and safe systems include:

- Fire and emergency management
- Infection control
- Manual handling
- Food safety
- Start supporting information here

#### **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 to provide a safe, comfortable environment to meet care recipients' needs. Entry processes provide care recipients and their families with information about the home's living environment and their proposed accommodation. Care recipients have single, ensuite rooms with access to a range of private and communal spaces for activities and dining. There are secure external gardens and courtyards and care recipients are free to move throughout the home. A call bell system enables care recipients to alert staff when assistance is required. Restricted areas are secure and there are processes to monitor the safety of care recipients prone to falls. The home maintains a restraint free environment. Staff receive training in the safe assistance of care recipients with limited mobility and were observed to support them to move around the home. Incident and hazard reports, cleaning and environmental audits, maintenance programs, staff and care recipient feedback assist the home to monitor the safety and comfort of the living environment with results indicating the environment is consistent with care recipient's needs. Care recipients are satisfied they are provided with a safe and comfortable living environment.

#### **4.5 Occupational health and safety**

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

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

The home meets this expected outcome

Management actively supports a safe working environment that meets regulatory requirements. The quality and risk manager coordinates the work health and safety program and return to work processes. Outcomes of the home's work health and safety monitoring processes are reported at regular work health and safety meetings and include incident, hazard and accident trends, work site inspections, and outcomes of relevant risk assessments. Work health and safety and reporting processes are a component of the home's induction program and annual mandatory training. Staff have access to safe operating procedures. Results show there is a low incidence of accidents and lost time injury. Staff interviewed are satisfied they are provided with equipment, training and support to work safely.

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

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

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

The home meets this expected outcome

There are management processes to provide an environment and safe systems to reduce the risk of fire, security and other emergencies. There is access to emergency procedures and evacuation plans throughout the home, which have been revised to include refurbished areas

and additional structures in the home. Fire and emergency training is provided at induction and during annual mandatory training and is tested during fire drills. Staff are aware of their responsibilities in the event of a fire. The fire system and equipment are maintained and regularly monitored and assessed by external fire services and the home's maintenance staff with results showing the systems are functional and defects actioned in a timely manner. There are current care recipient transfer lists and evacuation packs and care recipients are provided with information on actions in the event of a fire alarm. The home has a smoking policy with risk assessments and supervision requirements for care recipients who choose to smoke. The home has disaster contingency plans and has capacity and building structures to enable evacuation if required. Secure, key pad operated entry and exit doors maintain the home's security. Care recipients said they feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

The home maintains an infection control program that meets Australian Government infection control guidelines. There are processes for outbreak management including care recipient and staff vaccination, pest control, and cleaning programs. Care recipient infections are identified by clinical staff and appropriate interventions implemented. Licensed external service providers and internal maintenance staff manage waste and pest control and conduct warm water testing and flushing. The home has an audited food safety plan and has processes to manage infectious outbreaks. The infection control program is monitored through internal and external audits, incident reporting and workplace inspections. Results show care recipients' infections are managed effectively. Staff said they attend training in infection control and food safety and have access to appropriate personal protective equipment. Care recipients and representatives are satisfied with staff practice to minimise the incidence of infection.

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

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

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

The home meets this expected outcome

Hospitality services are provided to enhance care recipients' quality of life and the working environment for staff. Care recipients assessed dietary needs and preferences are communicated to catering services, and meals, between meal snacks and drinks provided accordingly. Care recipients are provided with alternative choices to the menu when required, and utensils suitable for their individual capacity. The ancillary services manager meets with care recipients individually to discuss their specific needs. The home provides a personal laundry service according to care recipient choice. This includes a naming system to reduce the incidence of lost clothing. Laundering of the home's linen is an externally contracted service. There is a regular cleaning service managed according to infection control principles and schedules, to ensure regular cleaning of care recipients' rooms, bathrooms and communal areas. Hospitality services are monitored through care recipient and staff feedback, and audit processes, with results indicating hospitality services are effective and meet with the satisfaction of care recipients and staff.