



**Australian Government**  

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**Australian Aged Care Quality Agency**

## **Opal Murdoch**

RACS ID 7261  
20 Windelya Road  
MURDOCH WA 6150

**Approved provider: DPG Services Pty Ltd**

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

We made our decision on 24 March 2016.

The audit was conducted on 01 March 2016 to 02 March 2016. The assessment team's report is attached.

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

# 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



**Australian Government**  
**Australian Aged Care Quality Agency**

# **Audit Report**

**Opal Murdoch 7261**

**Approved provider: DPG Services Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 01 March 2016 to 02 March 2016 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

## **Assessment team's findings regarding performance against the Accreditation Standards**

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 March 2016 to 02 March 2016.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

## Assessment team

<b>Team leader:</b>	Ben (Benedict) Carroll
<b>Team members:</b>	Ann-Marie Phegley Niky (Nikole) Parry

## Approved provider details

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

<b>Name of home:</b>	Opal Murdoch
<b>RACS ID:</b>	7261

<b>Total number of allocated places:</b>	141
<b>Number of care recipients during audit:</b>	132
<b>Number of care recipients receiving high care during audit:</b>	128
<b>Special needs catered for:</b>	Nil specified

<b>Street:</b>	20 Windelya Road
<b>City:</b>	MURDOCH
<b>State:</b>	WA
<b>Postcode:</b>	6150
<b>Phone number:</b>	08 6332 6200
<b>Facsimile:</b>	08 6332 6298
<b>E-mail address:</b>	<a href="mailto:dl_compliance@opalagedcare.com.au">dl_compliance@opalagedcare.com.au</a>

## Audit trail

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

### Interviews

Category	Number
General manager WA	1
Facility manager	1
Quality advisor	1
Quality assistant	1
Registered nurses	3
Enrolled nurse/care coordinator	1
Enrolled nurses	4
Lifestyle and therapy staff	4
Housekeeping supervisor	1
Care recipients/representatives	19
Physiotherapist	1
Occupational therapist	1
Care staff	9
Care manager	1
Occupational health and safety representative	1
Maintenance officer	1
Kitchen manager	1
Housekeeping staff	5

### Sampled documents

Category	Number
Care recipient files and care plans	14
Summary/quick reference care plans	16
Medication profiles	24
External contracts	5
Treatments charts	14
Personnel files	9
Care recipient agreements	4

## Other documents reviewed

The team also reviewed:

- Admission planner
- Allied health referral files
- Archive records
- Audit and survey schedules and reports
- Care conferences schedule and recorded interviews
- Care plan reviews and assessments planner
- 'Care recipient of the day' register
- Clinical monitoring records including blood glucose levels, bowels and weights
- Compulsory reporting records
- Continuous improvement plan
- Corrective and preventative maintenance program, pest control records, fire and emergency equipment maintenance records
- Feedback forms and summaries
- Food safety program, menus and dietary matrix including food supplements, cleaning programs and signing sheets
- Handover sheets and daily treatment files, communication books, duty statements and position descriptions, rosters, staff diaries and staff memoranda
- Hazard, incident and accident reports and summaries
- Infection control folder including outbreak information, vaccination records, infection statistics
- Meeting minutes and newsletters
- Physiotherapy weekly planner, care recipient walks list and daily statistics
- Policies and procedures, manuals and guidelines
- Therapy programs, attendance, statistics and evaluations, and end of life files
- Training calendar, attendance sheets and evaluations
- Transitional file containing meeting minutes and correspondence relating to the transfer of the home from St Ives to Opal
- Volunteer file



- Wound management files.

## **Observations**

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Availability of internal and external complaints information and brochures and secure feedback box available throughout the home
- Interactions between staff and care recipients and care recipients' general appearance
- Living environment
- Meal and refreshment services and staff assisting care recipients with meals
- Noticeboards displaying care recipient and staff information including Charter of care recipients' rights and responsibilities, advocacy and comments and complaints processes
- Short group observation in the dining room
- Storage of wound care and continence products
- Traffic light mobility system in effect.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The organisation actively pursues, plans, implements and evaluates continuous improvement activities. Reporting and feedback mechanisms guide staff to identify opportunities for continuous improvement. Information from sources such as suggestion and feedback forms, audits, hazard/incident reports, surveys and meetings are logged, actioned, evaluated for effectiveness and feedback given to stakeholders via meetings. Staff, care recipients and representatives reported they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

Examples of current or recent improvements in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- After reviewing the rostering system, the home is adjusting staff shifts across the six wings of the home. The management team stated this is being done in consultation with the staff, and will allow staff to better respond to care recipients' needs. For example, the management team has met with laundry staff to discuss extending rosters across seven days to decrease peaks in workload and increase the frequency with which laundry services are provided to care recipients. The home will continue to seek feedback from staff and monitor workloads to evaluate the effectiveness of changes as they are implemented.
- Noting that verbal feedback sessions with care recipients and family members had become increasingly informal and were not necessarily being recorded, the facility manager is promoting formal conference meetings. We observed a schedule to plan conferences in use at the home. The management team reported the encouragement of more structured meetings will result in more detailed discussions which are more effectively documented. Feedback from those attending these conferences 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

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from government agencies and industry representative bodies. Policies and procedures are reviewed by a governance committee and updated accordingly.

Information is disseminated to staff, care recipients and family via emails, meetings, newsletters and staff memoranda. New staff are provided with information regarding employee and employer work arrangements. The home monitors compliance with legislative requirements through internal and external auditing programs, observations and performance appraisals, and regularly reviews the currency of professional registration, police certificates and visas of staff. Care recipients’ fees and charges are set according to legislation, and care recipients and representatives are informed of external complaints processes upon or prior to moving into the home. Stakeholders were informed of the re-accreditation audit via letters, meetings and on-site posters.

## 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’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identifies training needs through feedback and requests from staff, surveys, audits, accident/incident reports and observation of work practices. Site orientation and ‘buddy’ shifts are provided to new staff, and induction, mandatory and optional training is regularly provided. The effectiveness of training is monitored via staff training evaluation forms. Staff reported they have sufficient training opportunities in order to perform their duties.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Aged care legislation
- Care systems
- Comments and complaints handling
- Compulsory reporting
- Training in documentation.

## 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, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure channels for submitting written and oral feedback. Information regarding external complaints services is provided in care recipient agreements and handbooks and is available to visitors at the home, and information regarding advocacy services is also provided. The home monitors response times to comments and complaints and provides feedback to stakeholders in a timely manner. The home measures the effectiveness of the comments and complaints process via satisfaction surveys, case conferences and meetings with care recipients and/or representatives. Issues identified through the complaints process feed into the home's continuous improvement plan. Staff described ways in which they advocate on behalf of care recipients. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home's mission and values statement is documented and is available for care recipients, representatives and staff. Staff and care recipients are informed of the home's vision and values via information packs and the organisation's website. These are also displayed at the home. All such documents have consistent content.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the standards and the home's philosophy and objectives. The facility manager and care staff leaders review staffing levels based on care recipients' assessed needs, mobility of care recipients, feedback from care recipients and staff, and audits. The recruitment of staff is based on criteria reflecting care recipients' needs and position descriptions, and the skills and qualifications required are considered during the recruitment and interview process. New staff are 'buddied' or rostered with experienced

staff and temporary staff are oriented to the home prior to commencing duties. Staff performance is monitored via performance appraisals, observation, surveys and the review of audit results. Staff reported they have sufficient time to complete their duties and the home effectively manages planned and unplanned leave. Care recipients reported satisfaction with the skill level and number of staff to provide care.

## **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 home has adequate supplies of appropriate stock and equipment to deliver quality services. Designated key staff members oversee stock levels in consultation with the facility manager, and the home maintains a list of preferred suppliers. When necessary, staff are trained or supported in the use, maintenance and secure storage of new equipment. The home monitors the effectiveness of storage, condition and availability of goods and equipment via stocktakes, inspections and audits. Staff reported they have sufficient equipment and supplies to undertake their duties. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment to meet 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 management systems that provide stakeholders with access to appropriate information. Scheduled meetings specific to staff members' duties such as care staff, and clinical and occupational health and safety meetings occur regularly. The organisation reviews standardised documents, policies and procedures via audits and these are available as hard copies and/or via the organisation's intranet. The home has a secure on-site storage area for archived documents, and documents awaiting destruction are securely stored. The home maintains a directory of archived files. Electronic information is password protected and electronic records are saved daily. Management routinely collates and trends data from clinical records and indicators, surveys and audits to identify and meet staff and care recipients' needs. Staff reported they have access to information relevant to their roles through handovers, meetings and the issue of staff memoranda. Care recipients and representatives reported satisfaction with the access to information to assist them to make decisions about their 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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. The home outsources allied health services such as podiatry and pharmaceutical services to meet care recipients' needs. All external contractors supply and maintain police certificates and evidence of currency of insurance and professional registrations. The quality of work provided by external contractors is monitored through regular reviews and audits, and past performance is considered prior to renewing agreements. Care recipients, representatives and staff reported satisfaction with the quality of service they receive from external service providers.

## 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 an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvements in relation to Standard 2 – Health and personal care are described below.

- On the recommendation of clinical staff, the home has revised the layout and content of care staff handover sheets. The new sheets are printed on A3 paper and include information such as diagnosis, identification of behavioural triggers and specific care needs. The management team reported the new layout and additional spacing makes it easier for staff to absorb this information and better equips staff to provide appropriate care. We observed the new handover sheets being used at the home. Staff provided positive feedback regarding this initiative.
- The home has introduced colour coded toothbrushes across the wings. Under the new system, when toothbrushes are changed quarterly, all care recipients are issued with the same colour toothbrushes. This was suggested by an enrolled nurse. Care staff confirmed the system helps them monitor the replacement of care recipients' toothbrushes more effectively.
- Observing two care recipients resisted brushing their teeth, a clinical staff member recommended the trial of 'Collis curve' toothbrushes. The management team reported the bristles of these toothbrushes simultaneously clean care recipients' gums and all surfaces of their teeth, thereby reducing the time and effort required to complete this activity. Care staff reported the toothbrushes are being successfully used with care recipients who had previously resisted oral hygiene.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The organisation has systems and processes to identify and ensure compliance with ongoing regulatory obligations regarding care recipients’ health and personal care. Clinical staff conduct initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Internal and external audits ensure medication is administered and stored in compliance with relevant guidelines. The home monitors changes to clinical guidelines and alerts staff of relevant changes via meetings and/or written communication. Care recipients and representatives reported care services are provided in accordance with specified care service requirements.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

Recent examples of education related to Standard 2 – Health and personal care are listed below.

- Blood pressure and vital signs
- Catheterisation and catheter care
- Communication with residents with dementia
- Management of residents who display resistive behaviour
- Medication management
- Palliative care
- Parkinson disease and management.



## 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 systems to ensure care recipients receive appropriate clinical care. The multidisciplinary team assesses care recipients’ clinical needs when they move into the home using information from their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home’s policy and in consultation with care recipients and representatives via care conferences. There are processes to monitor and communicate care recipients’ changing needs and preferences including regular review of care recipients by their general practitioners, six-monthly ‘care recipient of the day’ and care plan reviews, and shift handovers. Clinical audits are undertaken and clinical indicators are monitored and analysed. The provision of clinical and personal care is reviewed and evaluated. Care recipients and representatives reported satisfaction with the clinical care provided to care recipients.

## 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

The home has processes to ensure registered and enrolled nurses identify and review care recipients’ specialised nursing care needs. Care recipients’ specialised nursing care needs are assessed when they move into the home, documented in a specific nursing care plan and reviewed six monthly or as required. The home has registered nurses on duty at all times to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Examples of specialised nursing care include wound and urinary catheter care, behaviour management and management of diabetes. Care recipients and representatives reported care recipients’ specialised nursing care needs are met.

## 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 a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs an occupational therapist and a physiotherapist to assess care recipients when they move into the home and develop therapy care plans that are reviewed six monthly and as required. Another physiotherapist manages the pain clinic, which operates during weekdays. A podiatrist visits the home regularly and attends to the needs of care recipients, while a dentist reviews care recipients’ dental needs annually and on request. Referrals are made to other health specialists as the need is identified including a speech therapist, dietician and the

mental health team. Care recipients and representatives reported satisfaction with care recipients' ongoing access to a variety of health specialists.

## **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

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered and enrolled nurses and competent care staff administer medications via a pre-packed system as per the general practitioners' instructions. Specific instructions concerning the administration of care recipients' medications and topical treatments are documented in their medication profiles. Medication audits and recorded medication incidents are used to monitor the system. An accredited pharmacist conducts reviews of care recipients' medications and communicates findings to the general practitioners and the home. Care recipients and representatives reported 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

There are systems to identify, implement and evaluate each care recipient's pain management strategies to ensure they remain as free as possible from pain. Registered and enrolled nurses review care recipients' pain each day. Annual pain assessments are conducted and care recipients with identified pain are assessed more frequently if required. Care recipients with identified pain are referred to the pain clinic, which operates Monday to Friday under the management of a physiotherapist. Care plans are implemented that detail pain management interventions, including alternative therapies and the use of pain and pressure-relieving equipment. Ongoing pain is reported and, where required, care recipients are referred to their general practitioners for review. Staff described their role in pain management, including identification and reporting of pain. Care recipients and representatives reported staff are responsive to complaints of pain and care recipients' pain is managed appropriately.

## **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 systems to ensure the comfort and dignity of terminally ill care recipients. Care recipients or their representatives have the opportunity to complete an advanced care directive when care recipients move into the home or at any time throughout their residency. Care recipients' general practitioners, the home's clinical and allied health

personnel and external palliative care specialists support care recipients during their palliation. Care recipients and representatives expressed confidence that, when required, staff would manage care recipients' palliative care competently, including the maintenance of their comfort and dignity.

## **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' nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Care recipients' care plans outline their dietary requirements, including the level of assistance required. Registered nurses monitor care recipients' monthly weights and, where weight loss is identified, care recipients are placed on a supplementary nutritional drink and referred to their general practitioner. If appropriate, care recipients are referred to the speech therapist or dietician for specialist review of weight loss. Swallowing assessments are conducted and care recipients with identified swallowing deficits are ordered appropriately textured diets and fluids. Registered nurses direct care recipients' nutritional management. Care recipients and representatives reported they are satisfied with the menu and associated support provided to care recipients.

## **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

Registered and enrolled nurses conduct regular assessments of care recipients' skin integrity and formulate care plans that state preventative skin care interventions. Registered and enrolled nurses attend to care recipients' wounds and regularly review and document wound progress. The home employs a number of preventative strategies including pressure-relieving mattresses, repositioning and moisturising lotions. Care staff monitor care recipients' skin daily and report abnormalities to the registered or enrolled nurse. The home records and collates information regarding skin related incidents. Care recipients and representatives reported satisfaction with the home's management of skin care.

## **2.12 Continence management**

*This expected outcome requires that "care recipients' continence is managed effectively".*

### **Team's findings**

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate care recipients' continence needs when they move into the home and on an ongoing basis. Care recipients' urinary and bowel continence needs are assessed and an individualised care plan is developed

reflective of assessed needs. Staff use bowel charts to track bowel patterns and develop appropriate bowel management programs, and registered nurses monitor the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage care recipients' continence needs. Care recipients and representatives reported being satisfied with the management of care recipients' continence needs.

### **2.13 Behavioural management**

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

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

The home meets this expected outcome

Care recipients' behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for care recipients' behaviours are identified and appropriate interventions are developed and documented in the care plans. The effectiveness of behaviour management strategies is monitored via clinical indicators and observations. Care recipients are referred to therapy and mental health services when the need for further assessment of challenging behaviours is identified. Care recipients and representatives reported care recipients' challenging behaviours are well managed and the impact of the behaviours on other care recipients is minimised.

### **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

A physiotherapist, an occupational therapist and registered nurses assess care recipients' mobility, dexterity and associated falls risks when they move into the home. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home's activity program that includes a range of group exercises and physical activities to improve independent movement. Care recipients who are unwilling or unable to participate are offered individual therapy sessions. Care recipients' attendance at physiotherapy sessions is monitored. A range of seating and mobility aids are available to assist care recipients to maintain mobility and independence. Incidents related to mobility and dexterity are recorded and collated data is discussed at quality meetings. Care recipients and representatives reported satisfaction with the home's management of care recipients' mobility and dexterity needs.

## 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

When a care recipient moves into the home, an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the care recipient’s care plan. An annual dental examination is offered to care recipients and follow up treatment is arranged with family consultation. Staff were aware of care recipients’ individual oral hygiene requirements. Care recipients and representatives reported satisfaction with the support provided to care recipients to maintain their oral and dental health.

## 2.16 Sensory loss

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

### **Team’s findings**

The home meets this expected outcome

An occupational therapist assesses care recipients’ sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in care recipients’ care plans and are regularly reviewed by the occupational therapist. An optometrist visits the home annually and care recipients are encouraged to access the service. Care recipients are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. Care recipients and representatives reported satisfaction with the home’s management of sensory losses and needs.

## 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 established processes to assist care recipients achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances. Interventions to assist care recipients establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on care recipients’ sleep including noise, confusion, pain and continence issues. Care recipients and representatives reported care recipients are satisfied with the support provided to achieve restful sleep at night.

## **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 an overview of the home’s continuous improvement system.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement in relation to Standard 3 – Care recipient lifestyle are described below.

- Having received feedback from care recipients and representatives via surveys and feedback forms, the home has changed the opening hours of the on-site café. Whereas the café previously operated Monday to Friday, it now opens from Wednesday to Sunday. The management team reported the café is patronised on the weekends by visiting families and ongoing response to the change has been positive.
- The home has developed a new tool which evaluates activities. This was developed in response to a suggestion from the facility manager. At the conclusion of each activity, the therapy assistant assigns a score based upon care recipients’ participation and enjoyment levels. At the end of each week, these scores are evaluated enabling the home to select and provide more suitable activities. The home will monitor the effectiveness of this initiative through review of data collected, and general feedback and comments on the lifestyle and activity program.

### **3.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

The home identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding care recipient lifestyle. Care recipients are informed about their rights and responsibilities via information packs and

agreements. The home provides care recipients with agreements outlining fees, level of care and services to be provided and tenure arrangements. Staff sign a confidentiality agreement on commencement of employment and have access to training and guidelines regarding the reporting of assaults. Care recipients and representatives reported they are consulted in regard to making decisions about services, and are advised when changes in the provision of care occurs.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

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

Recent examples of education related to Standard 3 – Care recipient lifestyle are listed below.

- Elder abuse
- Grief and loss
- Multi-sensory therapy interventions
- Privacy training.

### **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

The home provides support to care recipients while they are adjusting to life in their new environment and on an ongoing basis. Prior to moving into the home, care recipients and their families receive information about the home and the services offered. On moving into the home care recipients are orientated and their needs and preferences are discussed. The home's occupational therapist and lifestyle staff assess care recipients' emotional and social needs, which are reflected in individual care plans and reviewed six monthly or more frequently if required. Care recipients are encouraged to personalise their rooms and to join in activities at the home and in the community where appropriate. Care recipients and representatives stated representatives are welcomed at the home and are satisfied with the emotional support provided.

### **3.5 Independence**

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

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

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside of the home. Care plans and ongoing assessments inform staff of the level of assistance required and, where appropriate, care recipients are prompted and encouraged to maintain their independence. The occupational therapist assesses care recipients for assistive devices required to maximise independence such as specialised crockery, cutlery, mobility aids, grab rails, talking books and magnifying lights. Therapy programs support care recipients to maintain their mobility, senses, cognitive status and dignity. Staff reported they assist care recipients to attend activities within and outside of the home. Care recipients and representatives reported visitors are welcomed to participate in meals, activities and celebrations and stated they are satisfied with the assistance provided by staff to support care recipients to maintain their independence.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home recognises and respects each care recipient's right to privacy, dignity and confidentiality. Established systems ensure secure storage of confidential records and personal information and the care recipients' right to privacy is acknowledged in the home's policies and handbooks. Private communal areas are located in the home should care recipients wish to host visitors somewhere other than their room. Privacy and dignity practices are monitored via audits, and staff reported they receive training on how to provide personal care services discreetly. Care recipients and representatives reported care recipients' privacy, dignity and confidentiality are maintained.

### **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 encourages and supports care recipients to participate in a wide range of activities that interest them. The occupational therapist and lifestyle staff complete assessments of the care recipient's lifestyle history and preferences on moving into the home and on an ongoing basis. Care plans contain assessment information and contribute to the development of the lifestyle and activity program of the home. Activities are



evaluated through recording attendance, activity satisfaction surveys and via verbal feedback and requests. The activity program includes physical, cognitive, cultural, sensory and spiritual activities of both group and individual formats. Staff invite care recipients and their families and friends to attend activities and ensure care recipients are supported to access activities that reflect their needs, preferences and capabilities. Care recipients and their representatives reported staff support care recipients participation in activities that interested 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

The home values and fosters care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds. On moving into the home, care recipients complete personal profiles that identify any cultural or spiritual needs and preferences and these are documented in care plans and reviewed as per the home's schedule. The home holds regular Anglican, Catholic and Uniting Church services and supports care recipients to attend outside services if they wish. Visits from religious leaders or other faith groups are facilitated as required. Culturally significant days and events, such as Easter, Christmas, Anzac day and Remembrance day, are celebrated and families are invited to attend. Staff reported they have access to a multicultural resource kit if required and local volunteers are available to visit care recipients. Care recipients and representatives reported satisfaction with the cultural and spiritual care provided.

### **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 their representatives participate in decisions about the services received and care recipients are able to exercise choice and control over their lifestyle. There are systems and processes to ensure management and staff encourage and support care recipients to make individual choices and decisions, and the next-of-kin and enduring power of attorney is documented to guide staff on who can make decisions if the care recipient is unable to do so themselves. Care recipients and representatives have the opportunity to discuss and provide feedback on services through surveys, formal and informal meetings and feedback forms. Staff described strategies for supporting care recipients' individual choices in relation to lifestyle and care interventions. Care recipients and representatives stated they feel comfortable participating in discussions about care and services and care recipients have sufficient opportunity to make choices and decisions on a daily basis.

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

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

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

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On moving into the home, care recipients or their authorised representatives receive a residential care agreement. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, care recipients' rights and responsibilities and associated schedules. Management consult with care recipients and representatives and ensure approval is documented in the care recipient's record prior to room transfers. Care recipients and representatives reported they are satisfied care recipients have security of tenure at the home.

## 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 an overview of the home’s continuous improvement system.

In relation to Standard 4 – Physical environment and safe systems, staff conduct environmental audits and collect information in relation to hazards and incidents to identify trends. Surveys and feedback systems are used to measure and review the living environment and ensure safety of care recipients, staff and others. Care recipients and staff are satisfied management actively works to improve the home’s physical environment.

Examples of current or recent improvement in relation to Standard 4 – Physical environment and safe systems are described below.

- Seeking to revise their menu, the home conducted a survey of care recipients. Rather than obtaining feedback on current meals offered at the home, the survey allowed care recipients to identify preferred meals that were not currently served at the home. The management team reported subsequent adjustments to the menu have led to an increase in compliments and a decrease in complaints.
- After receiving feedback from care recipients and representatives regarding the condition of furniture and carpet, the management team refurbished the common areas in the home. We reviewed care recipient and representative meeting minutes and noted care recipients and representatives had input into the selection of carpet in the main reception area. The management team reported lighter furniture which could be manoeuvred by care recipients was trialled and selected in the dining areas. We observed a meal service and noted care recipients are able to independently move the dining chairs.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace buildings, catering and fire equipment and procedures are regularly inspected. Safety data sheets and infection control guidelines are

available to relevant staff. The home has a food safety program and staff are provided with relevant training to deliver safe practices and follow procedures. Interviews with staff, and observation of staff practice confirmed, their knowledge of regulatory compliance requirements.

#### **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 details of the home's systems for ensuring that management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Accreditation Standard 4 – Physical environment and safe systems are listed below.

- Electrical safety
- Fire and emergency
- Food and safety record keeping
- Manual handling
- Occupational health and safety
- 'Precise' thickener.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home has a range of single and double rooms with ensuite. Rooms have individual air conditioning and fan settings which ensure temperatures are controlled and pleasant. Access to the home is monitored, and secure doors and patrols at night provide security for care recipients and staff. Care recipients personalise their rooms with furniture, paintings and personal mementos and they have access to communal and private areas for social interactions and activities. The interior and external environment is subject to monthly inspections to review the effectiveness of cleaning and maintenance programs. Staff described and demonstrated practices to report and action hazards. Care recipients and representatives reported they are satisfied the home ensures a safe and comfortable environment which meets care recipients' needs and preferences.

#### **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 and staff actively provide a safe working environment that meets regulatory requirements. Staff are oriented to their occupational health and safety (OHS) responsibilities and relevant training such as manual handling and injury prevention is provided regularly to meet safety goals and expectations. Staff representatives assist with workplace inspections, hazard investigations and safety meetings in order to meet safety goals and expectations.

The home has a corrective and preventative maintenance program, and equipment at the home is routinely inspected and serviced. Staff receive information regarding their OHS responsibilities during induction, training sessions and discuss OHS issues at staff meetings. Staff described the process for identifying and actioning hazards and accidents, and stated the management team provides a safe working environment.

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

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

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

The home meets this expected outcome

Management and staff actively work to provide a safe and secure environment and to minimise the risk of fire and other emergencies. Fire, security and emergency procedures are available to staff, care recipients and visitors and inform them how to proceed in the event of an emergency. The home is equipped with fire prevention and firefighting equipment such as extinguishers, sprinklers and fire blankets. The home has a no smoking policy. Staff attend regular fire and evacuation training, and the home maintains a current evacuation list.

Approved professionals carry out independent inspection and testing of fire systems and signage, and tagging and testing of electrical equipment is routinely undertaken. Staff interviewed described procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported care recipients feel safe and secure within 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 has an effective infection control program. Staff are informed of current practices at orientation and mandatory education sessions. The home provides information to guide

staff in managing infectious outbreaks and appropriate personal protective equipment is readily available. Information on individual care recipient infections is collated monthly and shared with staff. Cleaning and laundry procedures, hand washing facilities, sharps disposal, care recipient and staff vaccination programs, food safety and pest control management are some of the measures used to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak.

#### **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 in a way that enhances care recipients' quality of life. Care recipients' food preferences, cultural requirements, likes and dislikes and any special requirements are recorded when care recipients move into the home and as required. Care recipients are provided with a selection of food and beverages according to a rotating menu and their needs and preferences. Personal linen is laundered onsite and there are processes to minimise loss of items. Cleaning staff undertake cleaning in accordance with a structured program. Management monitors the quality of hospitality services via various feedback mechanisms, such as comments and complaints, surveys, meetings and audits. Care recipients and representatives reported they are satisfied the home's hospitality services meet care recipients' needs and preferences.