



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Opal Murwillumbah**

RACS ID 2716  
Ingram Place  
MURWILLUMBAH NSW 2484

**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 08 October 2018.

We made our decision on 03 September 2015.

The audit was conducted on 21 July 2015 to 23 July 2015. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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

## Standard 2: Health and personal care

### Principle:

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

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

## Standard 3: Resident lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Opal Murwillumbah 2716**

**Approved provider: DPG Services Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 21 July 2015 to 23 July 2015 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 July 2015 to 23 July 2015.

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

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

## Assessment team

<b>Team leader:</b>	Felette Dittmer
<b>Team member:</b>	Erin Gorlick

## Approved provider details

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

<b>Name of home:</b>	Opal Murwillumbah
<b>RACS ID:</b>	2716

<b>Total number of allocated places:</b>	86
<b>Number of care recipients during audit:</b>	73
<b>Number of care recipients receiving high care during audit:</b>	73
<b>Special needs catered for:</b>	Neuro-cognitive degenerative diseases

<b>Street/PO Box:</b>	Ingram Place
<b>City/Town:</b>	MURWILLUMBAH
<b>State:</b>	NSW
<b>Postcode:</b>	2484
<b>Phone number:</b>	02 6672 4233
<b>Facsimile:</b>	02 6672 4082
<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 three days on site and gathered information from the following:

### Interviews

Category	Number
Administration assistant	2
Care recipient/representative	11
Care support worker	4
Clinical manager	1
Cook	1
Facility manager	1
Hospitality officer	5
Lifestyle staff	2
Maintenance officer	1
Physiotherapy team	2
Quality advisor – Queensland	1
Regional manager – Queensland South	1
Registered staff	5

### Sampled documents

Category	Number
Care recipient agreement	3
Care recipient file	11
Medication chart	11
Personnel file	5

### Other documents reviewed

The team also reviewed:

- After life arrangements form
- Asset record
- Audit schedule, tools and analysis
- Care conference documentation
- Care recipient nutrition and hydration matrix

- Care recipients' information packages
- Cleaning schedules and records
- Clinical focus assessments, treatment and monitoring charts
- Clinical pathways
- Clinical protocol
- Comments and complaints register
- Communication books, appointment diaries and electronic correspondence
- Compulsory reporting log
- Confined space entry permit and register
- Continuous improvement plan
- Contractor approved register
- Controlled drug register
- Correspondence from hospital clinics
- Daily maintenance record log
- Education and training records and resources
- Education needs analysis
- Emergency response manual
- Evacuation exercise report
- Evacuation list
- Evening settling program
- Fire/smoke detection and firefighting equipment inspection and maintenance records
- Flip charts – infection control, emergency response
- Food and equipment temperature monitoring logs
- Food safety plan
- Handbooks – care recipients and relatives, employee, contractor
- Handover folder
- Hazardous substances and dangerous goods register
- Incident data and trending



- Intranet portal
- Lifestyle documentation, activity evaluations and calendars
- Maintenance request book
- Mandatory reporting folder – register and reports
- Memoranda
- Minutes of meetings
- Newsletters
- Pest control records
- Pharmacy documentation
- Police check register
- Policies, procedures and guidelines
- Position descriptions
- Preventative maintenance schedule
- Re-accreditation self-assessment
- Referrals and specialist instructions
- Restraint assessment and authorisation
- Risk assessments
- Roster and request book
- Safety data sheets
- Sanitising log
- Service suppliers' list
- Site induction orientation checklist
- Specialist referrals and associated correspondence
- Staff signature register
- Surveys

## **Observations**

The team observed the following:

- Accreditation information on display

- Activities in progress
- Advocacy and complaints agencies' brochures on display
- Charter of care recipients' rights and responsibilities on display
- Chemical storage
- Emergency exits, lighting and egress routes
- Equipment and supply storage areas
- Falls prevention aids in use
- Fire panel
- Fire/smoke detection and firefighting equipment and inspection tags
- Hand sanitiser, hand washing facilities and personal protective equipment
- Handover processes
- Interactions between staff and care recipients
- Internal and external living and working environments
- Kits - outbreak and spill
- Maintenance sheds
- Medication administration and storage
- Midday meal, setting, service and practices
- Mobility and dexterity aids in use
- Morning and afternoon tea service
- Personal protective equipment in use
- Short group observation
- Sign in/out registers
- Staff practices and equipment in use
- Storage and administration of medications
- Walking and exercise programs

## 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

Opal Murwillumbah (the home) has organisational and site-specific systems to identify opportunities for improvement including a form (capturing suggestions, comments), informal individual communication with staff and care recipients and/or their representatives, regular care recipient and staff meetings, individual meetings with management, electronic mail, and scheduled audits/surveys. Feedback on suggestions or comments is provided verbally to the originator and, where requested or necessitated, in writing by key personnel. Electronic systems have been implemented to support continuous improvement processes and activities, and a log of improvements is maintained for monitoring and reporting purposes.

Progress and outcomes of continuous improvement activities are reported to the relevant service areas and stakeholders through handover, meetings, electronic mail and reports. There is an established auditing schedule. Key personnel (on-site and/or corporate) analyse results of audits, risk assessments, incident reports, and staff performance appraisal processes enabling the home to monitor the effectiveness of the quality improvement program. Care recipients, representatives and staff are satisfied improvements continue to be implemented at the home and that their suggestions are considered and result in action.

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

- In response to feedback from managers, a Human Resource Management (HRM) support service during business hours was established. The service is a national initiative with a dedicated 1300 phone line and online portal which enables managers, supervisors and staff to access toolkits and HR forms, and have access to expertise for guidance through complex matters in HR management. This initiative has been evaluated as providing consistency of information and documentation; minimising the risk of an incorrect HRM decision; improving the 'immediacy' of advice for "grey areas", and providing timely guidance through a centralised system.
- Following a review of the allied health referral system, the organisation sourced national providers with local providers utilised if necessary. Assessments are conducted on-site with a requisition order for purchasing a service generated by the Clinical manager or Facility manager. The revised system has been evaluated as facilitating improved quality

control; consolidating service providers, and enables service to provide locum to back-fill for continuity of care.

- To improve the IT infrastructure and information management, new computer terminals have been placed in each work station which enables staff to contribute to hazard, incident and feedback systems. Staff and management state this enables documentation to occur in a timely manner, and provides additional skills to support career advancement.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

## 1.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

The home provides an education program for management and staff based on identified needs, and legislative, approved provider and advisory requirements. Rostering strategies, key personnel and external specialists are used to improve access to education and training opportunities and support education sessions/toolboxes conducted by the home and organisation. Staff have an obligation to attend compulsory education and their attendance is monitored by key personnel; measures are taken to action non-attendance at compulsory training. Management monitor the skills and knowledge of staff using audits, competency assessments, and observation of practice. Staff are satisfied they have access to ongoing learning opportunities and are kept informed of their training obligations.

Examples of information topics relevant to Standard 1 include: orientation to the organisation, revised roster and associated duties lists, volunteering at the home.

## 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 have access to the home's internal comments and complaints system and to external complaints and advocacy mechanisms. The home provides relevant information to care recipients, their representatives and other stakeholders through a variety of communication channels including care recipient entry processes, the residential care agreement, care recipient handbook, meetings, and via external complaints management and advocacy brochures. Care recipients are invited to raise issues at meetings and/or privately with management and staff. Care recipients have access to confidential suggestion/complaints boxes and there are processes for the regular retrieval of feedback forms from assigned receptacles. There is a process to manage informal and formal comments and complaints and to provide feedback whilst maintaining confidentiality.

Care recipients/representatives and staff are familiar with the mechanisms available to initiate a suggestion or raise a concern and are satisfied that management is responsive to their suggestions and responds to their requests in a timely manner.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The home's values and mission statement are documented and displayed in the home for care recipients/representatives and visitors. They are reflected in policies and procedures of human resource management, care and lifestyle support, and underpin information provided at interview, orientation, and in care recipient and staff information books.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes to ensure appropriately qualified, skilled and sufficient numbers of staff are available to meet the needs of the care recipients; the selection of staff is based on experience, qualifications, ability of applicants to meet care recipients' needs and the possession of a criminal history clearance. There is an orientation program; staff are accompanied by experienced staff members for initial shifts and are required to complete competencies. Absences are back-filled with existing staff, through access to staff at other home's within the organisation, and nursing agency staff on occasion. Staff skills are

monitored through supervision, observation, competencies and performance appraisals. Staff have access to the requirements of their position and are provided with sufficient time to meet the needs of care recipients and obligations associated with their role. A registered nurse is available to supervise the delivery of care. Care recipients/representatives are satisfied with the quality of care and services provided by staff at the home and the availability of staff when assistance is required.

### **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 identifies equipment needs through discussion with staff, quality improvement systems, and monitoring of maintenance. Staff receive training in the use of new equipment and, where appropriate, instructions are available to guide staff in equipment usage. There is a planned preventative maintenance program – the maintenance team, together with external contractors, manage the safe working order of equipment. Equipment and supplies are monitored through auditing programs, observations, staff feedback and maintenance requests. Adequate supplies to support clinical care and hospitality services are maintained at the home. Stock is stored and rotated appropriately. Care recipients/representatives and staff are satisfied there are adequate supplies and equipment.

### **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 organisation and home have established processes to ensure information is managed in a secure and confidential way. The home uses both hardcopy and electronic information systems. Staff and care recipient information is stored in secured areas and is accessible only to authorised personnel. Electronic information is secured by passwords, with restricted access depending on your role in the organisation. Electronic information is regularly backed up to prevent loss of information. There is a system to archive information appropriately.

Verbal and written strategies (communication diaries, electronic mail, notices) are used to disseminate information. Staff have access to information relevant to their position and changes to care recipients' needs are communicated to them in a timely manner. Care recipients/representatives are satisfied with internal communication processes and have access to information about care and service delivery.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

Service agreements are established and reviewed. Agreements outline the home's requirements on site and the quality of the service to be provided. Performance of external service providers is monitored and feedback is obtained from staff and care recipients.

External service providers are provided with information about the home's work health and safety processes and requirements. Staff have access to the contact details of key service providers if required after hours or in an emergency. Management and staff are satisfied that external service providers are responsive to concerns raised by the home and that if goods were faulty they would be replaced. Staff and care recipients are satisfied with the quality of external services provided.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

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

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

- In response to staff feedback, medication storage rooms in both wings have been air-conditioned. This initiative enables the door to be closed during drug counts which improves staff comfort, medication safety and security.
- A portable classroom has been purchased to accommodate staff training sessions prior to the introduction of the care management system application. Other education and training sessions have been conducted in the demountable building which eliminates the need to use care recipient areas.
- To support the organisation's national initiative for dementia training, sessions on behaviour management have been conducted for staff from all domains. Management and staff have reported these sessions have raised their awareness of the behavioural and psychological symptoms of people with dementia; enabled a shared understanding of dementia; improved interaction between staff and the care recipients, and increased staff alertness to changes in care recipient behaviour leading to improved care for care recipients with dementia.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

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

Registered nurses assess, plan and evaluate care recipient medication and care needs. Staff receive information and education on policy and procedures for unexplained absences of care



recipients, and notifiable infections. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

### **2.3 Education and staff development**

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

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

The home meets this expected outcome

The home provides management and staff with a learning and development program to enable the maintenance and improvement of care and clinical skills. Education in clinical issues is derived from changing care recipient needs and through continual review of training needs. Competencies for clinical skills are conducted annually or as required. Staff are assisted to attend external tertiary education. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of information topics relevant to Standard 2 include: first aid/CPR, skin integrity, falls prevention, palliative care, pain management, medication competencies, wound care, continence management, catheter care, oral and dental care and infusion pumps.

### **2.4 Clinical care**

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

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

The home meets this expected outcome

Clinically appropriate care is provided to care recipients in accordance with individual health needs, health goals and preferences for care delivery. On transition to the home registered staff commence an established clinical pathway conducted over a specific period and designed to trigger the completion of appropriate focused assessments. Ongoing monitoring of variable clinical observations including weight and input and output records are recorded daily and monitored by registered staff for appropriate action. Registered staff review care plans at regular planned intervals and in response to changes in care needs. Consultation with care recipients/representatives, staff and specialist health providers are captured through annual case conferences, and meetings with care recipients/representatives and the progress notes. Clinical incidents are documented and collated to identify trends requiring further actioning and/or referral. The clinical care system is further evaluated through care recipient feedback and surveys, internal and external audits and observation of staff practice. Care recipients/representatives are satisfied with the clinical care provided by the home.

### **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 specialist health care needs of care recipients are identified and assessed by appropriately qualified and skilled registered staff on entry to the home and in response to

changes in health care needs. Care plans and treatment records capture individual interventions including stoma care, catheter care, wound care and the management of variable dose medications. Staff have access to standard clinical protocols to guide practice and ensure consistency in the delivery of specialist clinical care. Ongoing education is provided for clinical staff both internally and externally with the choice of topics reflective of the health care needs of care recipients. Care plans are reviewed regularly and in consultation with care recipients/representatives. Care recipients/representatives are satisfied with the specialised care provided by the home and the support they receive for specialised nursing care needs.

## **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

The home’s clinical pathway documents identify opportunities for referral to specialist and allied health services and captures previous care delivery by specialist health services. A referral form is completed for allied health services prior to commencing service and registered staff communicate with allied health and specialist services to ensure appropriate follow up and actioning of specialist instructions. Specialist health services available to the care recipients include but are not limited to medical officers, podiatry services, physiotherapy, gerontologists and mental health and hospital based services. Care reviews capture recent referrals and changes to care and care plans are updated to ensure the inclusion of specialist instructions. Care recipients/representatives are satisfied with the choice and access to other 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

Registered staff administer care recipients’ medication in accordance with the home’s policies and protocols. Training is provided to staff by external representatives, pharmacy staff and through the home’s education and development program. Medication incidents are evaluated to identify trends in incidents and are discussed at regular medication advisory meetings attended by registered staff, pharmacy staff and senior management. Pharmacy services provide multipack medications sachets, after hour deliveries and emergency stocks of commonly prescribed medications. Variable dose medications are monitored and reported to the medical officer in accordance with documented management plans. The home has safe storage for packed and non-packed medications and conducts reviews and audits to ensure safe medication storage and administration. Care recipients/representatives are satisfied medication is administered 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

Care recipients’ pain management needs are identified and assessed on entry to the home, and on an ongoing basis. The home employs both verbal and non-verbal pain assessments to assess changes to pain and ensure interventions continue to remain effective.

Physiotherapy staff conduct additional pain assessments prior to developing pain management care plans. Non- pharmaceutical management interventions include massage, exercise programs and heat treatment. Care recipients/representatives are satisfied care recipients’ pain is managed effectively and staff respond to requests for assistance if care recipients experience pain.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure the end of life requests of care recipients are communicated and implemented to guide care interventions. Registered staff complete a terminal care form which clearly identifies contact details for representatives, religious and spiritual needs, customs to be observed and special wishes. A palliative care pathway is completed to ensure clinical interventions are delivered in a planned way and in consultation with care recipients and representatives. Staff receive training on palliative care interventions, specialist equipment and grief and loss and the home has single rooms to accommodate changes in care recipient health. Stores of equipment and stock are available to provide comfort measures including mouth and eye care, pressure relief and continuous infusion of pain relief. Representatives are satisfied with the home’s approach to end of life care and that comfort and dignity is reflected in care provided.

## 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

The dietary needs and preferences of care recipients are identified via assessment and consultation with care recipients/representatives to ensure appropriate provision of nutritional and hydration is provided. Individual strategies to maintaining nutrition and hydration are reflected on care plans and include special diets, thickened fluids, nutritional supplements and modified cutlery to support independence and meal service at the home is reflective of individual preference. Care recipients are weighed monthly and protocols exist to address unplanned weight variations including the introduction of supplementary nutrition, high energy food, further review and monitoring and referral to specialist services. Following reviews by

allied health services the home updates a central matrix employed to communicate dietary needs to the kitchen and servery staff. Care recipients/representatives are satisfied with the meals and drinks provided by the home and the interventions employed to maintain 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

Registered staff complete clinical assessments to identify care recipients at risk of skin impairment and care recipients with a history of skin injury. Assessments identify care recipients at risk of pressure area injury and in consultation with allied health specialists and registered staff appropriate equipment and interventions are included in care planning. Care plan identify care recipients with a diagnosis that may further impact skin health including diabetes, oedema, infection, impaired nutritional intake and impaired mobility. Proactive interventions to maintain skin health include the use of emollient and barrier creams, application of limb and hip protectors and the use of soap alternatives. A hair dresser is available to care recipients and nail care is managed during hygiene’s. The incidence of skin tears, rashes and wounds are recorded and analysed for trends and evaluation of interventions by staff. Care recipients/representatives are satisfied with the skin care provided to care recipients.

## **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 continence needs of care recipients are assessed prior to the development of a care plan that includes the type of continence aid used and the level of assistance needed to effectively management continence needs. There are processes to ensure the appropriate ordering of continence aids and staff receive education on continence management. Staff have access to additional continence aids and document additional use to ensure reassessment. Individual bowel regimes are documented and reviewed following changes to medications. Bowel management is recorded and reviewed daily to ensure appropriate interventions and care recipients are provided with juices and fruit each day to assist in continence management. Care plans capture specialist continence interventions including catheter care and the occurrence of infections are monitored through monthly trending. Care recipients/representatives are satisfied with the continence management delivered by the home

## 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 needs of care recipients with challenging behaviours are identified during initial assessment and on an ongoing review basis. Assessments identify triggers to challenging behaviours and strategies for management behaviours. Social and biographical information is incorporated into care planning to provide additional strategies and approaches to managing challenging behaviours. The home has a dedicated lifestyle program designed to provide additional one-on-one interactions and calming interventions during key times of the day. Referrals are made to appropriate external bodies and specialist services for further review as the need is identified. The home has processes to assess and authorise the need for care recipient restraint. Care recipients/representatives are satisfied the activities and/or behaviours of other care recipients do not infringe on care recipients’ life at the home.

## 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

Physiotherapy staff complete assessments identifying impairment to mobility and dexterity and manual handling requirements. Care plans include individual goals for mobility and dexterity and are reviewed following changes to health needs and rehabilitation from injury. Physiotherapy staff are supported by physiotherapy assistants who complete treatment interventions under the supervision of the physiotherapist. Care recipients have access to a daily walking program and exercise programs designed to increase strength and balance. A falls prevention program includes both individual and group exercise sessions. Monthly trending of incident data identifies care recipients at high risk of injury/falls and care recipients requiring additional interventions and/or referral. The Physiotherapist, supported by an Occupational therapist, provides identified care recipients with mobility equipment and aids. Care recipients/representatives are satisfied with the level of support and assistance provided to maintain care recipients’ mobility and dexterity levels.

## 2.15 Oral and dental care

*This expected outcome requires that “care recipients’ oral and dental health is maintained”.*

### **Team’s findings**

The home meets this expected outcome

The oral and dental needs of care recipients’ are identified through assessment and monitoring of oral health. Following referral dental services visit the home to treat care recipients for both dental and denture care. Staff assist care recipients with daily cares and meal assistance and monitor for changes in oral health. Education is provided to staff to ensure effective oral health and interventions and the home has processes to ensure the provision and replacement of toothbrushes and dental products. Care

recipients/representatives are satisfied care recipients receive assistance and support to maintain oral health and are assisted to access dental services.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Care planning captures diagnosed impairments, aids required to assist with sensory loss and the level of assistance required from staff. Following referral audiology, optometry and dental services provide review and services to care recipients at the home and registered staff ensure care plans are updated to include specialist instructions. Sensory assessments conducted at the home include hot/cold assessments conducted by physiotherapy and review of sensation by podiatry staff. The activity program further enhances sensory stimulation through activities such as cooking, music and gardening. Care recipients/representatives are satisfied with the assistance from staff in managing any assistive aids.

## **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

Each care recipient is assessed on entry to the home to establish individual sleep patterns, settling routines and personal preferences to achieve effective sleep. The homes environment supports effective sleep through lighting, temperature and appropriate levels of noise. Care recipients experiencing interruptions to sleep are offered comfort measures including drinks and snacks, repositioning and attending to toileting/continence requirements. Medication interventions are administered according to the care recipient’s attending medical officers’ orders. Care recipients are able to sleep comfortably and are satisfied with the support provided by staff.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

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

- In response to care recipient feedback, volunteers from a not-for-profit organisation visit on a regular basis to provide visits to individuals; hold afternoon teas, and hold discussion groups and regale care recipients with tales of their travels. Visits are included on the activities calendar and have improved emotional support and increased socialisation for care recipients.
- Following increased interest in church services, services are now held in a larger room with items purchased to support church services – an organ and angels have been placed in the room. Care recipients/representatives reported increased care recipient satisfaction due to an improved environment for attending church services.

### 3.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has systems to manage compliance with legislative and regulatory requirements, professional standards and guidelines relating to care recipient lifestyle. Care recipients and/or their representatives are provided with a residential care agreement and information pack. The care recipient information materials detail information relating to care recipients’ security of tenure, internal and external complaints mechanisms, rights and responsibilities and privacy. Staff receive information related to privacy, mandatory reporting responsibilities and care recipients’ rights. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home’s overall system.

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

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

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

The home meets this expected outcome

The lifestyle staff and care staff support care recipients in relation to their leisure and lifestyle interests, needs and preferences. Education in leisure and lifestyle issues is derived from changing care recipient needs and/or desired outcomes, and through review of training needs. Staff are assisted to attend external education and are offered opportunities in accessing continuing education reflecting leisure and lifestyle. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of information topics relevant to Standard 3 include: customer service, compulsory reporting, emotional support, and privacy and dignity.

### **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

On entry to the home care recipients are welcomed by key staff and provided with an individualised welcome gift. During the day of transition representatives are invited to have morning or afternoon tea to ease the transition, representatives are welcome to attend celebrations and join in the activities of the home. Information is provided to care recipients/representatives via the homes handbook and orientation documentation. Lifestyle staff gather information related to social and biographical history to identify dates/events of significance and individual emotional needs. Care recipients are introduced to the community of the home and encouraged to personalise their space. Care recipients are satisfied with their adjustment to the home's environment and the emotional support offered by the staff at the home.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home is active in providing a living environment that supports care recipients to maintain their independence. The environment includes pathways, appropriate furniture and access to external transport options. The home has links to the adjoining retirement village and its services and care recipients/representatives are encouraged to maintain friendships and relationships with care recipients/representatives. In addition to the retirement village the home has links to other homes in the wider community and conducts joint activities and celebrations. Appropriate equipment such as mobility aids and continence aids are provided to further



support independence and the lifestyle staff assist care recipients to participate in leisure activities, to do their shopping, to maintain links within the community, family and friends. Care recipient meetings provide an opportunity for care recipients to discuss issues and voice suggestions and/or concerns. Feedback can be addressed through the home's comments and complaints process and via regular focused surveys. Care recipients/representatives are satisfied with the support provided to enable an optimal level of 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

Information on privacy, dignity and confidentiality is provided on entry to the home through the resident agreement and handbook. The home provides care in accordance with the Approved Providers philosophy of care which includes respecting privacy and dignity. Annual education incorporates the homes expectation of supporting privacy and dignity and management monitor staff practices through observation and feedback from care recipient/representatives. Handover and care conferences are discussed in appropriate areas and personal, clinical and financial information is stored in a secure manner that protects the confidentiality of care recipients. In shared rooms staff ensure care recipients' dignity and confidentiality by knocking on doors, requesting permission to enter, using privacy curtains and by referring to care recipients by their preferred names. Additional 'quiet rooms' are available for palliative care and acute changes in care. Care recipients/representatives are satisfied staff provide care in a respectful and courteous manner and ensure confidentiality is 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 leisure and lifestyle program is developed to reflect the likes, dislikes and requests of care recipients. Assessments capture social and biographical information of individual care recipients and identify previous and current interests. The lifestyle program includes reoccurring events and activities and incorporates theme days, celebrations and small group activities and one-on-one programs in each monthly calendar. Lifestyle staff plan the monthly activities calendar to reflect information provided at the care recipient meeting and gathered via care recipient surveys. Individual activities are evaluated and attendance by care recipients at activities is monitored to review the effectiveness of the lifestyle program. Care plans highlight individual activities of interest and are reviewed at regular intervals. Notice boards communicate upcoming event and care recipients receive an activity program and newsletter. Care recipients/representatives are satisfied with the leisure and activity programs offered by the home.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

The specific cultural and spiritual needs of care recipients are reflected in care planning and the delivery of clinical care and lifestyle programs. Assessments and care recipient documentation captures religious preference, cultural backgrounds and customs. The home can provide care recipients/representatives information in the language of their choice and care plans includes the use of communication boards and translation processes. Culturally specific books and music are sourced for individual care recipients and family are consulted in care planning and provision. The home has spiritual and pastoral services who visit care recipients on site and conduct services. Individual spiritual care is provided during palliative care and acute illnesses. Culturally significant days are included in the lifestyle program and are celebrated by those care recipients' wishing to participate. Care recipients/representatives are satisfied care is supportive of spiritual and cultural needs.

### **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 are encouraged and supported to make decisions about activities of daily living and health care. Case conferences and care plan reviews are conducted in consultation with the care recipients/representatives and the comments and complaints system provide further opportunities for input and feedback into the home's processes.

Individual care recipient requests are incorporated into care planning, choice of food, activities of daily living and social interactions. Information about internal and external complaint mechanisms is provided to care recipients on entry and through access to posted information and brochures. The home has information about external advocacy services and care recipients are supported to access the wider community, participate in voting and manage financial and social activities. Care recipient/representatives are satisfied individual choices are actioned and respected in lifestyle and care delivery at the home.

### **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

On entry, each care recipient is offered a care agreement which outlines accommodation fees and charges, services and the consultation process used if a change in accommodation is

necessary. The Approved Provider ensures financial information and legislative changes affecting service delivery is communicated to care recipients/representatives. The home manages health related transition across the home in consultation with care recipients/representatives and will assist care recipients to access accommodation at other homes in accordance with preference. The Charter of Care Recipients Rights and Responsibilities is displayed throughout the home. Care recipients/representatives are aware of their rights and responsibilities and feel secure living in 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

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

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

- Since 1 July 2015, the home has been operating under a new national food safety plan following the National Hospitality manager identifying inconsistency of the previous catering management system. The new system encompasses revised documentation, menus, cooking temperatures, care recipient dining experience standards (for example table settings), and training. While this system has not been fully evaluated, to date, management, staff and care recipients/representatives’ feedback identifies that the system consolidates and streamlines the catering service; promotes an improved dining experience, and improved care recipient satisfaction with their meals.
- To provide an environment suitable for care recipients and visitors who smoke, an outside area has been established with self-contained butt receptacles, shade sails, fire retardant aprons and fire-fighting equipment. The area is away from bedrooms and minimises the risk of inconveniencing other members of the home’s community.
- To improve the aesthetics and functionality of the home’s buildings, major refurbishment occurred between February 2015 and July 2015. Four-bed rooms with communal bathroom use became three-bed rooms with en-suite; bathrooms were enlarged, and privacy curtains were renewed with rails closer to the ceiling. This refurbishment was accompanied by the purchase of additional hoists, slings, bed baths, and existing beds replaced with adjustable floor level beds.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

The home has an audited food safety program, and has systems to manage compliance with work health and safety guidelines, emergency and fire safety regulations and recommended

infection control guidelines and procedures. Refer to Expected outcome 1.2, Regulatory compliance, for details on the home's overall system.

### **4.3 Education and staff development**

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

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

The home meets this expected outcome

Management has systems to monitor and enhance the skills and knowledge of staff in relation to the physical environment and safe systems. In conjunction with the mandatory safety education program, staff are afforded the opportunity to attend in-service and external courses or information sessions conducted by specialist educators. Refer to Expected outcome 1.3, Education and staff development, for details on the home's overall system.

Examples of information topics relevant to Standard 4 include: fire and other emergencies, food safety, infection control, restraint, safe use and storage of chemicals, work health and safety and associated regulations, risk assessment, and manual handling.

### **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 living environment and care recipient safety and comfort needs are assessed and reviewed through regular care recipient and staff meetings, audits, incident reports, risk assessments, maintenance requests and staff observation. The home consists of single rooms and shared rooms and the environment provides safe access to clean and well maintained internal and external communal areas, with appropriate furniture sufficient for care recipients' needs. Handrails are throughout the home and walkways facilitate care recipient mobility outside. The on-site maintenance officer implements and oversees a preventative maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as required. Restraint is utilised for some care recipients and appropriate authorisation and monitoring is undertaken. Staff ensure all external entrances to the home are secure in the evening; regular security rounds are undertaken, and staff have access to police and emergency telephone numbers in the event of a security breach. Care recipients/representatives are satisfied with the maintenance, safety and comfort of their living environment.

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

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

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

The home meets this expected outcome

The organisation and management at the home have implemented a safety system to manage regulatory requirements. The home's safety system is coordinated by organisational health and safety staff in association with the on-site work health and safety representative, maintenance and management teams. There are processes which enable notification and control of hazards; to manage exposure to risks; for reporting and investigation of staff incidents; management of chemicals; regular safety and environmental audits, and the rehabilitation of injured staff to support their return to work. Staff receive education on their responsibilities in relation to work health and safety in a safe working environment.

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

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

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

The home meets this expected outcome

The home's fire safety system and installations have been assessed and records of inspection identify that the fire detection, alarm and firefighting system have been inspected and maintained in accordance with relevant standards. Fire exits and pathways to exit are free from obstacles. The home has emergency response guidelines available at key points in the home to support the management of adverse events such as a fire/smoke, bomb scare, intruder, loss of utilities. Staff are provided with initial and annual instruction in fire safety and evacuation procedures and have access to emergency procedures, firefighting equipment and evacuation diagrams. A care recipients' evacuation list (updated on entry/exit), coupled with sign in/out registers and staff roster, assist with evacuation headcounts. There are procedures to ensure security (day and night) of care recipients, staff and site visitors.

#### **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 and staff are aware of infection control principles relevant to their role. Hand washing facilities and hand sanitiser solutions are located throughout the home; an outbreak management system, provision of personal protective equipment and sufficient cleaning supplies assist to minimise the incidence of infection. The home provides vaccinations for staff and care recipients annually and issues relating to infection control are discussed at relevant staff meetings as an outcome of the infection surveillance system, including collection, collation, and analysis and trending of infections data. Care recipients with suspected infections are reviewed by their medical officer and monitored by clinical staff with appropriate treatment implemented. Regular pest control services are provided and there are processes for the disposal of general and sharps waste.

The food safety program, cleaning and laundry practices support the infection control program and regular relevant training is provided to staff.

#### **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

Care recipients/representatives and staff are satisfied with the catering, cleaning and laundry services provided. Care recipients' dietary needs are assessed on entry to the home and reviewed as necessary to identify allergies, likes, dislikes and preferences. This information is communicated to catering staff. The home has a cook fresh system with the capacity to cater for individual dietary needs. Care recipients are presented with options for main meals and may provide feedback. The cleaning program includes duties lists and schedules to guide staff in the cleaning of care recipients' rooms and the environment. Personal clothing and manchester is laundered on site with care recipients encouraged to name personal clothing items to facilitate satisfaction with the laundry service. Regular stock-takes are conducted to ensure linen and crockery is replaced as necessary. The effectiveness of hospitality services is monitored through feedback, meetings, audits and surveys.