



**Australian Government**

---

**Australian Aged Care Quality Agency**

**Ian George Court**

RACS ID 6195  
2-10 First Street  
BROMPTON SA 5007

**Approved provider: Anglicare SA Inc**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 15 December 2019.

We made our decision on 17 October 2016.

The audit was conducted on 05 September 2016 to 06 September 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**

**Ian George Court 6195**

**Approved provider: Anglicare SA Inc**

### **Introduction**

This is the report of a re-accreditation audit from 05 September 2016 to 06 September 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 05 September 2016 to 06 September 2016.

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

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

## Assessment team

<b>Team leader:</b>	Diane Mogie
<b>Team member:</b>	Jill Rutherford

## Approved provider details

<b>Approved provider:</b>	Anglicare SA Inc
---------------------------	------------------

## Details of home

<b>Name of home:</b>	Ian George Court
<b>RACS ID:</b>	6195

<b>Total number of allocated places:</b>	40
<b>Number of care recipients during audit:</b>	40
<b>Number of care recipients receiving high care during audit:</b>	27
<b>Special needs catered for:</b>	People living with dementia or related disorders People living with disabilities, mental health, drug and alcohol disorders

<b>Street:</b>	2-10 First Street
<b>City:</b>	BROMPTON
<b>State:</b>	SA
<b>Postcode:</b>	5007
<b>Phone number:</b>	08 8348 2000
<b>Facsimile:</b>	08 8348 2040
<b>E-mail address:</b>	Nil

## Audit trail

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

### Interviews

Category	Number
Management	3
Clinical/care/lifestyle staff	8
Administration staff	1
Care recipients	7
Hospitality and environmental safety staff	6

### Sampled documents

Category	Number
Clinical assessments/care plans/progress notes	6
Lifestyle assessments/care plans/progress notes	5
Medication charts	5

### Other documents reviewed

The team also reviewed:

- Audited food safety plan
- Audits/surveys
- Care recipient newsletters
- Care recipients' information handbook
- Cleaning schedules and checklist
- Clinical indicators and trending
- Comments and complaints data
- Continuous improvement plan
- Contractor and visitor sign in/out register
- Dietary needs profiles
- Education management
- Electrical tag and testing records

- Emergency procedures
- Evacuation list
- Feedback forms and outcomes
- Food safety program
- Incident and hazard trending and analysis
- Infection control data
- Job descriptions
- Lifestyle documentation
- Maintenance service reports
- Mandatory reporting register
- Menus
- Police certificates
- Preventive and scheduled maintenance
- Resident agreement
- Risk assessment plans
- Safety data sheets
- Self-assessment
- Self-medication assessments
- Staff handbook
- Staff qualifications/registrations
- Staff rosters
- Temperature monitoring records
- Training attendance records
- Triennial fire certificate
- Various meeting minutes
- Various policies and procedures
- Wound management

## Observations

The team observed the following:

- Accreditation notice displayed
- Activities in progress
- Care recipients' vegetable garden
- Charter of care recipients' rights and responsibilities displayed
- Chemical storage
- Chicken coop
- Cleaning in progress
- Comments and complaints information on display
- Equipment and supply storage areas
- Feedback boxes
- Fire equipment/fire panel/evacuation maps
- Infection control resources
- Interactions between staff and care recipients
- Living environment
- Meal service
- Memorial area
- Noticeboards displaying various information
- Short group observation in outdoor area
- Smoking areas for care recipients
- Storage of medications and administration
- Suggestion boxes
- Swipe card access
- Vision, mission and values statement displayed

## 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

Ian George Court is owned and operated by Anglicare SA. Continuous improvement is actively pursued at an organisational and site level. The home uses internal and external audits, suggestions, comments and complaints, staff meetings, surveys, incident and hazard reporting to identify continuous improvement opportunities and to monitor compliance against the Accreditation Standards. Identified improvements are recorded on a continuous improvement plan which details the input, actions, outcomes and evaluations. Improvements are monitored and discussed at Quality Work Health and Safety meetings. Care recipients and staff are provided information about improvements via meetings and newsletters.

Results show care recipients and other stakeholders are satisfied the home acts upon suggestions for improvement. Care recipients and staff interviewed said they are actively involved in the home's continuous improvement process and are satisfied.

An example of an improvement initiative implemented by the home over the last 12 months in relation to Standard 1 Management systems, staff and organisational development includes:

- At a staff meeting, non-clinical staff stated they were not receiving adequate handover about care recipients, particularly in relation to behavioural issues. As a result the home implemented a 9.30am handover meeting involving all staff. Staff who are not able to attend the 9.30am meeting are provided with individual handovers. Items discussed at meetings include any behavioural or exceptional issues that arose during the evening. Feedback from staff is positive and they report there is improved discussion on care recipients' care.

## 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 is supported by a corporate function of Anglicare SA that identifies changes in legislation, regulatory requirements, professional standards and guidelines and communicates changes to the home. Updates are received from the Department of Health and various professional and statutory bodies. Care recipients, staff and representatives are kept informed about changes that affect them through email, meetings, training, formal communications and newsletters, including changes to work procedures. Monitoring processes include external and internal audits. Results show the home’s processes are effective in identifying regulatory compliance changes and actions are implemented to ensure compliance. Care recipients and staff said they are kept informed about changes to legislation.

In relation to Standard 1 Management systems, staffing and organisational development, regulatory compliance examples the home demonstrated are:

- Police certificate checks are completed for all staff and volunteers
- Care recipients and representatives are informed of the re-accreditation audit via individual letters, emails and notices displayed.

### 1.3 Education and staff development

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

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

The home meets this expected outcome

Management and staff have appropriate skills and knowledge to perform their roles effectively. The home's recruitment and selection processes ensure that employees have the required qualifications and skills for each position. Training calendars which include mandatory training are developed and training is delivered online, through sessions offered and monitored for completion. The home identifies further opportunities for training through performance appraisals, staff feedback, changes in processes or in response to changes in care recipient needs. Monitoring occurs through completion of training programmes and senior staff monitor attendance. Results show staff have had appropriate education and training across all the Accreditation Standards. Care recipients interviewed said staff have the skills and knowledge to deliver care that meets their needs.

Examples of education and training provided over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Understanding Accreditation
- Electronic care training
- Improving your 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

The home has a comments and complaints system which can be accessed by each care recipient and interested parties. On entry to the home, care recipients are advised of internal and external mechanisms available to them should they wish to raise a concern. Information about the internal and external complaints procedures can be found displayed around the home, in care recipients' agreements, the care recipient information booklet, and at meetings. Suggestion boxes are available in the home for those wishing to make anonymous comments or complaints. Management log and act upon both verbal and written complaints and number each entry to assist with tracking and follow-up, outcomes, evaluation and the analysis of trends. The effectiveness of the comments and complaints process is monitored via audits and satisfaction surveys. Staff interviewed are aware of the home's comments and complaints process and are satisfied with follow-up actions. Care recipients interviewed are satisfied with the comments and complaints processes and the approachability and responsiveness of management and staff.

## 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 has documented its commitment to quality of residential care through its vision, purpose and value statement. This information is displayed around the home, and in care recipient and staff handbooks. The home's strategic plans are developed in-line with its vision, purpose and values.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure there are adequate numbers of appropriately skilled staff to ensure services are delivered in-line with the home's vision, purpose and values and Accreditation Standards. The home's recruitment process ensure those employed have appropriate skills, qualifications and values are in-line with expectations. Newly recruited staff undertake mandatory corporate and on-site induction training and are buddied with other staff to familiarise themselves with the home. Agency staff from the home's preferred nursing agency have onsite training as an extra staff member prior to working at the home to ensure they are familiar with the home. Staff are able to contact on-call clinical staff when assistance is required. Police certificates and professional registrations are monitored corporately.

Monitoring processes include audits, performance appraisals, comments and complaints processes, staff and handover meetings. Results show care recipients and staff are given opportunity to provide feedback about the home's human resource processes. Staff interviewed said they have adequate time to complete their roles and that staff numbers and skill mix is appropriate. Care recipients interviewed are satisfied the home is staffed appropriately and maintains a high level of service to care recipients.

## 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 systems for identifying, purchasing and maintaining goods and equipment for quality service delivery. A budget for capital expenditure is set each financial year for capital items, equipment replacement, repairs and maintenance. New major equipment is risk assessed, trialled and evaluated before purchasing with input from care recipients and staff.

The home identifies the need for new equipment through maintenance requests, staff and care recipient meetings, suggestions, comments and complaints, hazard and incident reporting, as well as changes in care recipients' needs. The home has a preventative maintenance system to ensure equipment is clean, well maintained and adequate to meet care recipient and staff needs. Results show appropriate stock levels are maintained and rotated, and equipment is well maintained and clean. Staff interviewed said the home maintains sufficient goods and equipment to meet their needs. Care recipients interviewed said there are adequate supplies of goods and equipment available.

## **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 systems to provide effective information management. Information is managed and disseminated through internal and external electronic systems and paper based documentation to ensure all relevant stakeholders have access to current information. Staff receive information through meetings, handovers, memoranda, communication diaries, noticeboards and policies and procedures. Care recipients and their representatives receive information via meetings, noticeboards, newsletters, handbooks and calendars. We observed information is stored securely and there are systems in place for retrieval of information.

Monitoring occurs through audits, surveys, meetings and consultation processes. Results show there are robust information systems in place. Staff interviewed said they attend handover, meetings and have access to up-to-date information to assist them in their roles. Care recipients interviewed said they are satisfied they have access to information to assist them to make informed decisions about their care and services.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure externally sourced services are provided in a manner which meets the residential care service's needs and service quality goals. The home is supported by a corporate function of Anglicare SA which maintains a purchase order system, service agreements, and an approved preferred provider list, which can be accessed by staff on the intranet. All contractors are required have completed an orientation process before commencing any work on-site and police clearances and insurance requirements are monitored for compliance. Monitoring of services includes contract reviews, comments and complaints, staff feedback and audits. Results show delivery and work carried out by contractors is monitored and reviewed. Staff and care recipients are satisfied external services are effectively managed to maintain care recipients' needs and service requirements.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

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

In relation to Standard 2 Health and personal care, the home identifies improvement from care recipients, representatives and staff feedback. Other sources of feedback include comments and complaints, audits, hazard and incident reporting, and care reviews. Care recipient incidents are monitored; these include falls, wounds, infections, behaviours and medication errors. Care recipients and staff are satisfied the home encourages them to make suggestions and provide feedback.

An example of an improvement initiative related to health and personal care implemented by the home over the last 12 months includes:

- As a result of a visual inspection and the expiry of the ten year life-span of care recipient mattresses, the home undertook to replace all mattresses. Different types of mattresses were researched and samples were provided for care recipients to trial. All mattresses have now been replaced with gel mattresses. Since the changeover in mattresses, there have been no reported site-acquired ulcers and 100 per cent of care recipients surveyed are satisfied with their sleep, and the cleanliness and comfort of the beds.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

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

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

- Management of unexplained absences and mandatory reporting procedures
- Medication is stored safely and securely.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

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

- Dysphagia – caring for a person with swallowing difficulties
- Diabetes management
- Activities of daily living.

## 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 clinical care that is appropriate to their individual needs and preferences. On entry care recipients are assessed by clinical nursing staff using a suite of comprehensive assessments and a care plan is formulated. Clinical needs are reviewed regularly through care reviews in consultation with care recipients or their representatives/advocate. Staff has access to care plans, progress notes and receive regular updates through handover processes and meetings. Monitoring occurs through analysis of clinical data, care reviews, audits and surveys. Results show care recipients’ clinical needs are identified, documented and comprehensive care reviews are conducted. Staff interviewed described care recipients’ health and care needs and said they regularly consult with medical staff to support care recipients’ clinical needs. Care recipients interviewed are satisfied with the clinical and personal care provided to them.

## 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

There are systems to ensure care recipients receive specialised nursing care from qualified nursing staff that is appropriate to their identified needs. Care recipients who require specialised care are assessed by registered nursing staff, and a care plan is developed in consultation with appropriate health professionals. Review of care recipients’ specialised care occurs through consultation with medical and specialist staff, ongoing assessment processes

and at care reviews. Registered and enrolled nursing staff receive education to support care recipients' specialised care. Monitoring occurs through handover process, medical reviews, analysis of clinical data and at four-monthly care reviews. Results show there are effective systems in place to identify and monitor care recipients' specialised care. Staff interviewed described care recipients' specialised care and said they have adequate medical equipment and supplies to support care recipients specialised care needs. Care recipients interviewed are satisfied with the specialised care provided.

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

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their health needs and preferences. Staff assess care recipients' clinical needs to identify if they require other health related services. Referrals are conducted and care plans are updated. Care recipients have access to a wide range of health specialists and are supported by their representative/advocate or staff to attend appointments. Monitoring occurs through regular care reviews, handover processes, audits, surveys and feedback processes. Results show there are effective systems in place to ensure care recipients are referred as their clinical needs change. Staff interviewed are aware of care recipients who receive other health related services and said they have access to up-to-date information relating to care recipients' clinical needs. Care recipients interviewed are satisfied they are referred to appropriate specialists and their needs are met.

## **2.7 Medication management**

*This expected outcome requires that "care recipients' medication is managed safely and correctly".*

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients' medications are managed safely and correctly. Care recipients are assessed by medical staff and their medication needs are documented and reviewed as indicated. Staff are aware of processes for 'as required' medications, monitoring of pain relieving patches and 'as required' medications are reviewed to evaluate their effectiveness. All medications are stored securely. Care recipients who wish to self-medicate are assessed, monitored and have the ability to securely store their medications. Monitoring occurs through audits, medication reviews, analysis of incident data, and observation. Results show there is a low incidence of medication incidents. Staff interviewed said they completed an annual medication competency and have enough supplies of medications to meet care recipients' needs. Care recipients interviewed are satisfied their medication is managed safely and correctly.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. Following entry care recipients undergo a detailed assessment to gather information to assess their levels of pain and this includes evaluation of verbal and non-verbal signs. Following evaluation, a care plan is developed which details pain relieving strategies such as massage, heat packs, reiki sessions, support bandages, exercise programs and medications. Monitoring of pain management occurs through observation, at planned care reviews and feedback from allied health, nursing staff and care recipients. Results show there are effective systems in place to ensure care recipients are free as possible from pain. Staff interviewed described systems in place to ensure care recipients are free from pain as much as possible. Care recipients interviewed are satisfied their pain is managed effectively.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill care recipients is maintained. Staff meet with care recipients and assess their preferences in relation to cultural, spiritual, privacy and dignity and comfort needs, following this information obtained palliative care wishes are identified. When care recipients approach the end stage of life a palliative care plan is completed. Staff direct and administer care according to the care plan and medical direction and where required staff are able to refer care recipients to external palliative services. Care recipients have access to the organisations chaplain or a minister of their choice. Representatives are supported to visit and support their family member.

Monitoring of care recipients’ comfort and dignity occurs through medical and care reviews, handover processes and feedback mechanisms. Results show the home ensures care recipients’ emotional, comfort and pain management needs are met. Staff interviewed said they consult with medical and palliative care services to assist in meeting care recipients comfort and dignity. Documentation reviewed showed representatives are satisfied with the way the home maintains terminally ill care recipients’ 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

The home has systems to ensure care recipients receive adequate nutrition and hydration. Care recipients’ nutritional needs are assessed on entry including their likes and dislikes,

allergies and level of assistance required. Care recipients who are at risk of malnutrition are referred to the dietitian or speech pathologist when reassessment is required and interventions such as supplements and monitoring of intake occurs. Care recipients are weighed monthly or earlier if indicated. Staff are aware of care recipients' dietary information including care recipients who require a modified diet. Monitoring occurs through reviews of weighs, observation, monitoring food and fluid intake and audits. Results show care recipients' nutrition and hydration needs are effectively monitored and strategies are put into place where required. Staff interviewed are aware of care recipients who require a modified diet and supplements to maintain their dietary requirements. Care recipients interviewed are satisfied their nutrition and hydration needs are met.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients' skin integrity is consistent with their general health. Staff conducted a risk assessment to identify care recipients who are at risk of impaired skin integrity. This information is detailed in the care plan including strategies required to support care recipients' skin integrity, these include pressure relieving aids, treatments required and moisturising creams. Registered nursing staff assess complex wounds, complete treatment plans and provide direction to staff regarding wound management. Complex wounds are photographed as part of the monitoring process. The incidence of impaired skin integrity is reported through incident management mechanisms and this information is reported through the monthly Quality and Work Health and Safety meetings. Monitoring occurs through wound management processes, analysis of incident data, meetings and feedback mechanisms. Results show there is a low incidence of wounds. Staff interviewed described interventions required to maintain care recipients' skin integrity. Care recipients interviewed are satisfied with the care provided to maintain their skin integrity.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to enable care recipients' continence to be managed effectively. Assessment processes identify individual needs to support independence, dignity and care relating to continence management and this information is detailed in care plans.

Considerations of care recipients' dietary needs, exercise and mobility status is included as part of the assessment. Staff receive training in continence management to support care recipients' continence needs. Care recipients who require aperients are monitored regularly and clinical staff monitor the incidence of urinary tract infections and follow-up care.

Monitoring occurs through audits, reporting processes and observation. Results show there is a low incidence of urinary tract infections. Staff interviewed are aware of care recipients' individual continence management. Care recipients interviewed are satisfied their continence is managed effectively.

## 2.13 Behavioural management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients with challenging behaviours are managed effectively. Care recipients are assessed on entry, this includes past medical history and medical diagnosis which may affect their behaviour. Behaviour assessments are conducted to assist with the identification of triggers and strategies required. A case conference is conducted with care recipients, staff, advocates and a care plan implemented. Alcohol management programs and smoking programs are implemented and monitored as required to ensure effective management of behaviours. Risk management plans are completed and care recipients are consulted regarding agreed boundaries. Incidence of behaviours is reported through the incident management system and follow-up occurs. Monitoring occurs through incident reporting, planned care reviews, audits, consultation processes and communication with specialised units. Results show there is a robust system in place to identify behaviours and strategies to reduce the incidence of behaviours. Staff interviewed and observations showed staff are aware of care recipients’ individual behaviour management plans and strategies required. Care recipients interviewed are satisfied with the home’s approach to ensure challenging behaviours are managed effectively.

## 2.14 Mobility, dexterity and rehabilitation

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. Assessments are conducted on entry by allied health staff and a mobility and transfer care plan is completed. The physiotherapist develops an exercise plan for each care recipient and care recipients are encouraged to take part in walking programs. Falls prevention strategies are in place and these include the provision of mobility aids, hip protectors, low beds and fall-out mats. Care recipients are reassessed following a fall and interventions are reviewed. All incidents are reported through the monthly Quality and Work Health and Safety meetings. Monitoring is conducted through planned care reviews, analysis of falls data and review of recommendations from allied health staff and audits. Results show there is a low incidence of falls. Staff interviewed are aware of care recipients’ mobility needs and supporting equipment required. Care recipients interviewed are satisfied their mobility and dexterity needs are met.

## 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 home has systems to ensure care recipients’ oral and dental health is maintained. Oral and dental assessments are conducted and this information is detailed in care plans to direct staff. Staff monitor and replace oral products seasonally and conduct mouth care where required. Care recipients are supported to attend dental appointments and have access to free dental services. Monitoring occurs through observation, planned care reviews, feedback from dental specialists, observations and audits. Results show care recipients are assisted to attend dental services and their oral and dental care is regularly reviewed. Staff interviewed described strategies to support care recipients’ oral and dental health. Care recipients interviewed are satisfied they are assisted 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

The home has systems to ensure care recipients’ sensory losses are identified and managed effectively. Assessments covering all five senses are conducted on entry by nursing and allied health staff. Care plans detail strategies and aids to support and improve sensory loss. Activities are conducted to enhance sensory enjoyment these include music, cooking and reiki with essential oils. Referrals are made to Commonwealth hearing services for hearing aids and care recipients have access to optometrists when required. Staff provide assistance with the cleaning and maintenance of sensory aids. Monitoring occurs through planned care reviews, medical and allied health reviews and feedback process. Results show care recipients sensory needs are met and monitored. Staff interviewed are aware of care recipients who require assistance with their sensory loss. Care recipients interviewed are satisfied their sensory loss is managed effectively.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients are able to achieve natural sleep patterns. Sleep assessments are conducted through observation and discussion with care recipients. Assessments include a review of care recipients’ cognition and physical health status, their natural sleep pattern and strategies to promote a restful night sleep. Staff ensure care recipients are offered snacks, warm drinks and the environment is calm and there is reduced lightning. Monitoring occurs through observation, review of medications, planned care reviews and feedback from staff and care recipients. Results show night staff provide appropriate care

and regularly monitor care recipients to support their natural sleep patterns. Staff interviewed gave examples of care recipients' care needs to support and achieve a restful sleep. Care recipients interviewed are satisfied they are assisted to achieve a natural sleep pattern.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Care recipient lifestyle, resident and relative meetings and surveys are used to gather suggestions. Staff encourage and support care recipients and representatives to provide feedback and suggestions. Care recipients and staff said they are satisfied the home supports them to provide feedback and suggestions.

An example of a completed continuous improvement activity achieved in the last 12 months relating to Standard 3 Care recipient lifestyle includes:

- As a result of a television programme watched by staff about the benefits of music on memory in aged care, the home trialled a music therapist for a period of 12 weeks to work with care recipients. The music therapist interviewed care recipients individually about joining a choir. Those who did not want to be part of the choir had the option of attending one-on-one music sessions. In December, the choir performed at the home’s Christmas party and wore t-shirts especially made-up for the occasion. Attendance records show participation in the choir exceeded the goal set by the home and there was a general increase in participation over the 12-week period. Evaluation of the programme recorded positive feedback from the care recipients involved. A recording of the music has been made into a CD. The home won an Anglicare SA lifestyle award for the programme and an article appeared in the local newspaper. The programme is continuing.

### **3.2 Regulatory compliance**

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

#### ***Team’s findings***

The home meets this expected outcome

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

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

- A mandatory reporting log is maintained
- Care recipients’ consent to release of information
- Care recipients are informed of their rights in relation to security of tenure.

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

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

#### ***Team’s findings***

The home meets this expected outcome

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

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

- Protecting the older person from abuse
- Certificate IV in lifestyle management
- Cultural diversity.

### **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 has systems to support care recipients in adjusting to life in their new environment on entry to the home and on an ongoing basis. Care recipients are welcomed to the home, provided with a tour of the facility and receive a welcome pack. Lifestyle staff meet with care

recipients and assist them to settle in by meeting with them regularly to ensure supports are in place to meet their emotional needs. An assessment is completed, information is documented in the care plan and staff have access to these plans. Care recipients receive support from the chaplain, staff, and volunteers and are assisted to recognise significant days and celebrations. Family and friends are encouraged to visit care recipients and take active part in care recipients' lives and care recipients are supported to reconnect with their family and friends. Monitoring occurs through planned lifestyle reviews, surveys, resident meetings, staff observation and verbal feedback. Results show care recipients receive emotional support according to their needs. Staff interviewed are aware of care recipients' individual needs. Care recipients interviewed are satisfied they receive support to assist them in adjusting to their life in the facility.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has systems to ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. Care recipients are assessed by allied health and nursing staff to assess their levels of independence and this information is documented in care and lifestyle plans to ensure staff are aware of their abilities. Staff provided support to care recipients to attend programs offered at the home. Care recipients are assisted to meet with social workers, go on outings independently from the home or they can attend with staff. Care recipients are encouraged to attend the resident meetings, have input and maintain their independence with their friendship groups outside the home. Monitoring of independence occurs through planned care and lifestyle reviews, surveys, resident meetings, observations and audits. Results show care recipients' independence is actively encouraged and maintained. Staff interviewed described care recipients' individual requirements to support their independence. Care recipients interviewed are satisfied they are assisted to maintain their independence and participate in the life of the community.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems that recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care recipients are informed about their right to privacy and disclosure of their confidential information. Assessment processes identify individual privacy requirements and staff have access to this information. Care recipients have access to a mobile phone where they can make phone calls in the privacy of their room and they are able to place signs on their room doors regarding their privacy needs. Care recipients are encouraged to meet with visitors or family in their rooms and there are private areas they can access. All electronic information is password protected and all information is securely stored. Staff knock on care recipient room doors prior to entering and were observed to be behaving

in a respectful manner. Monitoring occurs through observation, planned care and lifestyle reviews, surveys and feedback mechanisms. Results show care recipients' privacy and dignity is maintained. Care recipients interviewed are satisfied their privacy, dignity and 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 home has systems to ensure care recipients are encouraged and supported to participate in a wide range of activities and interests appropriate to their needs and preferences. Lifestyle staff complete an assessment which captures care recipients' past and present life histories, cultural and spiritual needs including emotional requirements and this information is detailed in the lifestyle care plan. The lifestyle program is developed through consultation with care recipients to ensure it meets their needs. Care recipients are actively encouraged to attend the program which is facilitated at the home, through outings and one- on-one visits. Care recipients have access to the lifestyle calendar, give feedback at resident meetings and through surveys. Monitoring of the program occurs through planned lifestyle reviews, meetings, surveys and audits. Results show the home has a varied lifestyle program to support care recipients' individual lifestyle needs. Staff interviews and observations show staff are very supportive to ensure care recipients are supported to attend activities. Care recipients interviewed are satisfied there are encouraged to participate in lifestyle programs and their lifestyle needs are met.

### **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 has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Care recipients are invited to discuss their individual preferences in relation to their culture and spiritual beliefs and this information is documented in their care plan. Care recipients are supported to undertake cultural events which are significant to them and they are assisted to display items relating to their cultural and spiritual preferences.

Church services are held at the home including individual visits. Cultural celebrations are offered including reflection time and memorial services. Monitoring occurs through planned lifestyle reviews, surveys, resident meetings and through consultation processes. Results show the spiritual and cultural program is effective in meeting care recipients' individual needs. Staff interviewed are aware of care recipients' individual spiritual and cultural needs. Care recipients interviewed are satisfied their individual interests, religious and cultural needs are met.

### **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 or their representatives are able to participate in decisions about the services the care recipient receives, and are able to exercise choice and control over their lifestyle while not infringing on the rights of other people. On entry care recipients receive information regarding their rights and responsibilities, this includes civil and financial rights, living arrangements, care and lifestyle and advocacy. This information is detailed in various documents and staff work closely with guardians, public trustees and care recipients to provide support and assistance to care recipients so that they can make an informed choices. Results show there are robust systems in place to support care recipients to have choice and control over their daily lives. Staff interviewed gave examples on how they support care recipients to have choice and control over their lifestyle. Care recipients interviewed are satisfied they have the right to exercise choice and control according to their needs.

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

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

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

The home meets this expected outcome

Care recipients and/or their representatives are provided with information regarding security of tenure through the service agreement and information handbook which they are provided prior to entry. These documents contain information about their rights and responsibilities, security of tenure and decision making forums. The Care Recipients' Charter of Rights and Responsibilities is displayed throughout the home. Monitoring processes include comments and complaints systems and agreements are updated in-line with legislative changes. Results show where a room change has occurred, the home has consulted and obtained consent from relevant parties. Staff interviewed are aware of processes in place when care recipients may request to change rooms to ensure their security of tenure is maintained.

Care recipients interviewed are satisfied their security of tenure is 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.

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems, the home monitors the safety and comfort of the home through workplace inspections, incident and hazard reporting, comments and complaints processes, maintenance records and audits. Care recipients and staff interviewed said they are satisfied the home supports them to provide feedback and suggestions.

An example of an improvement activity relating to Standard 4 Physical environment and safe systems includes:

- Feedback from a survey identified care recipients are not satisfied with having to choose their meal two weeks ahead of delivery. Care recipients reported forgetting or no longer wanting what they had chosen on the day. The home purchased a bain marie and now provide a buffet service whereby care recipients can chose food items and portion sizes. Care recipients who prefer to have their meals pre-plated still have this option. Feedback received from care recipients has been positive. Staff have noticed care recipients are choosing a greater variety of food, increasing their weight and are now looking forward to their meals.

## 4.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

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

- Current food safety council audit
- Food safety plan is in place
- Fire safety inspections are monitored as per the regulations
- Maintains a current Triennial fire certificate.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

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

- Fire and emergency procedures
- Infection control
- Manual handling
- Food safety.

#### **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 systems in place to ensure it provides a safe, clean and comfortable environment that is consistent with care recipients' care needs. The home has single rooms with individual air conditioning systems and ensuites. Care recipients are able to furnish their rooms with their own personal furniture and sentimental items. The home provides clean, safe communal living areas, comprising several dining areas and indoor and outdoor areas with seating and gardens. The organisation has a minimal restraint policy and assessment processes are in place including, regular reviews and effective monitoring if restraint is used. The living environment is monitored through workplace inspections, incident and hazard reporting, preventative and corrective maintenance programmes, and feedback process.

Results show maintenance issues are identified, reported and fixed in a timely manner to ensure the safety and comfort of the environment. Staff interviewed are aware of their roles in assisting to maintain a safe and comfortable environment and procedures in place in relation to hazard and incident reporting. Care recipients interviewed said they are satisfied in relation to the safety and comfort of the home.

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

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

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

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. In addition to corporate Work, Health and Safety (WHS) functions, the home has a WHS Committee which meets regularly and relevant WHS issues are discussed at all staff and care recipient meetings. Mandatory training is provided to all staff on induction, and annually. Monitoring processes include incident and hazard reporting, regular workplace inspections, audits, preventative and corrective maintenance programmes, and feedback processes. Results show that WHS issues are discussed and corrective actions are implemented to support a safe working environment. Staff interviewed are satisfied management are actively working to provide a safe working environment and have access to the training and equipment to allow them to perform their work safely.

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

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

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

The home meets this expected outcome

The home has established systems for detecting and acting upon fire, security and other emergency risks and incidents. Emergency procedures and evacuation maps are located and displayed throughout the home. The home meets all fire safety regulations and an external fire contractor monitors fire safety equipment as per regulatory requirements.

Mandatory fire safety training is provided to all staff at induction and annually and records are kept to ensure that mandatory training is attended by all staff. The home's security is maintained through electronic swipe pads and an external security contractor performs checks overnight. Each care recipient has a safety risk assessment completed on entry and staff monitor care recipients who are part of the smoking program to ensure their safety.

Monitoring processes include audits, preventative and corrective maintenance, incident and hazard reporting. Results show equipment is well maintained and emergency contingency plans are in place. Staff interviewed said they have attended fire and emergency training and are aware of their responsibilities in the event of a fire. Care recipients interviewed are aware of what actions to take upon hearing a fire alarm.

#### **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 systems to ensure the infection control program is effective. Staff have access to policies and procedures, infection control resources including access to education material relating care recipients infections and this information is placed in care plans. A vaccination program is offered to care recipients and staff. The home has an infection control surveillance program and all infections are reported, followed-up and monitored through the infection logs and reported through the monthly Quality and Work Health Safety meetings.

Cleaning staff are aware of infection control systems and have resources available to minimise the spread of infections. Further monitoring occurs through the food safety plan, monitoring of food temperatures, pest control processes and incident reporting. Results show there is a low incidence of infections. Staff interviewed said they receive education in relation to infection control and have access to appropriate infection control equipment and resources.

## 4.8 Catering, cleaning and laundry services

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

### **Team's findings**

The home meets this expected outcome

The home provides catering, cleaning and laundry services in a manner which enhances care recipients' quality of life and the staff's working environment. An external provider is contracted to supply lunch and part dinner and the menus are rotated monthly. Once a week the home provides a home cooked meal of choice for care recipients in each area. Care recipients' dietary requirements, food allergies and preferences are identified and communicated to the kitchen and there is a system in place for advising catering staff of a change in a care recipient's dietary needs. An audited food safety plan guides kitchen staff practice, including the appropriate monitoring of food temperatures. Laundry services are provided on-site for care recipients' personal clothing and linen is laundered off-site by an external contractor. Care recipients' rooms and numerous communal areas, the kitchen and laundry are cleaned according to schedules. Monitoring of hospitality services includes audits, comments and complaints information, meetings and surveys. Staff said they have access to appropriate training and the services provided by the home are effective. Care recipients interviewed are complimentary of the catering, cleaning and laundry services provided by the home and stated they feel confident to provide feedback.