



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

**Reconsideration Decision**

**Inglewood & Districts Health Service (Nursing Home) RACS ID: 3492**

**Approved Provider: Inglewood & Districts Health Service**

**Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.**

Reconsideration Decision made on 20 March 2018

Reconsideration Decision

An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 23 September 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 10 November 2015 to 10 September 2019.

Reason for decision

Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from

20 March 2018

Accreditation expiry date

10 September 2019



**Australian Government**

---

**Australian Aged Care Quality Agency**

**Inglewood & Districts Health Service (Nursing Home)**

RACS ID 3492

3 Hospital Street

INGLEWOOD VIC 3517

Approved provider: Inglewood & Districts Health Service

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 10 November 2018.

We made our decision on 23 September 2015.

The audit was conducted on 11 August 2015 to 12 August 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

### Standard 2: Health and personal care

#### Principle:

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.

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

**Standard 3: 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**

**Inglewood & Districts Health Service (Nursing Home) 3492**

**Approved provider: Inglewood & Districts Health Service**

### **Introduction**

This is the report of a re-accreditation audit from 11 August 2015 to 12 August 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

# Audit report

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 August 2015 to 12 August 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

Team leader:	Deanne Maskiell
Team member:	Adrian Clementz

## Approved provider details

Approved provider:	Inglewood & Districts Health Service
--------------------	--------------------------------------

## Details of home

Name of home:	Inglewood & Districts Health Service (Nursing Home)
RACS ID:	3492

Total number of allocated places:	15
Number of care recipients during audit:	15
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Nil identified

Street:	3 Hospital Street	State:	Victoria
City:	Inglewood	Postcode:	3517
Phone number:	03 5438 7000	Facsimile:	03 5431 7004
E-mail address:	admin@idhs.vic.gov.au		

## Audit trail

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

### Interviews

	Number		Number
Management and quality	4	Care recipients/representatives	8
Nursing and lifestyle	10	Hospitality, safety and environmental service	10
Administration	1		

### Sampled documents

	Number		Number
Care recipients' files	6	Medication charts	6
Residential agreements	2	Personnel files	7

### Other documents reviewed

The team also reviewed:

- Annual essential safety measures report 11 June 2015
- Audit schedule and results
- Care recipient, family and staff surveys
- Catering records, audits, reports and certification documents
- Cleaning records
- Clinical care assessments, plans and reviews
- Clinical directives and charts
- Comments and complaints documentation
- Communication books
- Continuous improvement plan
- Cultural care kit
- Education records
- Emergency management plan and procedures
- Employee assistance program
- Essential safety measures report
- Essential services schedules and monitoring processes
- Evidence folders
- External contractor documentation
- Handover sheets
- Hourly rounding folder
- Human resource documentation
- Infection control records

- Information handbooks
- Injury register
- Key indicator reports
- Laundry records
- Lifestyle planning and attendance records
- Mandatory reporting folder and register
- Medication administration and checking records
- Meeting minutes
- Newsletters
- Occupational health and safety documentation
- Pathology reports
- Policies and procedures
- Preventative maintenance schedules, testing records and monitoring processes
- Quality activity register 2015
- Reactive maintenance records
- Regulatory compliance monitoring tools and related documentation
- Rosters
- Self-assessment
- Specialist and allied health referrals and reports
- Statutory declaration records.

### **Observations**

The team observed the following:

- Activity rooms, resources and activities in progress
- Administration and storage of medications
- Charter of care recipients' rights and responsibilities
- Chemical storage and safety data sheets
- Cleaning in progress
- Comments and complaints information
- Emergency evacuation maps, egress routes and assembly areas
- Emergency evacuation pack
- Equipment and supply storage areas
- External complaints mechanisms and advocacy information
- Fire and emergency equipment
- Information in languages other than English
- Interactions between staff and care recipients
- Internal and external living environment

- Internal feedback processes and lodgement boxes
- Kitchen in operation
- Laundry in operation
- Meal and beverage service
- Noticeboards and information displays
- Notification to stakeholders of re-accreditation audit
- Occupational health and safety information
- Safety and security mechanisms
- Short group observation in lounge
- Staff areas
- Test and tagging processes
- Waste disposal area.

## 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

There is a system at the home to pursue continuous improvement across the Accreditation Standards. The system draws from a quality framework that includes scheduled audits, stakeholder surveys and analysis of key quality indicators. Management identify other opportunities for continuous improvement activities through feedback mechanisms, meeting structures and other source documents. The home's processes encourage input from staff, care recipients, representatives and visitors. Improvements are monitored through the quality improvement register and the plan for continuous improvement. There are processes to prioritise and track the progress of new initiatives and to evaluate the outcome of improvements generated through the system. Management discuss improvement initiatives with staff, care recipients and representatives through memoranda, newsletters and meetings.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include the following:

- As part of the management's commitment to promote a service driven culture in the health service, staff received education on a new process implemented to identify, discuss, record and address difficulties that occur on a day-to-day basis on the work floor. The process promotes supervisor staff interaction, problem solving and team work. Staff and supervisors spoke positively about the process.
- During a review of the National Standards the co-located hospital is required to meet, management identified the potential benefit from installing communication boards in the room of each care recipient in the home. Erasable whiteboards were recently fitted and are used to record key information for the day and any specific requests. A magnetic, coloured symbol provides a visual cue of the care recipient's falls risk status. While not yet formally evaluated, staff feedback indicates they are in a better position to meet care recipient needs.

#### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

There is an effective system at the home to identify, respond to and meet relevant legislation, regulatory requirements, professional standards and guidelines across the Standards. Management interpret information received from sources that include peak bodies, legislative

update services, industry newsletters and government departments. Policies and procedures are developed or amended in response to information received. Staff are advised of regulatory compliance matters and policy updates through meetings, memoranda and education. Care recipients and their representatives are informed of relevant regulatory changes through meeting forums, mail outs and noticeboards. Staff demonstrate knowledge of regulatory requirements relevant to their role. There are formal processes to monitor the home's compliance with relevant legislation and regulatory requirements.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

- Management notified stakeholders of the re-accreditation audit as required and within regulated timeframes.
- Management has a system to undertake self-assessment.
- Management maintain processes to ensure the currency of police certificates for staff, volunteers and contractors.
- There is an effective process to manage relevant statutory declarations.

### **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 the appropriate knowledge and skills required to perform their roles effectively. Educational needs of staff and management are identified through staff surveys, staff requests, audits, review of incidents, review of care recipients' needs, organisational changes, legislation changes and feedback from care recipients and their representatives. Staff are informed of educational opportunities through the home's displayed education calendar, meetings and display of posters. An attendance record is kept relating to the sessions held and sessions are evaluated. Management encourages staff to attend training to ensure they have opportunities to maintain existing skills or gain new skills. Staff are satisfied with the education opportunities offered to them at the home. Care recipients and representatives are satisfied with the skills and knowledge of the staff.

Education conducted relating to Standard 1 Management systems, staffing and organisational development include:

- Aged care accreditation
- Bullying and harassment
- Computer programs
- 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

There are formal and informal comments and complaints processes accessible to each care recipient, their representatives and other interested parties. Information handbooks, posters and brochures convey information about complaint handling processes and external complaints resolution services. Stakeholders are encouraged to raise comments or concerns via the feedback form or verbally with staff or management in the home. Stakeholder sentiment is also captured through surveys, care recipient meetings and the newly introduced representatives and family meeting. Locked lodgement boxes located within the home promotes confidentiality. Staff are made aware of complaint handling processes through policy, procedures and handbooks and feel comfortable to advocate for care recipients. Care recipients and representatives are satisfied with the response of management to concerns raised.

#### **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 vision, mission, values and commitments statements, which reflects a commitment to provide quality care and services. Management displays this information in the home and it is included in information packs provided to all stakeholders.

#### **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 appropriately skilled and qualified staff sufficient to meet care recipients' needs. Formal recruitment, selection and induction processes are used. New staff participate in orientation and are provided with 'buddy' shifts to assist their development. Position descriptions, handbooks, policies and procedures and other relevant resources support staff in their roles. Key staff monitor the roster to ensure appropriate staffing levels and skill mix are in place to meet the needs of care recipients and to provide appropriate services. Audits, feedback from stakeholders, management observations, staff appraisals, incident analysis, education sessions and competency assessments assist management in monitoring staff skills and practices. Care recipients and representatives are satisfied with the skills and knowledge of staff. Staff stated they are able to provide care and services in a timely manner.

### **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

Management has an effective system to ensure stocks of appropriate goods and equipment are available for quality service delivery. Approved suppliers deliver consumables in accordance with a regular order cycle and there are processes to maintain adequate stock holding levels. Management identifies equipment needs through feedback, meetings, audits and the input of visiting professional services. Management ensure staff are provided with education in the safe and effective use of equipment. The home has a structured preventative maintenance program and there is a system for reporting breakdown of equipment. Storage areas are sufficient, organised and secure. Staff, care recipients and representatives are satisfied with the amount and quality of equipment and inventory supplies at the home.

### **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

There are effective processes to ensure stakeholders receive relevant information. Care recipients and representatives receive information from a variety of sources, including handbooks, correspondence, newsletters, meetings and discussions with those working in the home. Staff access policies, procedures and necessary information via electronic documentation systems, memoranda, noticeboards, handbooks and meetings. Confidential information is stored and archived securely and electronic information is password protected. Staff are satisfied they receive information to support their roles and responsibilities. Care recipients and representatives are satisfied with the level of information provided to them.

### **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

There is a system to ensure external providers deliver services in a way that meets the home's needs and quality goals. Service agreements are maintained with a wide range of external service providers. Management has processes to ensure external service providers meet their contracted obligations as scheduled. There are processes to monitor and review the quality of services provided by contractors. Care recipients and staff are satisfied with the services provided by external contractors.

## **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

There is a system that demonstrates improvements in the health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- An analysis of falls data in the latter part of 2014 led to a review of systems in place to alert staff that care is required. A project was commenced to explore options to upgrade the existing call bell system and integrate this with bed alarm technology. To mitigate risk during this time and strengthen existing processes to manage care, management introduced an hourly round visual check regime. Management said staff have provided positive feedback about the benefits for care recipients flowing from the visual check round.
- In response to the increasing acuity of care recipients living in the home, management sourced additional equipment to meet specific care recipient needs. For example, a specialised comfort chair was sourced to provide better support and distribute pressure over a larger area which has enabled the care recipient to hold posture and reduce the risk of pressure injury.

### **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

There is a system to identify and meet regulatory compliance obligations in relation to health and personal care. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- Appropriately qualified staff manage clinical care and carry out specialised nursing care.
- Management monitor the professional registrations of staff.
- There are policies and procedures for the safe management and administration of medications.
- There are processes to manage and report the unexplained absence of a care recipient.

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

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education conducted relating to Standard 2 Health and personal care include:

- Catheter management
- Medication administration
- Wound care.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. On moving into the home, staff conduct assessments in consultation with the care recipient, representatives and health professionals. Care plans reflect each care recipient’s needs, preferences and any required support or interventions. Nursing staff review care plans on a regular basis and in response to the changing needs of the care recipient. Management monitor staff practices and provision of care through audits, observations, data review, staff competencies and stakeholder feedback. Staff have access to policies and procedures to guide them in the provision of clinical care. Care recipients and representatives are satisfied with the level of consultation and clinical care at 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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Nursing staff manage the specialised nursing care of care recipients, completing assessments, developing care plans, evaluating care and providing care as needed. Evaluations of specialised nursing care are performed as part of the routine care plan review process, with additional review and referral to health care professionals occurring should specialised care needs change. Staff have access to sufficient equipment to meet the needs of care recipients and complete education to ensure appropriate care is provided. Care recipients and representatives are satisfied with how specialised nursing care needs are identified and the 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

Staff ensure the referral of care recipients to appropriate health specialists in accordance with their needs and preferences. Staff assess all care recipients for their health requirements and initiate referrals to relevant specialists to meet identified needs and preferences. Care recipients have access to a range of visiting and external health services, including physiotherapy, podiatry, dietetics, aged persons mental health services, speech pathology, optometry, hearing and dental services. Care plans contain relevant information from these referrals and health specialists work in conjunction with nursing staff. Care recipients and representatives are satisfied with the access to visiting services and assistance provided to attend external 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

Care recipients’ medication is managed safely and correctly. Nursing staff administer medications according to the home’s policies and procedures. Medication care plans and medication charts include identification details, medication requirements, preferences, allergies and details of any special needs. Medications are stored securely and there are procedures to maintain supply and for the disposal of unwanted medications. Management monitor staff practices, complete audits and review incidents to assist in maintaining effective and safe medication systems. Care recipients and representatives are satisfied with medication administration and management.

## **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 are as free as possible from pain. Staff, allied health and general practitioners monitor and review care recipients to ensure they are as free as possible from pain. Assessments of pain levels are performed on moving into the home and repeated when required. Care plans detail the type of pain, where it is typically located and strategies that may be effective in providing relief. Staff utilise both pharmacological and non-pharmacological methods of pain relief to assist in managing episodes of pain or discomfort. Staff are aware of their role in pain management, including the identification, reporting and monitoring of pain. Care recipients and representatives stated staff are responsive to episodes of pain or discomfort and provide interventions promptly to care recipients.

## **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

Staff practices ensure the dignity and comfort of terminally ill care recipients is maintained. Palliative care preferences are included in assessment and care planning and care recipients are encouraged to document their wishes and preferences for end of life care. The home has access to health professionals for advice and management in the provision of palliative care. Document review confirmed consultation with the care recipient or their representative occurs. Staff confirmed they have access to appropriate equipment and stated they are able to provide support to care recipients and their families during palliation. Representatives stated that staff provide quality care and emotional support to the care recipients and support their families during this time.

## **2.10 Nutrition and hydration**

*This expected outcome requires that “care recipients receive adequate nourishment and hydration”.*

### **Team’s findings**

The home meets this expected outcome

Care recipients’ receive adequate nutrition and hydration. Staff consider allergies, preferences, clinical and cultural needs when planning nutrition and hydration care. Nursing staff, with the support of allied health practitioners, review the care needs of care recipients who have difficulty with swallowing, weight maintenance or require specialised diets. Catering staff are able to provide texture modified, fortified or special diets as needed. Monitoring of nutrition and hydration occurs through audits, weight analysis and feedback. Care recipients are satisfied with the choices and types of meals offered. Staff were observed to provide individualised support to care recipients with meals and drinks.

## **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

Care recipients’ skin integrity is consistent with their general health. Staff assess each care recipient’s risk to their skin integrity and care plans detail interventions to assist in reducing any risk. Skin care strategies include regular repositioning, the use of pressure relieving devices, nutritional supplements and application of creams. Nursing staff complete wound care plans, attend to wound care and evaluate the effectiveness of treatment. Reporting and review of skin tears and wound incidents occurs. Staff stated sufficient and appropriate supplies of wound care products are available. The home has access to wound care specialists if required. Staff indicated they have sufficient equipment to provide wound and skin care. Care recipients and representatives expressed satisfaction with pressure care provision and wound care.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ continence is managed effectively. Staff assess each care recipient for their needs and preferences relating to continence management and develop care plans to assist in maintaining care recipients’ dignity and independence with continence needs. Continence assessments are performed on moving into the home with information then included in care plans. There is sufficient equipment available to assist care recipients in maintaining their independence, including raised toilet chairs, handrails and continence aids. Care recipients and representatives confirmed staff are available to assist care recipients’ when needed.

## **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 managed effectively. Staff assess care recipients’ behaviour patterns on moving into the home to identify behavioural concerns and formulate plans to manage identified behaviours. Care plans include management strategies. Changes in behaviours are reviewed with referrals to aged persons’ mental health specialists occurring where required to ensure ongoing appropriate management. Staff have had education to assist them in managing and identifying behaviours of concern. Management review incidents relating to behaviours to identify trends and to ensure prompt and appropriate actions are taken to minimise reoccurrence. Care recipients and representatives stated behaviours of others living in the home do not impact on them.

## **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

Optimum mobility and dexterity levels are achieved for all care recipients. Staff and allied health professionals assess care recipients on moving into the home for their individual needs relating to mobility and dexterity. Staff complete a review of an individual’s needs if incidents occur or when their care needs alter. Management analyse falls data to evaluate the effectiveness of independent mobility and monitoring strategies. Mobility and transfer equipment is available and maintained and adaptive cutlery and crockery supports care recipients to be as independent as possible. Each individual’s risks are identified with additional strategies, including hip protectors, mobility aids or sensor equipment provided to reduce this risk. Staff have training in equipment use and safe transfer practices. Staff encourage care recipients to be involved in group exercises, movement activities and walks to aid mobility. Care recipients and representatives are satisfied with assistance provided by staff and access to the physiotherapist.

## **2.15 Oral and dental care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is maintained. Dental care assessments identify the state of the care recipients’ teeth, mouth and lips and the level of assistance required for oral hygiene activities. Staff formulate oral and dental care plans, which include input from the care recipient’s preferred dentist or dental technician. Referrals to visiting medical or dental health professionals occur and assistance is provided to attend external appointments when necessary. Staff confirmed they can access oral care products and assist care recipients as needed. Care recipients and representatives are satisfied with dental care provided to care recipients.

## **2.16 Sensory loss**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ sensory losses are identified and managed effectively. There are systems in place to assess and manage care recipients’ sensory losses. Initial assessments outline care recipient’s sensory deficits with care plans including strategies to assist with managing identified sensory loss. Allied health referrals occur according to individual care recipient preferences. Care recipients confirmed staff assist them to fit or clean their sensory aids and indicated they have had reviews from audiology or ocular health professionals as needed.

## **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

Care recipients are able to achieve natural sleep patterns. There are systems in place to promote care recipients’ natural sleep patterns. Staff complete assessments to identify sleep and rest routines and care plans outline the strategies to assist care recipients to settle and rest. Non-pharmacological strategies are offered to assist sleep and other clinical needs, including pain or continence are considered. Care recipients said staff assist them as needed to settle at night and are not disturbed overnight unless necessary.

## **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

There is a system that demonstrates improvements in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Care recipient lifestyle include the following:

- Dementia education sensitised staff about the importance of understanding a care recipient’s life story in the journey to understand the person. A project was initiated to obtain and record the life story of all care recipients living in the home. This was achieved over a period of time using experienced volunteers in one-on-one reminiscing activities. Staff said the process has been invaluable in understanding care recipient responses to social situations. Consideration is currently being given to changing the hours lifestyle staff work to accommodate the special needs of care recipients in the latter part of the day.
- Funding was obtained to purchase a range of lifestyle equipment and items specifically suited to care recipients living with dementia. Staff discussed examples of how these purchases have had a positive benefit for care recipients. The life-like breathing dogs and cats promote a homely living environment placed in front of the gas fire. The bubble colour-changing water-wall features provide a calming distraction. Relaxation compact discs, reminiscent activity books, photograph books, textured squares and activity boxes positively engage restless care recipients.

### **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

There is a system to identify and meet regulatory compliance obligations in relation to care recipient lifestyle. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 Care recipient lifestyle include:

- Care recipients, representatives and staff are made aware of and respect care recipients’ rights to privacy and confidentiality.
- There are procedures and guidelines in relation to elder abuse and compulsory reporting and processes to make staff aware of their responsibilities.
- The Charter of care recipients’ rights and responsibilities is displayed.

- At entry, a residential agreement is offered to the care recipient or their nominated representative.

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

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

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

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Education conducted relating to Standard 3 Care recipient lifestyle include:

- Cultural care
- Elder abuse and reporting requirements
- Person centred care.

### **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

There is a system to ensure staff and management support care recipients to adjust to life at the home and to provide emotional support on an ongoing basis. Strategies to assist the new care recipients to settle into their environment include a welcome present, the promotion of social engagement and potential friendships and encouragement to attend activities and outings. Staff complete formal assessments that take into account the level of emotional support required by each care recipient. This includes identifying the significant anniversary dates of loved ones. The review of care plans occur on a regular basis and in response to changing needs of care recipients. Staff ensure there is ongoing interaction with all care recipients and provide ongoing emotional support, especially during times of grief or sickness. The health service's social worker provides additional support to care recipients and guidance to families where the need is identified. Families and friends are made to feel welcome to visit and are encouraged to participate in events and life at the home. Care recipients and representatives are satisfied with the emotional support provided by staff.

### **3.5 Independence**

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

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

The home meets this expected outcome

There is a system to assist and encourage each care recipient to achieve maximum independence and maintain community ties and friendships. Assessment of care recipient independence includes physical, cognitive, emotional and social aspects. Staff run a range of

programs that promote care recipient independence and encourage community involvement in the home. This includes responding to the needs of care recipients with specific communication, mobility or cognitive difficulties. Specific individual activities are arranged to enable care recipients to continue hobbies and interests they enjoy. Staff and volunteer drivers assist care recipients to attend activities and events in the local community. Visitors are encouraged and the home has several areas where the care recipient and family can spend exclusive time together. Care recipients and representatives are satisfied staff encourage, support and assist care recipients to optimise independence and wellbeing.

### **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

Management and staff ensure that each care recipient's right to privacy and dignity is recognised and respected. Each care recipient's specific needs and preferences are identified through the suite of assessments initiated when a care recipient moves into the home and this is documented on care plans. Care recipients receive information about how the home protects and respects their privacy, confidentiality and dignity. Policy and procedures guide staff practice and this is supplemented by specific information received through handover, meetings and education. Confidential information is stored with access limited to authorised staff and visiting health professionals. There are smaller communal areas available for care recipients to receive visitors or spend quiet time. Care recipients and representatives are satisfied with the way staff at the home respect and maintain the privacy and dignity of care recipients.

### **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

Management and staff encourage and support care recipients to participate in a range of interests and activities of relevance to them. In consultation with the care recipient and their representatives, lifestyle staff complete assessments that capture information about previous and current social and lifestyle choices and preferences. This information forms the basis of the individual care plan which is reviewed on a regular basis. With the support of volunteers, lifestyle staff conduct a full and varied activity program throughout the week in both group and individual settings. Staff consider the specific needs of care recipients when providing or arranging activities. There are processes to communicate to care recipients the program of activities offered each week. Lifestyle staff redesign leisure activities and programs in response to levels of participation and engagement, feedback, surveys, discussion at meetings and changing needs. Care recipients and representatives are satisfied the home provides a full and varied program of activities.

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

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

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

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessments and care plans outline care recipients' customs and cultural and spiritual choices. Non-denominational church services are held in the home twice a month and care recipients are supported to attend religious services in the local community. Visits by a pastoral carer occur when requested. Staff have access to culturally specific resources and receive training to guide and support their practice. Staff ensures the home celebrates a range of popular cultural days and events of significance to care recipients. Staff and management monitor and evaluate the effectiveness of processes through observations, attendance records, feedback, surveys and audits. Care recipients and representatives are satisfied the cultural and spiritual needs of care recipients 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

Each care recipient (or his or her representative) participates in decisions about the services they receive and is enabled to exercise choice and control over their lifestyle while not infringing on the rights of others. Care recipients and representatives are encouraged to express their wishes during the assessment process, at meetings, during individual consultations, in surveys, through feedback processes and in direct communication with management. Staff document this information in care plans and regularly review each care recipient's preferences for care and support. An authorised representative is identified to provide decision-making support to care recipients who have a reduced decision-making capacity. Staff have access to interpreter services if required. Care recipients and representatives are satisfied they have input into the care and services received, including personal care, meals and level of participation in activities.

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

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

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

The home meets this expected outcome

Care recipients have secure tenure within the home and there are processes to ensure care recipients and their representatives understand their rights and responsibilities. Management communicates information about rights and responsibilities, security of tenure, specified care and services and fees and other charges at the time the care recipient moves into the home. This information is also included in the care recipient handbook and the residential agreement. The Charter of care recipients' rights and responsibilities is displayed within the home. Management ensure staff are made aware of their responsibilities in relation to care recipients' rights during induction and education and through policies, procedures and the

staff handbook. Consultation precedes the relocation of any care recipient within the home. Care recipients and representatives are comfortable in the security of care recipient tenure at the home.

## **Standard 4 – Physical environment and safe systems**

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

### **4.1 Continuous improvement**

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

#### **Team’s findings**

The home meets this expected outcome

There is a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- Consultation with care recipients led to the purchase of a bread making machine and a coffee percolator. The bread maker is used regularly by the cooking group, while the coffee percolator is a feature in the café room or used wherever else required in the home. Care recipients spoke positively about sense of community created by these activities. Staff said both machines provide an excellent appetite stimulant for care recipients.
- Results from the 2014 care recipient survey highlighted that care recipient specific dietary likes and dislikes were not being managed effectively and this impacted on their choice and decision making. In response, management established a nutrition committee to review catering processes. An interim process was established to manage care recipient dietary information and preferences while the committee explored more permanent options. This has culminated in the recent introduction of an electronic dietary preferences catering system. The committee has also actively explored opportunities to improve the presentation of meals leading to the introduction of silicone moulds for pureed options.

### **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

There is a system to identify and meet regulatory compliance obligations in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Staff store chemicals safely and current safety data sheets are available.
- There is a system to ensure compliance with fire safety regulations.
- There are procedures for recording, managing and reporting infectious diseases and outbreaks.
- Management has a food safety program that is regularly reviewed.

#### **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 and staff have the appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

Recent education relating to Standard 4 Physical environment and safe systems include:

- Fire and emergency management
- Food safety
- Infection control.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management is actively working to provide care recipients with a safe and comfortable environment consistent with the care needs of those living at the home. Care recipients enjoy single ensuite rooms and are encouraged to personalise their rooms with their own belongings. Rooms and communal areas are appropriately furnished, well maintained and kept at a comfortable temperature and level of noise. Gardens are well maintained and care recipients access a paved internal courtyard when weather conditions allow. No physical restraints are used in the home. There are processes to ensure the maintenance of buildings and fixtures through regular servicing and maintenance programs. Inspections, audits, incident and hazard reporting, feedback mechanisms and meetings are used to monitor a safe and comfortable living environment. Care recipients and representatives are satisfied management provides a comfortable, safe and well maintained 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

There is a system to support a safe working environment that meets regulatory requirements. Management inform staff about their workplace health and safety rights and responsibilities during the induction program, through information displayed in the home and in policies, procedures and handbooks. The education program includes regular training for staff in manual handling, infection control and chemical safety. Health and safety representatives receive initial and ongoing accredited training. Management and maintenance staff promptly attend to deficits identified through observations, audits, hazard reports, maintenance requests and equipment tests. There is system for reporting and investigating staff incidents and accidents. Health and safety issues are tabled, addressed and monitored through formal

meeting structures. Staff have access to an employee assistance program. Staff are satisfied management work actively to create a safe work environment and are responsive to any issues raised.

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

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

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

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are established procedures and contingency plans to respond to a range of internal and external risks and emergencies. Qualified external contractors maintain fire safety equipment and there are processes to monitor that the maintenance of essential services equipment has occurred. Management displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. Emergency response packs are checked regularly to ensure emergency equipment and care recipient information remains current. All staff are required to complete mandatory fire and emergency training. Arrangements for providing a secure environment include an evening lock up procedure. Care recipients and representatives are satisfied with the home's processes to ensure those living in the home feel safe and secure.

#### **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

Management and staff demonstrated systems to ensure an effective infection control program. Designated personnel review and analyse infection data and oversee infection care practices. Staff receive education as part of their orientation and ongoing mandatory program and protocols guide staff actions in the event of gastroenteritis or influenza outbreak. Actions to minimise risk of infection include the use of protective equipment, hand hygiene, waste and sharps disposal. Food safety, pest control programs and environmental service practices are consistent with current infection control guidelines. Care recipients and staff participate in an influenza vaccination program. Staff described appropriate procedures to follow to prevent and manage infections and outbreaks. Staff, care recipients and representatives are satisfied with infection control practices at the home.

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

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

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

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life and staff's working environment. Food is prepared and cooked fresh on-site and catering services are provided in-line with the home's food safety plan. Staff follow processes for maintaining the cleanliness of the environment, follow cleaning schedules and infection control guidelines. All laundry services are provided on-site. Adequate cleaning and laundry

supplies and equipment are available. Care recipients, their representatives and staff are satisfied with the catering, cleaning and laundry services at the home.