



Aged Care  
Standards and Accreditation Agency Ltd

## **Blue Care Erowal Aged Care Service**

RACS ID 5327  
1274 Landsborough Road  
MALENY QLD 4552

Approved provider: The Uniting Church in Australia Property Trust  
(Q)

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 24 July 2015.

We made our decision on 27 June 2012.

The audit was conducted on 21 May 2012 to 23 May 2012. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

Expected outcome	Accreditation 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:

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

Expected outcome	Accreditation 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: Resident lifestyle****Principle:**

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

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

**Standard 4: Physical environment and safe systems****Principle:**

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

Expected outcome		Accreditation 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



Aged Care  
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# Audit Report

## Blue Care Erowal Aged Care Service 5327

Approved provider: The Uniting Church in Australia Property Trust (Q)

### Introduction

This is the report of a re-accreditation audit from 21 May 2012 to 23 May 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 Accreditation 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 Accreditation Agency conducted the re-accreditation audit from 21 May 2012 to 23 May 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. 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 1997.

## Assessment team

Team leader:	Desma-Ann van Rosendal
Team member:	William Tomlins

## Approved provider details

Approved provider:	The Uniting Church in Australia Property Trust (Q)
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## Details of home

Name of home:	Blue Care Erowal Aged Care Service
RACS ID:	5327

Total number of allocated places:	81
Number of residents during audit:	81
Number of high care residents during audit:	67
Special needs catered for:	Residents with dementia and related conditions

Street/PO Box:	1274 Landsborough Road	State:	QLD
City/Town:	MALENY	Postcode:	4552
Phone number:	07 5494 3844	Facsimile:	07 5499 9008
E-mail address:	erowal@bluecare.org.au		

## Audit trail

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

### Interviews

	Number		Number
Service manager	1	Residents/representatives	15
Clinical nurse	2	Palliative care volunteer coordinator	1
Registered nurses	2	Volunteers	3
Enrolled nurses	4	Cook	1
Care staff	6	Hospitality services team leader	1
Diversional therapist	1	Maintenance officer	1
Cluster workplace health and safety officer	1	Regional maintenance officer	1
Regional hospitality supervisor	1		

### Sampled documents

	Number		Number
Residents' files	10	Medication charts	35
Summary/quick reference care plans	12	Wound charts	16
Weight charts	20	Personnel files	8

### Other documents reviewed

The team also reviewed:

- Activity participation and evaluation reports
- Annual licence certificate
- Audit schedule/calendar
- Audit tools
- Brought in food record
- Call bell audit
- Care plan tracker
- Case conference records
- Cleaner's competencies
- Cleaning audit
- Cleaning check sheet
- Complaints analysis/report
- Consumer satisfaction survey report/action plan
- Contractor's maintenance report

- Controlled drug and S8 drug key registers
- Dietary needs and preferences including supplements lists
- Emergency officer competency
- Emergency response procedures
- Evaluation impairment assessments
- Fire drill audit tool
- Fire drill/evacuation summary report
- Fire education records
- Fire equipment maintenance records
- Fire officers induction program
- Fire walk instruction notes
- First response fire training
- Food safety plan
- Food/equipment temperature records
- Handover documentation
- Hazard/risk register/notice
- Improvement register
- Infection control data
- Legislation folder
- Maintenance request form
- Material safety data sheets
- Meeting minutes and memos
- Meeting schedule
- Newsletter
- Orientation checklist
- Pain treatment register
- Performance review and development plan
- Police checks
- Position description
- Preferred suppliers list
- Programmed maintenance schedule
- Reference check form
- Registered nurse initiated medications list
- Reportable assaults register
- Residential services care agreement
- Residents' handbook and newsletter
- Risk assessment form

- Skills checklist
- Standing offer agreement
- Training needs analysis

### **Observations**

The team observed the following:

- Activities in progress
- Activities schedules on display
- Catering operation
- Cleaners' room
- Cleaning operation
- Egress routes/assembly areas
- Equipment and supply storage areas
- File and information storage areas
- Fire detection/fighting equipment
- Fire panel
- Food storage areas
- Hand washing facilities and practice
- Information brochures and notices
- Interactions between staff and residents
- Laundry despatch and receipt rooms
- Living environment
- Medication storage and medication administration
- Midday meal
- Outbreak box and spill kits
- Personal protective equipment
- Residents' laundries
- Sharps and waste disposal
- Sign in/out book



## 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 residents, 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

Blue Care Erowal Aged Care Service (the home) has a continuous improvement system for identifying improvement opportunities, implementing solutions, and monitoring and evaluating outcomes. Residents and staff have input by making suggestions verbally, submitting improvement logs, raising issues of concern at meetings, completing satisfaction surveys or through the complaints mechanisms. Continuous improvement records are maintained and an auditing schedule is in place that regularly reviews the service areas within the home. Incidents, accidents and hazard reports are further sources of improvement opportunities. Outcomes of audits are analysed for potential trends, to identify further areas for improvement, and to monitor the outcomes of improvements made. Results of continuous improvement activities and progress of actions taken are communicated to residents and staff through meetings, notices, newsletters and one-on-one communication.

Improvement initiatives implemented recently by the home in relation to Standard 1, Management systems, staffing and organisational development include:

- To help promote staff wellness staff suggested the purchase of a table tennis table so staff could have a game during their breaks. This has been purchased and staff say it is working well, and they are returning to work less stressed after breaks and delivering better care.
- The organisation to which the home belongs is moving towards a paperless environment and with this aim all computers and associated hardware at the home have recently been replaced and upgraded. Management stated that a full education program for staff has been rolled out and staff are positive about the benefits the change has brought already particularly around care plans and care planning.
- In an endeavour to reduce records clutter and free up space for the storage of clinical equipment, administration staff reviewed records legislation and policies off the organisation's intranet. This enabled the removal off site or destruction of many records, and space has been made available for needed storage. Management said the exercise improved their knowledge of records legislation, as well as providing storage more economically.

## **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 a system to capture changes to relevant legislation, regulatory requirements, professional standards and guidelines and to ensure compliance. This system includes provider membership of organisations providing information on such changes, access to internet websites, attendance at seminars and education sessions, and subscriptions to professional journals. Changes are monitored by the organisation's corporate office and included on a monthly legislation register located on the policy page of the intranet. These changes are communicated to the appropriate senior staff throughout the home that monitors local implementation. Legislative changes and policy changes are a standing agenda item at all staff meetings and where relevant, these changes are also communicated to residents and relatives. Staff criminal record checks are conducted, and residents and relatives are notified of accreditation audits and invited to participate. Compliance with legislation is monitored through the audit process, surveys, and supervisor observation of work practices and audit tools are changed by corporate office when legislative changes make it appropriate.

## **1.3 Education and staff development**

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

### **Team's findings**

The home meets this expected outcome

The home has a range of strategies to ensure that staff have appropriate knowledge and skills. The performance appraisal process identifies general educational needs, supported by an annual survey of staff needs, as well as a review of incidents and accidents, and from this an education plan is developed. The home supplements the formal training plan with educational/skill development sessions as they are identified in response to changing care needs of residents. Competency assessments also form part of the audit of staff skills, are commenced at orientation for new staff and conducted on an ongoing basis. The home offers a range of training opportunities for staff, including specialists from corporate office, on site senior staff, a range of self-directed learning packages, and from product and service suppliers. An electronic matrix alerts management to mandatory training deadlines. Staff have access to traineeships and external education, and report that management is responsive to their learning needs. Examples of education provided includes (but not limited to) customer service training, team building, preceptorship, and computer training.

## **1.4 Comments and complaints**

*This expected outcome requires that "each resident (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 provides opportunities for residents/representatives to submit comments, compliments and complaints. Information regarding internal and external avenues of complaints is provided during the entry process, in resident and staff handbooks, at meetings, in newsletters, and brochures displayed throughout the home. Comments, compliments and

complaints are documented, complaints are investigated and actioned and feedback is provided to complainants. All complaints are logged in a separate folder and kept locked in the service manager's office. Complaint forms and boxes are accessible in all sections of the home for residents/representative and other interested parties. Residents/representatives are aware of opportunities to make verbal or written complaints and are satisfied with the responsiveness of management in resolving issues.

### **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

Management has documented the vision, directions and values of the organisation and these are displayed in the residents' handbook, the staff and volunteers' handbook and on the walls of the home; discussion of these forms part of the ongoing business of the home. The quality policy forms part of a staff member's conditions of employment and management's strategic vision, and these statements form part of discussions at the annual staff appraisal session and annual mandatory training.

### **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 ensures appropriate skilled and qualified staff through its human resource procedures, which include key selection criteria at recruitment, reference checks, contracts of employment, position descriptions, performance review, and training and education opportunities. Three-monthly roster reviews taking into account resident needs, staff changes and staff needs, ensures the correct skills mix and staff sufficiency is maintained. Roster gaps on a daily basis are filled using a pool of casual staff. New staff have buddy shifts and a preceptor program to guide them through the three months probationary period. Staff are satisfied that there is sufficient staff rostered for them to complete their duties and attend to residents in a reasonable time. Residents are satisfied with staff responses to requests for assistance.

### **1.7 Inventory and equipment**

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

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

The home meets this expected outcome

There is a purchasing process for consumables and capital budget items that ensure sufficient and appropriate goods and equipment are consistently available to deliver the care and services required. Where possible, new equipment is trialled before purchase or opinions are sought from other homes. Key personnel are responsible for ordering and maintaining stock levels of specialised health and personal care products, catering items and

other housekeeping and cleaning materials; stock is examined for fitness on receipt and rotated with remaining stock. There is a preferred supplier list to guide staff. Supply contracts are reviewed annually or when there are concerns and stakeholders are asked for their input. There is a programmed maintenance schedule in place to ensure ongoing reliability of equipment and infrastructure and a corrective maintenance program to attend to minor items needing attention. Residents/representatives and staff indicated that they were satisfied with the availability and appropriateness of the goods and equipment provided.

## **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 systems to enable staff and management access to sufficient and reliable information for appropriate decision making. This information is stored securely on computer files or in locked cabinets and offices, and can be accessed by those staff with the authority and need to do so. Policy and procedure manuals, as well as access to a variety of topics including clinical best practice, are available on the organisation's intranet site, as well as some being made available in hard copy. Staff files and residents' financial files are stored in locked cabinets in the home's administration office or at regional office, and residents' clinical files are securely stored in the care offices. Staff indicated that the information necessary to perform their jobs is available and that regular staff briefings/handovers/toolbox talks keep them informed on a range of relevant topics. Further communication to staff is via memos, noticeboards, and meetings. Records are archived on site for a period, transferred to off-site professional storage and destroyed under contract when appropriate.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

Externally sourced services are contracted in order to meet the home's care service needs and service quality goals. Allied health services sourced external to the home include physiotherapy, podiatry and speech pathology, and other services sourced externally include hairdressing, pest control, chemicals, waste management and fire equipment maintenance. External services are covered by the purchasing policies of the provider and service agreements are in place negotiated either at the corporate level or locally. There are standard service agreements in place covering items such as price, insurance cover and qualifications with specific additions where appropriate to individual contracts. Most contracts are for one year and performance is monitored by seeking feedback from users. Residents and staff indicated satisfaction with the services provided.

## **Standard 2 – Health and personal care**

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

### **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 about the home's continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 2, Health and personal care include:

- Staff suggested that instructions for the care and daily fitting of hearing aids for residents were required. A special training session by an outside supplier was organised, and instructions for staff have been written, laminated, and placed in the rooms of residents with hearing aids. Staff have commented positively on this improvement.
- To assist with pain management and also general well-being, a number of alternative/complementary therapies have been introduced. These include acupuncture, tai chi, foot spa, massage, touch therapy, aromatherapy, yoga, meditation, and scenar (electro-stimulation) therapy. Participation records show there is active involvement across this range of offerings and management and staff state that residents have responded well and are benefiting from them.
- Following attendance by some staff at an outside oral health seminar, “tooth fairies” have been nominated in each lodge in the home. It is the role of this carer to ensure tooth brushes are changed each change of season, tooth mugs are clean and covered, and the resident always has access to toothpaste. The clinical supervisor of this initiative says that making it a specific responsibility for someone has ensured that these supplies are consistently available.

### **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 processes.

In relation to Standard 2, Health and personal care, the home monitors the registration requirements of registered staff annually

In relation to expected outcome 2.2 Regulatory compliance, management maintain and monitor the systems to manage residents' care planning in accordance with the *Quality of Care Principles 1997*, protocols for medication management, and the reporting of unexplained absences as set out in *The Accountability Principles 1998*. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 2 outcomes.

### **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.

In relation to Standard 2 Health and personal care, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to health and personal care. Examples of education provided includes (but not limited to): pain management, continence, oral health, and nutrition and hydration. Specialised nursing care education is provided by the clinical support team leader and external educators. Staff feedback demonstrated their clinical and care knowledge and responsibilities under Standard 2 outcomes.

### **2.4 Clinical care**

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

#### **Team’s recommendation**

The home meets this expected outcome

There are systems and processes to assess residents’ care needs on entry to the home and on an ongoing basis. Care plans are developed by registered nurses utilising information gathered from assessments and residents/representatives input with evaluation undertaken three monthly or as required. Daily care needs are evaluated, monitored and reviewed by the registered nurse through the handover process, review of progress notes and clinical incident data with changes communicated to staff and care plan adjustments made as required. Communication and referral between external and allied health professionals for residents’ individual care needs is appropriate and timely. Staff demonstrate an understanding of individual resident care needs and preferences and are satisfied with the communication processes utilised to inform them of resident clinical care changes. Residents confirm that the clinical care they receive is appropriate to their needs and preferences.

### **2.5 Specialised nursing care needs**

*This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

#### **Team’s recommendation**

The home meets this expected outcome

Residents’ specialised nursing care needs are identified through assessment and care planning processes conducted on entry to the home and as required. The service manager is supported by registered staff in the provision of specialised nursing care and assistance is sought from specialist health services as required. Specialised care needs currently being provided include diabetic management, oxygen therapy and management of supra-pubic and indwelling catheters. Ongoing monitoring of care needs is conducted through observation, discussion with residents, review of residents’ records, and feedback from staff and health professionals. The visiting medical officers, allied health practitioners and specialist services

are contacted if additional support is required for individual residents. Residents who receive specialised nursing care are satisfied with the care they receive.

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

*This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.*

### **Team’s recommendation**

The home meets this expected outcome

Residents’ allied health needs are identified on entry to the home and referral to appropriate health specialists is undertaken in a timely manner. A variety of health specialists are utilised by the home including physiotherapy, podiatry, dietician, speech pathology, and older persons mental health with regular assessments undertaken for individual residents as required. A written referral is initiated by registered nursing staff for medical and allied health reviews. The outcome of the referral are documented appropriately and retained in residents’ records. Staff demonstrate an understanding of the circumstances to refer residents for re-assessment by other health specialists and aware of the referral process. Residents indicate they are referred to appropriate health specialists in accordance with their needs and preferences.

## **2.7 Medication management**

*This expected outcome requires that “residents’ medication is managed safely and correctly”.*

### **Team’s recommendation**

The home meets this expected outcome

The home has systems and processes to identify residents initial and ongoing medication management needs. The home utilises a sachet system for resident’s routine medications with ‘as required’ and short course medications supplied in their original packaging. Registered nurses, enrolled nurses and personal carers (deemed competent) administer medications. Registered nurses are responsible for the ordering of unpacked medications and notifying pharmacy of changes to residents’ medications. All medications including controlled and refrigerated drugs are stored and monitored appropriately. Resident medication charts contain photographic identification, allergies and specific instructions for administration. Evaluation of the medication administration system is conducted through the monitoring of internal medication incidents and internal auditing processes. Residents are satisfied that their medication is administered safely and correctly.

## **2.8 Pain management**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents with pain are identified on entry to the home and on an ongoing basis. Factors contributing to pain are identified and referrals for medical assessment are initiated as needed. A variety of pain management strategies such as scenar (electro-stimulation) therapy, acupuncture, spa baths, repositioning, touch therapy, massage and exercise/movements are implemented for residents to ensure they remain as free as possible from pain. Staff outlined pain management strategies for individual residents. Residents reported they are satisfied with the way their pain is managed. Progress notes entries show that action is taken in response to residents’ reports of pain. The effectiveness of pain management strategies is evaluated.

## **2.9 Palliative care**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents’ end of life requests are collected in consultation with the resident and their representatives when appropriate. Copies of information such as enduring power of attorney and advanced health directives (if applicable) are located in the residents’ records and available for registered staff referral. Staff have the knowledge and skills to co-ordinate and provide appropriate clinical care and emotional/spiritual support. Pastoral care support is provided by visiting chaplains and palliative care volunteers at the resident’s and their families’ request. The home has access to external palliative care services as required. Care plans are developed in consultation with residents’ family members and representatives and form part of the resident’s pain management interventions. Residents report staff are caring and respectful of their wishes and preferences in ensuring their care needs are met.

## **2.10 Nutrition and hydration**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents’ nutrition and hydration needs including likes, dislikes and cultural requirements, allergies and assistive equipment devices required, are identified on entry to the home through the completion of a dietary profile. The information gathered is used to develop the resident’s care plan and inform the kitchen, to ensure appropriate meals are provided to all residents. Residents are weighed on admission then monthly or more frequently, as needed. Variances in weights are trended and unintended weight loss or gain is analysed for causative factors. Strategies implemented to assist residents to maintain adequate nourishment include the provision of texture modified diets, dietary supplements, and referral to dietitians and speech pathologists, as required. Residents are satisfied with the quality and sufficiency of food and fluids provided.

## **2.11 Skin care**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents’ skin care needs and preferences are identified by registered staff on entry to the home and ongoing assessment and review processes include general skin integrity status and potential risk of breakdown. Skin care interventions and preventative actions are planned to meet individual needs with their general health. Products, such as moisturisers, protective aids and wound care products are readily available. Staff provide assistance in maintaining residents’ skin integrity which is consistent with the planned care. The incident of skin tears or skin breakdowns is reported, monitored and actions are taken where trends are identified. Residents indicated they are satisfied with the care provided by staff to help maintain their skin integrity.



## **2.12 Continence management**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has processes to ensure that residents’ continence management is assessed on entry to the home and on an ongoing basis by registered nurses. Any factors that affect each resident’s urinary and faecal continence are determined and strategies put in their care plan to manage their continence in relation to their preferences and needs. The home monitors the use of continence aids, aperients and urinary tract infections. Residents confirm they are provided with support to manage their continence needs.

## **2.13 Behavioural management**

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

### **Team’s recommendation**

The home meets this expected outcome

The home has processes to ensure that residents’ with challenging behaviour are managed effectively. Residents’ behaviour is assessed on entry to the home and strategies reassessed to identify the context of behaviours, possible triggers and successful interventions. Strategies for behaviour management are documented in the resident care plan and reviewed every three months or more frequently if the residents’ health status changes. The home has access to community behaviour management support services if required. Residents are satisfied with the way challenging behaviours are managed.

## **2.14 Mobility, dexterity and rehabilitation**

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

### **Team’s recommendation**

The home meets this expected outcome

Residents’ mobility and dexterity needs are assessed on entry to the home by a registered nurse and a physiotherapist who is also involved in identifying appropriate mobility aids. The lifestyle and physiotherapy programs include a variety of sessions used to promote exercise, and residents are encouraged to attend. Residents’ transfer requirements are documented on a physiotherapy care plan and staff are familiar with the individualised needs of the residents in relation to this. Residents reported satisfaction with their mobility and dexterity.

## **2.15 Oral and dental care**

*This expected outcome requires that "residents' oral and dental health is maintained".*

### **Team's recommendation**

The home meets this expected outcome

Residents' oral and dental status is identified on entry to the home through assessments with the level of assistance required to maintain oral and dental hygiene identified and included in the care plan to guide staff. Strategies to assist residents to maintain their oral and dental health include the 'tooth fairy' program, referral to relevant external dental services, fluid maintenance and application of oral moisturisers. Texture modification of meals is provided where oral and dental health is compromised. Staff are provided with education on oral hygiene safety for those residents with impaired swallowing capacity. Residents are satisfied with the level of support provided to assist them with the maintenance of oral hygiene and their access to dental health services.

## **2.16 Sensory loss**

*This expected outcome requires that "residents' sensory losses are identified and managed effectively".*

### **Team's recommendation**

The home meets this expected outcome

Residents with sensory loss indicated they were satisfied with the assistance they receive from staff. Information relating to the residents' sensory needs including vision, hearing, speech, taste and smell is identified on entry to the home and on an ongoing basis. Residents are referred to specialists such as audiologists, optometrists and speech pathologists in accordance with assessed need and in consultation with the resident, their representative and doctor. Appointments are diarised and staff assist residents to attend as required. Staff have an understanding of individual resident needs and strategies to promote effective communication. Residents report satisfaction with the management of their sensory losses.

## **2.17 Sleep**

*This expected outcome requires that "residents are able to achieve natural sleep patterns".*

### **Team's recommendation**

The home meets this expected outcome

Residents' sleep patterns are identified through assessment processes including a sleep monitoring chart. Staff conduct regular checks overnight to identify residents who are awake or uncomfortable. Night routines maintain an environment that is conducive to sleep and factors that may compromise sleep such as confusion, incontinence, pain, temperature variances and noise are identified and addressed. Strategies to promote sleep include additional bedding, light adjustment, repositioning, toileting, massage and/or a light snack if requested. Residents reported that they slept well and received sufficient rest.

## **Standard 3 – Resident lifestyle**

**Principle:** Residents 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 about the home’s continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 3, Resident lifestyle include:

- Following a suggestion from diversional therapy staff an historical walk has been created using photos gathered from residents, staff and historical libraries of by-gone days around the district. This has been placed on the walls of a ramp between two of the lodges and has created interest and reminiscing amongst residents, staff and visitors.
- A suggestion from staff has resulted in the daily delivery of ice-cream to residents’ rooms and the offering of a glass of wine or apple juice with the midday meal. This was suggested to provide a gustatory experience, widen the opportunity of choice, and to encourage an interactive environment. This has been received positively in a survey of residents.
- So that residents with swallowing difficulties can be involved in birthday parties, two celebrations a month are held using Pavlovas as the birthday cake. Staff say the residents look forward to these occasions.

### **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 resident 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 processes.

In relation to expected outcome 3.2 Regulatory compliance, management maintain and monitor the mandatory reporting register, residents’ privacy, and ensure residents’ security of tenure in line with legislative requirements. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 3 outcomes.

### **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.

In relation to Standard 3 Resident lifestyle, education is provided to ensure staff have the knowledge and skills required for effective performance in relation to supporting residents' lifestyle requirements. Examples of education provided includes (but not limited to): residents' rights, residents' privacy, aged care advocacy and mandatory reporting. Staff feedback demonstrated their knowledge and responsibilities under Standard 3 outcomes.

### **3.4 Emotional support**

*This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".*

#### **Team's recommendation**

The home meets this expected outcome

Information about the home is provided to residents prior to and on entry to the home, and orientation is provided to residents to assist their adjustment to the new environment. Residents' emotional needs and preferences for support are identified, and a care plan identifying social and support needs for both the resident and family members is developed. Emotional support is further enhanced through assisting residents to personalise their rooms and regular one to one interaction with the diversional therapist and/or volunteers. Staff also provide emotional support, particularly during the transition period following entry to the home. Family members and friends are welcomed as part of the supportive network. Residents are satisfied with the support they received from staff during the settling-in period and with the ongoing support provided by management and staff.

### **3.5 Independence**

*This expected outcome requires that "residents 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 recommendation**

The home meets this expected outcome

Residents' previous interests and lifestyle as well as current interests and abilities, are identified during baseline assessments to assist with development of a care plan that maximises individual resident's independence. Residents are assisted with those aspects of personal care, and other activities they are unable to manage unaided, and appropriate equipment such as mobility aids is provided to support residents' independence. When a sensory deficiency is noted, environmental modifications are made as necessary. Risk assessments are conducted and discussions held with residents whose mobility may be compromised and who wish to maintain a level of independence with mobility and activities. Staff indicated that they maintain respect for resident's independence while monitoring for the development of depression or isolation. Residents report that they are encouraged and supported to be independent.

### **3.6 Privacy and dignity**

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

#### **Team's recommendation**

The home meets this expected outcome

The home maintains policies and processes to protect residents' privacy and dignity. On entry, residents are provided with information about their rights including their right to privacy; staff receive information on commencement of employment and further education in relation to these topics is included in ongoing education program. Files containing residents' personal information are stored in locked areas, with access limited to authorised staff and visiting health professionals. Staff are respectful of appropriate practices, such as knocking on residents' doors when providing personal care and aim to ensure discretion and maintenance of residents' dignity at all times. Residents report that staff are courteous and respectful of their privacy.

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

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

#### **Team's recommendation**

The home meets this expected outcome

Residents' past and current interests are identified following entry through interview and completion of a personal profile. Individualised leisure interest care plans, developed by the diversional therapist in consultation with the resident and/or representative, reflect the resident's physical, sensory and cognitive abilities as well as their identified interests. The activities program is developed with individual interests and capabilities in mind, with large and small group and one to one sessions included. The activities program is communicated through notice boards, resident meetings and daily contact with individual residents. Activities are evaluated through resident meetings, individual/group feedback, resident surveys and review of comments and complaints. Residents reported they are assisted to participate in activities of choice and are satisfied with the lifestyle program offered at the home.

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

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

#### **Team's recommendation**

The home meets this expected outcome

Residents' specific cultural and spiritual needs are identified on entry to the home and a care plan developed in consultation with the resident and/or representative. Volunteer services provide emotional support, religious services are held regularly on site, and attendance at external religious observances is encouraged and facilitated. Celebrations are held to mark days of cultural and religious significance, with the catering service able to provide special meals on these occasions, as well as catering for the specific cultural requirements of individual residents at all times. Staff receive information to increase their awareness of cultural and religious considerations when providing personal care, residents report that their cultural and spiritual needs and preferences are respected and supported.

### **3.9 Choice and decision-making**

*This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident 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 recommendation**

The home meets this expected outcome

Residents at the home are provided with opportunities to exercise choice and decision making throughout the planning and provision of care and are encouraged to be actively involved. Methods to identify residents' choices are incorporated into entry processes, on an ongoing basis, through resident meetings, surveys, the comments and complaints process and daily one to one contact between staff and residents. Staff respect and accommodate residents' choice and preferences, such as participation in particular activities, and ensure flexibility in routines. Residents are able to exercise their decision-making rights at resident meetings and residents/representatives are informed of processes to access advocacy services if required. Residents are satisfied with the choices they are offered in matters relating to the care and services they receive.

### **3.10 Resident security of tenure and responsibilities**

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

#### **Team's recommendation**

The home meets this expected outcome

Residents are offered a residential care service agreement that provides security of tenure and information about residents' rights and responsibilities. Residents access further information about complaints mechanisms and their rights and responsibilities from the resident handbook, notice boards and brochures that are made available in the home. A process involving staff, residents and their representatives is followed if general changes to living arrangements, for example, a room change are required. The service manager is accessible to both resident and relatives to discuss any concerns, and also provide information at resident meetings. Residents believe management respects their rights as residents and that they are aware of their responsibilities and feel secure in their tenure at the home.

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

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

### **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 about the home’s continuous improvement systems and processes.

Improvement initiatives implemented recently by the home in relation to Standard 4, Physical environment and safe systems include:

- To reduce clutter, improve access and improve safe working conditions in one of the lodges’ pan rooms, it was suggested that a rack be installed to store pans instead of on the sink. It was also suggested that a rubbish removal service be provided daily instead of three times a week. These suggestions have been implemented and the health and safety representative reports that clutter has been reduced, access improved, and working conditions made safer.
- Residents and staff suggested that name cards be placed on the dining room tables for the midday meal (other meals are taken in the individual lodges). This has been done and staff report that “residents are observed finding their places more easily”. Staff commented that this has improved their living environment.
- The living environment has been enhanced by repainting the interior of each of the lodges. The kitchenettes in most lodges have been totally rebuilt with new cupboards and granite bench tops, and old pergolas have been replaced with roofed areas where residents can relax protected from the weather. Residents have given positive feedback at meetings and in a survey to these improvements.
- All one-tier gloves racks have been replaced throughout the home with three-tiered racks so that small, medium and large gloves can be made available. With correct sizes now able to be accessed, management says gloves are more consistently being used and infection control practices improved as a result.

### **4.2 Regulatory compliance**

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 4, Physical environment and safe systems, food safety legislation changes, ongoing workplace health and safety changes and legislation regarding fire safety are monitored and accompanied by training programs where necessary.

In relation to expected outcome 4.2 Regulatory compliance, management maintain and monitor the systems to manage fire safety and other emergencies, occupational health and

safety, infection control best practice and food safety. Staff feedback demonstrated knowledge of their legislative responsibilities under Standard 4 outcomes.

#### **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.

In relation to Standard 4 Physical environment and safe systems, education is provided to staff to ensure that residents' have a safe and comfortable living environment that supports the quality of life and welfare of residents, staff and visitors. Examples of education provided includes (but not limited to): fire and emergency training, manual handling, infection control, food safety and occupational health and safety. Staff feedback demonstrated their knowledge and responsibilities under Standard 4 outcomes.

#### **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 residents' care needs".*

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

The home meets this expected outcome

Residents/representatives are satisfied with the cleanliness of the home and that it provides a safe and comfortable environment. The home consists of single ensuite rooms in six lodges plus one lodge of 14 single-bed rooms but with shared bathrooms. Dining and lounge areas are appropriately furnished to the needs of the residents, and residents were observed to be able to move about the facility in comfort and safety. The environmental audit process ensures that any hazards are identified and eliminated, and the scheduled and corrective maintenance programs maintain the equipment and infrastructure in a safe and working condition. Fire and emergency programs are in place and a security firm patrols the facility randomly at night.

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

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

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

The home meets this expected outcome

The home's management is actively working to provide a safe environment for staff that meets regulatory requirements through its monitoring systems and its education programs. The workplace health and safety representative chairs a bi-monthly safety meeting of representatives from across the home. This meeting includes reports on safety performance, and safety is also a standing agenda item at every staff meeting. Audits of the internal and external environment and of the use of chemicals are carried out on a regular basis. Staff are introduced to safe working practices through the initial orientation program, during their buddy shifts, during normal working times by observation of the workplace health and safety



representative and supervisory staff, and by annual mandatory training programs. There are daily corrective as well as preventative maintenance programs to ensure equipment and infrastructures are kept in a safe working condition. New equipment is risk assessed and trialed prior to purchase and staff are trained in its safe use. Personal protective equipment is provided for use in appropriate situations and staff were observed to be using it in those situations.

#### **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 is working to provide a safe working and living environment for staff and residents of the home. Procedures have been established and staff are trained and understand the processes to follow in the event of fire or other emergencies. Training sessions are conducted as required; records indicate that all staff have completed their annual statutory fire training requirement; fire drills are carried out quarterly in some part of the home and over all shifts, and are officially observed, debriefs held and improvements made. Fire detection and fighting equipment are maintained on a regular basis; evacuation plans are displayed throughout the buildings, and the assembly areas are signed and easily accessible. A contract has been established with a security firm that visits a number of times at random a night. Residents/representatives are notified of the safety procedures to follow when they enter the home and through resident meetings and posters, and they indicated they are satisfied that they are safe and confident that staff are competent to handle any emergency that might arise.

#### **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 processes in place to effectively manage infection control in the areas of clinical, catering, cleaning and laundry practices. Infection control policies guide staff practice and include guidelines on outbreak management. Staff have access to hand washing facilities and personal protective equipment, and have had training in infection control practices relevant to their role responsibilities. There is a monitoring program that oversees the incidence of resident infections to identify trends that may occur and audits are undertaken to ensure appropriate staff practices are maintained. Staff demonstrate knowledge of infection control principles during resident care and service delivery.

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

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

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

The home meets this expected outcome

Catering services are provided to meet residents' dietary needs and preferences that are identified on entry and an ongoing basis. Meals are prepared fresh on site, plated in the main kitchen, and served either in the main dining room (midday meal) or transported to lodge

kitchenettes for serving to residents in the lodge dining rooms. Residents have input into the menu via surveys, specific feedback forms, and the residents' meetings. The home's kitchen/kitchenettes have monitoring systems to ensure that food is stored at the correct temperature; stock is dated and rotated, and food is served within safe temperature ranges. Cleaning schedules are used to ensure that resident rooms, common areas and service areas are cleaned on a daily basis, and laundry which is done off-site under contract is picked up and returned daily. Staff are aware of the importance of infection control principles to their roles. The home monitors the effectiveness of hospitality services through resident/representative feedback and regular environmental and infection control audits and identified deficiencies are actioned in a timely manner. Surveys and other feedback indicate that residents are satisfied with the catering, cleaning and laundry services provided by the home.