



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Yeltana Nursing Home**

RACS ID 6971  
25 Newton Street  
WHYALLA SA 5600

**Approved provider: Whyalla Aged Care Inc**

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 25 January 2020.

We made our decision on 30 November 2016.

The audit was conducted on 08 November 2016 to 09 November 2016. The assessment team's report is attached.

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

## Most recent decision concerning performance against the Accreditation Standards

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

#### Principle:

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

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.

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

## Standard 3: Care recipient lifestyle

### Principle:

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

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

## Standard 4: Physical environment and safe systems

### Principle:

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

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



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**Australian Aged Care Quality Agency**

## **Audit Report**

**Yeltana Nursing Home 6971**

**Approved provider: Whyalla Aged Care Inc**

### **Introduction**

This is the report of a re-accreditation audit from 08 November 2016 to 09 November 2016 submitted to the Quality Agency.

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

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

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

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

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

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 November 2016 to 09 November 2016.

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

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

## Assessment team

<b>Team leader:</b>	Diane Mogie
<b>Team member:</b>	Barbara Fisher

## Approved provider details

<b>Approved provider:</b>	Whyalla Aged Care Inc
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## Details of home

<b>Name of home:</b>	Yeltana Nursing Home
<b>RACS ID:</b>	6971

<b>Total number of allocated places:</b>	58
<b>Number of care recipients during audit:</b>	54
<b>Number of care recipients receiving high care during audit:</b>	53
<b>Special needs catered for:</b>	People living with dementia or related disorders

<b>Street:</b>	25 Newton Street
<b>City:</b>	WHYALLA
<b>State:</b>	SA
<b>Postcode:</b>	5600
<b>Phone number:</b>	08 8645 7699
<b>Facsimile:</b>	08 8645 4265
<b>E-mail address:</b>	<a href="mailto:yel@whyallaagedcare.com.au">yel@whyallaagedcare.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management	3
Quality officer and human resource manager	2
Clinical/care/lifestyle staff	8
Care recipients/representatives	7
Hospitality and environmental and safety staff	8

### Sampled documents

Category	Number
Clinical assessments/ care plans/progress notes	6
Lifestyle profiles/plans/progress notes	5
Medication charts	7

### Other documents reviewed

The team also reviewed:

- Asbestos report
- Care recipient admission pack
- Care recipients' dietary information
- Care reviews
- Cleaning schedules
- Clinical charts and related data
- Clinical incidents
- Complaints log, and complaints and compliment information
- Continuous improvement plan and supporting documentation
- Drugs of dependency register
- External contractor information
- Fire safety documentation

- Food safety audit
- Hazard reports
- Human resource documentation
- Kitchen cleaning and temperature checking information
- Lifestyle calendar
- Lifestyle management documentation
- Medication licence
- Newsletters
- Police clearance documentation
- Preventative and corrective maintenance records
- Resident agreements
- Residential care information guide
- Safety data sheets
- Service agreements
- South Australian Fire Service triennial certification
- Staff handbook
- Staff incident documentation
- Staff orientation and induction information
- Staff registration and competency information
- Testing and tagging information
- Training attendance and evaluation records
- Various audits
- Various minutes of meetings
- Various policies and procedures
- Various surveys

## **Observations**

The team observed the following:

- Activities in progress



- Advocacy information
- Archiving and storage of information
- Chemical storage
- Cleaning in progress
- Equipment and supply storage areas
- External complaints information
- Feedback forms and confidential box
- Fire suppression equipment/evacuation maps/emergency kit
- Infection control resources
- Interactions between staff and care recipients
- Internal and external living environment
- Key pad access
- Meal service
- Noticeboards
- Re-Accreditation notice displayed
- Short group observation during meal service
- Storage of medications and administration
- Visitor sign in/out folder

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

The home actively pursues continuous improvement using their organisation's established corporate framework. The home identifies continuous improvements through complaints, incidents, feedback from resident and advocate meetings, feedback from staff, and verbal communication. Care recipients, representatives and staff are encouraged to provide suggestions using the home's continuous improvement and feedback forms. Continuous improvement suggestions are recorded on the home's continuous improvement plan, monitored monthly by management and discussed at staff, management and Board meetings. The home has auditing processes which assists in monitoring the home's performance across the four Accreditation Standards. Audits are undertaken according to the home's auditing schedule. Incidents are collated and analysed monthly, and discussed at clinical staff meetings. Results from the home's resident satisfaction survey show that care recipients are aware of the home's continuous improvement process. Feedback from staff confirms suggestions are discussed at meetings. Representatives interviewed said they have had opportunities to make suggestions for improvement to management which have resulted in changes being made to the care provided to care recipients.

Improvements implemented by the home over the past 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- The residential services manager identified there were ad hoc communication practices between clinical staff and managers, which resulted in information not always being communicated or forwarded to the appropriate staff members. The residential services manager introduced email communication between clinical staff members which has resulted in improved communication, data collection, and the flow of information in relation to the care needs of care recipients. Feedback from clinical staff has been positive as there is more effective communication and quicker responses to questions or queries.
- To simplify the stores ordering process of clinical items for staff, the residential services manager suggested a template be introduced for those items which are regularly ordered. The form identifies stock levels to be maintained, stock on hand and stock required. Staff notate on the form when supplies are running low and night staff collate the information. Staff feedback has been positive as the home now has adequate supplies available for use by staff.

- To improve communication between staff and the continence nurse, the home has introduced a continence management needs and referral form. The form is used by staff to advise the continence nurse of care recipients' needs or requests for referral to an external organisation. The introduction of the form has reduced the need for the continence nurse to read through progress notes to identify care recipients' needs, ensure continence needs to be acted on more promptly, and provides a paper trail for audit purposes. Feedback from staff is the form makes reporting on continence needs easier, and as a result, there has been a reduction in urinary tract infections.

## 1.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to identify, implement and monitor relevant legislation, regulations and guidelines. The organisation receives information and updates regarding changes to legislation, professional standards and guidelines through membership of aged care peak bodies and professional associations, and updates from Government Departments. This information is discussed at management and staff meetings and changes to the home’s policies and procedures are ratified by the Board. The quality officer maintains a legislative database and copies of updated policies and procedures are available to staff on the organisation’s electronic computerised systems. Staff awareness of legislative changes and updates is monitored through observation. Results show there are corporate and site processes to maintain ongoing compliance with regulatory changes. Staff interviewed said they are informed of any changes in legislation or professional guidelines by management. Care recipients and representatives interviewed said they are informed of relevant legislative information either through meetings or in writing.

Examples of how the home ensures compliance in relation to Standard 1 Management systems, staffing and organisational development include:

- Care recipients and representatives were notified in writing of the re-accreditation audit, at resident and advocate meetings and posters displayed throughout the home.
- Police certificates for staff and volunteers.
- Monitoring of professional registrations for clinical staff.

## 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 systems to ensure management and staff have the appropriate knowledge and skills to perform their roles. The home’s recruitment and selection processes are based on the required qualifications and skills for each position. Staff training needs are identified through

staff appraisals, changes in care recipient needs and feedback. The home has orientation and induction processes to familiarise new staff with the home's policies and procedures. Mandatory and non-mandatory education is offered to staff across the Accreditation Standards and education is provided either through the home's on-line electronic training system, or by internal staff and external contractors. Education attendance is monitored and sessions are evaluated for effectiveness. The home monitors staff skills and knowledge through observations, and feedback from care recipients and representatives.

Results show the home provides relevant education across the four Accreditation Standards. Staff interviewed said they are provided with opportunities to access appropriate training and education. Care recipients and representatives interviewed said they are satisfied staff have the appropriate skills and knowledge to provide care and services.

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

- Aged care funding instrument documentation
- Workplace bullying and harassment
- Accreditation

#### **1.4 Comments and complaints**

*This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

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

The home meets this expected outcome

The home has systems to provide care recipients, representatives and staff with access to internal and external complaints mechanisms. Information on the home's complaints process is available in the residential care information guide, and resident agreement. Copies of the home's feedback forms are located throughout the home and a confidential box is available for use by care recipients and families. Written and verbal complaints are actioned by management and recorded on the home's complaints log. Complaints raised at resident and advocate meetings are generally followed up and responses are provided to care recipients through subsequent meetings. Complaints are monitored monthly by management and statistical information reported at management and staff meetings. Resident satisfaction survey results show care recipients and representatives are aware of internal and external complaints mechanisms. Staff interviewed said they assist care recipients in the lodging of verbal complaints. The majority of care recipients and representatives interviewed said they are comfortable lodging complaints and receive follow-up when their concerns are 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

Whyalla Aged Care has vision and value statements and a strategic plan which inform care recipients, representatives and staff of the organisation's commitment to provide a quality aged care service. The vision and value statements are documented in the residential care information guide and staff handbook.

## 1.6 Human resource management

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

### **Team's findings**

The home meets this expected outcome

The home has systems to employ sufficiently skilled and qualified staff to provide appropriate care and services for care recipients. Recruitment and selection processes are based on the required qualifications and skills for each position as defined in job and person specifications and duty statements. The home has an orientation program and new staff are 'buddied' with experienced staff. Staff rosters are regularly reviewed and monitored by management in response to the changing needs of care recipients and feedback from staff. Permanent and casual staff fill planned and unplanned absences. Staff registrations and clinical competencies are monitored annually. Monitoring processes include care recipient, representative and staff feedback, and resident satisfaction surveys. Results show staff satisfaction is monitored through the home's performance appraisal process, and feedback from care recipients and staff. Staff interviewed said they are provided with information outlining their roles and responsibilities, and have adequate time to complete their duties. Care recipients and representatives interviewed were complimentary of the care and services provided by all staff.

## 1.7 Inventory and equipment

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

### **Team's findings**

The home meets this expected outcome

The home has a system for identifying and monitoring goods and equipment required for providing a quality service for care recipients and staff. The home has a preventative maintenance program and staff advise maintenance staff of corrective maintenance requests through communication books located at the nurses' stations. Designated staff are responsible for re-ordering and maintaining stock levels across all areas of the home. New equipment is trialled prior to purchase in consultation with staff and maintenance staff, and external contractors regularly maintain equipment. Monitoring processes include observations and feedback from care recipients and staff at meetings. Results show management monitors

stock levels and maintains equipment according to their preventative maintenance schedule. Staff and care recipients interviewed said they are satisfied there are adequate and appropriate stocks of goods and equipment to deliver quality care and services.

## **1.8 Information systems**

*This expected outcome requires that "effective information management systems are in place".*

### **Team's findings**

The home meets this expected outcome

The home has systems which generally provide effective information management. Staff, care recipients and their representatives have access to information across all systems at the home and updates are regularly provided through emails, meetings and memorandum. Care information is documented in care plans, progress notes and follow-up generally occurs.

Staff receive updates through handover process, meetings, policies and procedures, and information displayed on noticeboards. Care recipients and representatives are provided with information through consultation processes, meetings, handbooks and brochures and information is stored securely and easy retrieved. Monitoring occurs through audits, surveys, analysis of data, consultation processes and meetings. Results show the home has identified the need to improve clinical communication process and follow-up. Staff interviewed said they have access to policies and procedures, attend regular handover and receive information through meetings. Care recipients and representatives interviewed are satisfied care recipients have access to relevant information for them to make an informed decision.

## **1.9 External services**

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

### **Team's findings**

The home meets this expected outcome

The home uses external contract services to assist in meeting the residential care service's needs and service quality goals. The organisation has service agreements with external contractors, including the monitoring of police certificates, insurance, legislative and regulatory requirements. A preferred contractor list is available for staff and the organisation maintains an asset register. External contractor staff undertake an on-site induction and work undertaken is monitored by the maintenance manager. Performance of external contractors is monitored through observations and verbal feedback from care recipients and staff.

Results show there are current service agreements in place for external contractors. Care recipients, representatives and staff interviewed said they are satisfied with the external services provided.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and process.

In relation to Standard 2 Health and personal care, staff record care recipient falls, skin tears, medication, wound and behaviour incidents and this information is graphed and analysed at meetings. Care recipients and staff interviewed said they are satisfied the home actively promotes and improves care recipients' physical and mental health.

Examples of improvements related to Standard 2 Health and personal care implemented by the home over the last 12 months include:

- Following feedback from staff from another site, it was identified that the home was not using the same guidelines when managing skin tears as other homes within the organisation. The home has introduced an emergency skin tear management kit. While staff previously chose dressing products from the central dressing trolley, the kit provides standard guidelines and dressing products to be used. Feedback from staff has been positive as they are able to quickly respond to care recipients' needs and have all equipment required in one location.
- The home has reviewed their skin care protocol and has introduced a new range of ointments and wet wipes for use by care recipients. Management said there have been an improvement in care recipients' skin care and a decrease in skin irritations from soap. Staff said there have been positive outcomes for care recipients with clinical indicators confirming a reduction in the number of skin infections between July and October 2016.

## 2.2 Regulatory compliance

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

### **Team’s findings**

The home meets this expected outcome

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

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

- Assessment and development of care plans by qualified staff.
- Medication is stored safely and securely.
- Scheduled 4 and 8 licence.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

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

- Palliative care.
- Behaviour management.
- Pain management.

## 2.4 Clinical care

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients receive clinical care that is appropriate to their individual needs and preferences. There are identified assessments which are all completed by registered nursing staff to identify care recipients’ required needs in relation to their clinical care. This information is generally documented in care plans. Staff have access to medical and allied health staff and there are systems in place to provide communication and



follow-up. Review of care recipients' clinical needs occurs through handovers, staff meetings, and surveys including through the six monthly care reviews. Care needs are also documented and reviewed through progress notes entries, analysis of clinical data, monthly clinical reports and audits. Results show care recipients' care needs are identified, and generally reviewed and monitored to ensure their care needs are met. Staff interviewed are aware of care recipients' health and care needs and said they receive regular updates in handover sessions to assist with care provisions. Care recipients and representatives interviewed are satisfied with the clinical and personal care provided to care recipients.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".*

### **Team's findings**

The home meets this expected outcome

There are systems to ensure care recipients generally receive specialised nursing care from appropriately qualified nursing staff that is appropriate to their identified needs. Care recipients' specialised nursing care is identified through clinical assessments, consultation processes with medical staff and feedback from care recipients and their representatives.

Specialised care requirements are generally documented in care plans, specialised management plans, including medication charts to assist in the management of specialised care. Monitoring of specialised care generally occurs through review of medication charts, staff meetings, and analysis of clinical data, staff handovers and care reviews. Staff generally provides care in accordance with these documented requirements. Results show care recipients' specialised care needs are identified and staff generally adhere to instructions provided by medical staff. Staff interviewed are aware of care recipient specialised care in relation to oxygen management, stoma management, and catheter management and said they have access to specialised equipment to deliver appropriate care. Care recipients and representatives interviewed are satisfied with the specialised care provided.

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

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their health needs and preferences. Care recipients are assessed to identify other health services required to meet their needs and referrals are managed through registered nursing staff and the general practitioner. Care recipients are referred to specialist services according to their identified medical needs and there are systems in place to support attendance to these services. Allied health staff visit care recipients at the home and care recipients are reviewed regularly. Monitoring occurs through clinical meetings, consultation with medical staff, handover processes and planned care reviews. Results show care recipients have access to specialists and systems have been improved to ensure care recipients are supported to attend specialists. Staff interviewed said they are informed of recommendations from other health specialists and receive updates according to these recommendations. Care recipients and representatives interviewed are satisfied care recipients are referred to appropriate specialists to meet needs.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients’ medications are managed safely and correctly. There are processes in place for assessing, managing and monitoring care recipients’ individual medication needs and these are effective. Medications are kept securely and drugs of dependence are stored as per legislative requirements. Medical staff review care recipients’ medication requirements regularly and ‘as required’ medications are monitored for effectiveness. Monitoring occurs through medication audits, medical reviews, analysis of medication incidents and review of data. Results show the home has improved monitoring of staff practice and missed signatures have reduced significantly. Staff interviewed said they are required to complete drug calculations and said they have enough supplies of medication to meet care recipients’ needs. Care recipients and representatives interviewed are satisfied care recipients’ medication needs are managed safely and correctly.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure all care recipients are as free as possible from pain. Assessment processes conducted by nursing and allied health staff identify care recipients’ care needs in relation to pain management and a care plan is completed. This information is detailed in pain management plans and includes strategies such as physiotherapy treatment, repositioning, comfort aids, and massage programs to support care needs. Staff adhere to these regimes. Monitoring occurs through planned care reviews, clinical meetings, audits, medical reviews, observation and staff feedback. Results show care recipients’ pain management is regularly assessed and reviewed to support they are as free as possible from pain. Staff interviewed provided examples of strategies on supporting care recipients’ individual pain management and when re-assessment would take place. Care recipients and representatives interviewed are satisfied care recipients’ pain is managed effectively to ensure they are as free as possible from pain.

## 2.9 Palliative care

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

### **Team’s findings**

The home meets this expected outcome

There are systems in place to ensure the comfort and dignity of terminally-ill care recipients is maintained. Care recipients’ wishes regarding palliative care are documented and a palliative care pathway is developed. Staff complete a palliative care plan and care recipients’ pain management, comfort care and spiritual needs are identified and supported. Comfort care is provided by staff according to care recipients’ wishes and representatives are supported to

stay. Staff light a memorial candle and display a photograph so care recipients, representatives and staff can reflect on the passing of the care recipient.

Monitoring occurs through staff meetings, care reviews, hand over processes and feedback mechanisms. Results show care recipients' emotional support and care needs are effectively met and there is specialised equipment available to support pain management. Staff interviewed are aware of systems in place to support care recipients' palliative care and said they have access to external palliative specialists if required. Representatives interviewed are satisfied with the way the home maintains terminally-ill care recipients' comfort and dignity.

## **2.10 Nutrition and hydration**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients receive adequate nutrition and hydration. A nutritional risk assessment is conducted to assist in identifying any care recipients who may be at risk of malnutrition. Care recipients' dietary requirements are documented in relation to their likes, dislikes, food allergies, cultural needs and required textures and these are reported to relevant staff. Referral to a dietitian or speech pathologist is conducted if issues are identified and staff monitor dietary intake and ensure care recipients who require modified diets are monitored. Care recipients are weighed monthly or earlier if indicated to ensure interventions are supporting their nutritional needs. Supplements are introduced where indicated. Monitoring occurs through regular weighs, monitoring of intake and consultation with allied health staff, medical and nursing staff, and auditing processes.

Results show care recipients' nutrition and hydration needs are effectively met. Care recipients and representatives interviewed are satisfied with the home's management of nutrition and hydration to meet care recipients' needs and preferences.

## **2.11 Skin care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients' skin integrity is consistent with their general health. A risk assessment is conducted to identify care recipients who are at risk of impaired skin integrity. This information is documented in care plans including details of pressure relieving aids, pressure area care and treatments such as creams to support skin integrity. Registered nursing staff assesses all wounds, complete a treatment plan and review wounds weekly, and a photograph is taken to monitor progress. The incidence of impaired skin integrity is reported through incident management processes and all data relating to impaired skin integrity is reported monthly. Monitoring occurs through wound management processes, analysis of incident data, meetings and feedback mechanisms.

Results show there is a low incidence of complex wounds and the home has a robust wound management process. Staff interviewed said they have enough supplies of wound management dressings and registered nursing staff regularly review all wounds. Care

recipients and representatives interviewed are satisfied with the care provided to maintain care recipients' skin integrity.

## **2.12 Continence management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to enable care recipients' continence to be managed effectively. Care recipients are assessed to identify individual needs to support independence, dignity and care relating to continence management and this information is detailed in care plans. Staff receive training from the continence nurse educator to support care recipients' continence management and care recipients who require aperients are monitored regularly. Clinical staff monitor the incidence of urinary tract infections and follow-up care occurs.

Results show there is a low incidence of urinary tract infections. Staff interviewed are aware of care recipients' individual continence management. Care recipients and representatives interviewed are satisfied care recipients' continence needs are met.

## **2.13 Behavioural management**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients with challenging behaviours are managed effectively. Care recipients are assessed to identify any support required to minimise any behaviours and this information is detailed in care plans, including identification of triggers and strategies required. Staff report any incidence of aggression through the incident management system. The home has a memory support unit where care recipients are able to move around freely and are supported with meaningful activities. Care recipients who have restraint management plans are assessed and monitored, and staff are aware of these processes. Monitoring occurs through incident reporting, planned care reviews and observations noted. Results show there is a low incidence of behaviours. Staff interviewed and observations showed staff are aware of care recipients' individual behaviours and required behaviour management plans. Care recipients and representatives interviewed are satisfied with the home's approach to managing challenging behaviours.

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

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure optimum levels of mobility and dexterity are achieved for all care recipients. A detailed history is completed on entry by allied health staff and an individual care plan in relation to care recipients' mobility is implemented. Assessments include falls risk,

transfer needs and identification of mobility aids required. Staff have access to this information through care recipients' care plans. Staff receive training in manual handling and have access to mobility aids, including ceiling hoists to assist care recipients' mobility and transfer needs. All incidents are reported, analysed by clinical staff and reported monthly. Strategies are in place to reduce the incidence of falls, these include crash mats, low beds and sensory mats. Monitoring is conducted through planned care reviews, analysis of falls data and review of recommendations from allied health staff and observations noted. Results show there is a low incidence of falls. Staff interviewed are aware of care recipients' mobility needs and supporting equipment required. Care recipients and representatives interviewed are satisfied care recipients' mobility and dexterity needs are met.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients' oral and dental health is maintained. Oral and dental assessments are conducted on entry and this information is detailed in care plans. Staff monitor and replace oral products every three months and have access to mouth care products to conduct mouth care when required. Care recipients are supported to attend reviews by their private dentist and further monitoring occurs when care is conducted.

Monitoring occurs through observation, planned care reviews, feedback from dental specialists, staff, care recipients and their representatives. Results show care recipients' oral and dental care is conducted and regularly reviewed to support their individual needs. Staff interviewed are aware care recipients who require support to maintain their oral and dental health. Care recipients and representatives interviewed are satisfied care recipients' oral and dental health is met.

## **2.16 Sensory loss**

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

### **Team's findings**

The home meets this expected outcome

The home has systems to ensure care recipients' sensory losses are identified and generally managed effectively. Communication, speech, touch, hearing and vision assessments are conducted on entry and care recipients' sensory needs are reviewed as part of the six monthly care reviews. Care recipients are supported to attend optometrists and staff clean hearing aids and replace batteries as required. Care plans generally detail strategies for all sensory loss and aids required to support any sensory deficit. Monitoring occurs through planned care reviews including medical and allied health reviews and feedback from care recipients and representatives. Results show care recipients' sensory needs are assessed and generally identified and staff provide assistance to reduce any sensory loss. Staff interviewed are aware of care recipients who require assistance with maintaining and fitting their sensory aids. Care recipients and representatives interviewed are satisfied care recipients' sensory loss is managed effectively.

## 2.17 Sleep

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients are able to achieve natural sleep patterns. A detailed sleep assessment is conducted on entry through observation and discussion with care recipients and their representatives. Assessments include review of care recipients’ cognition and physical health status, continence and natural sleep patterns. Care recipients are encouraged to optimise their natural sleep pattern by using non-pharmacological interventions such as warm drinks, supper, snacks, massages, pain relief and repositioning. Monitoring occurs through observation, review of medications, planned care reviews and feedback from staff and care recipients. Results show there are robust systems in place to support care recipients to achieve a natural sleep patterns. Staff interviewed gave examples of care recipients’ care needs to support and achieve a restful sleep. Care recipients and representatives interviewed are satisfied care recipients needs are met.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 3 Care recipient lifestyle, resident meetings and surveys processes are used to gather suggestions. Staff interviewed said they are aware of their role in assisting and supporting care recipients and representatives to provide feedback and suggestions.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 3 Care recipient lifestyle include:

- Following a suggestion from a care recipient, the home has introduced a memory candle to commemorate those care recipients who have passed away. Prior to the introduction of the memory candle, the suggestion was discussed at resident meetings. The candle is placed in the reception area of the home, together with a photograph of the care recipient. Feedback from care recipients has been positive as it is a thoughtful way to remember care recipients.
- The home has introduced a laptop computer activity which has assisted lifestyle staff settle care recipients who may be restless. Lifestyle staff sit with care recipients and watch videos of places familiar to them, where they were born, their hobbies or interests, or humorous videos. Feedback from staff is that care recipients enjoy the activity and the videos have increased reminiscence conversations about places and topics of interest to 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

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

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

- Care recipients’ consent to release of information.
- Resident agreements.
- Policies and procedures for the mandatory reporting of elder abuse.

## 3.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

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

- Elder abuse.
- Dementia care.
- Privacy and dignity.

## 3.4 Emotional support

*This expected outcome requires that “each care recipient receives support in adjusting to life in the new environment and on an ongoing basis”.*

### **Team’s findings**

The home meets this expected outcome

The home has systems to support care recipients in adjusting to life in their new environment on entry and on an ongoing basis. Care recipients are supported when they enter the home by all staff; are provided with a tour and receive a welcome card. New care recipients are recognised in the home’s newsletter and lifestyle staff complete assessments to ensure care



recipients' emotional needs are identified and supported. Nursing, lifestyle staff and volunteers have access to this information which is recorded in the lifestyle plan. Care recipients are supported by staff to ensure relationships are maintained and significant days are celebrated and remembered. Monitoring occurs through planned lifestyle reviews, surveys, discussion at resident meetings and feedback from staff and representatives.

Results show care recipients' emotional needs are recognised and there are ongoing strategies in place to support them. Staff interviewed are aware of care recipients who require emotional support. Care recipients and representatives interviewed are satisfied care recipients' emotional needs are met.

### **3.5 Independence**

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

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

The home meets this expected outcome

The home has systems to ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the home and community. Nursing and allied health staff assess and identify support required to assist care recipients to maintain their independence. This information assists lifestyle staff to support care recipients' independence in relation to their cultural, civic, physical, social and financial needs and is documented in the nursing and lifestyle care plan and activity lists. Care recipients are provided with mobility aids and are encouraged to attend activities in the community and maintain links with families and friends. Monitoring occurs through planned lifestyle and nursing care reviews, surveys, resident meetings, allied health feedback and observations. Results show care recipients' independence is actively encouraged and supported. Staff interviewed provided examples of care recipients who are supported to maintain their independence. Care recipients and representatives interviewed are satisfied care recipients' independence is met.

### **3.6 Privacy and dignity**

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

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

The home meets this expected outcome

The home has systems that recognise and respect each care recipient's right to privacy, dignity and confidentiality. Care recipients and their representatives receive information on entry to ensure care recipients' privacy, dignity and confidentiality requirements are recognised and all their privacy needs are documented. Care recipients' individual preferences are identified in care plans and they are able to have their personal space respected. Observations showed documentation is confidentially stored. Monitoring occurs through observation, surveys and feedback mechanisms. Results show care recipients' privacy, dignity and confidentiality is recognised and actively maintained. Staff interviewed are aware of care recipients' individual needs in relation to their privacy and dignity and ensure documentation is securely stored. Care recipients and representatives interviewed are satisfied staff assist care recipients to ensure their privacy, dignity and confidentiality is maintained.

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

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

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

The home meets this expected outcome

The home has systems to ensure care recipients are encouraged and supported to participate in a wide range of activities and interests appropriate to their needs and preferences. Lifestyle staff complete a lifestyle profile which details care recipients' past and current interests, cultural needs, emotional and spiritual needs. From this information a lifestyle care plan is completed. Care recipients receive support to ensure they participate in activities and outings which are of interest to them and support their individual needs and this includes group and one-on-one activities. Care recipients are informed of the lifestyle program through the monthly activity programs and at resident meetings. Care recipients have access to a diverse range of activities. Lifestyle staff evaluates the program regularly through monitoring attendance, surveys, planned lifestyle reviews, resident meetings and audits. Results show the lifestyle program meets care recipients' individual needs and staff actively encourages care recipients to attend activities. Staff interviewed are aware of care recipients' lifestyle needs. Care recipients and representatives interviewed are satisfied care recipients are actively assisted to participate in the lifestyle they wish to maintain.

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

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

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

The home meets this expected outcome

The home has systems to value and foster individual interests, customs, beliefs and cultural and ethnic backgrounds. Lifestyle staff complete assessments to assist in identifying care recipients' individual spiritual/cultural and pastoral requirements. This information is detailed in their lifestyle care plans and there are resources for staff to use when care recipients speak their native language. Church services are advertised through the monthly programs and care recipients have access to their related minister or pastor and are able to have one-on-one visits. Care recipients are assisted to participate in a wide range of cultural events and celebrations according to their preference. Monitoring occurs through planned lifestyle reviews, surveys, resident meetings and consultation processes. Results show care recipients are supportive to maintain their own culture and spiritual beliefs. Staff interviewed are aware of care recipients' individual needs. Care recipients and representatives interviewed are satisfied care recipients' individual interests, religious and cultural needs are met and supported.

### **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

The home has systems to ensure care recipients or their representatives are able to participate in decisions about services care recipients receive, and are able to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care and lifestyle assessment processes identify care recipients' preferences for activities of daily living, leisure and lifestyle choices, civic interests and details of persons nominated to provide advocacy. This information is documented in care and lifestyle plans, activity lists and care recipients and representatives are encouraged to provide feedback at meetings, surveys and through formal feedback processes. Care recipients are encouraged to make informed decisions regarding their individual choices and staff and management support and respect these decisions. Monitoring occurs through planned care and lifestyle reviews, meetings and surveys. Results show care recipients' choice and control of their daily life is identified and supported according to their individual needs and preferences. Staff interviewed could provide examples how care recipients are assisted to exercise choice and control over their lifestyle. Care recipients and representatives interviewed are satisfied care recipients have the right to exercise choice and control according to their needs.

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

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

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

The home meets this expected outcome

The home has systems to assist care recipients to understand their rights and responsibilities and security of tenure. The organisation's admission officer discusses pre-admission information, including financial information, with prospective care recipients and arranges a tour of the home. Prospective care recipients and/or their representatives are provided with an admission pack, which includes information on fees and charges. The home's resident agreement contains information on security of tenure, complaints, advocacy, and rights and responsibilities. Relocation of care recipients from one room to another or to another aged care home occurs following consultation with care recipients and/or their representative.

Care recipients and/or representatives sign a 'Security of Tenure' form to confirm their consent to moving rooms. Satisfaction with the entry process is monitored through verbal feedback from care recipients and representatives. Results show resident agreements are in line with legislative requirements. Staff interviewed said they are informed on care recipients' rights and responsibilities at induction and at meetings. Care recipients and representatives interviewed said they are aware of their rights and responsibilities, are satisfied their tenure is secure and enjoy living in the home.

## Standard 4 – Physical environment and safe systems

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

### 4.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

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

In relation to Standard 4 Physical environment and safe systems and regular internal audits are completed to monitor the safety and comfort of the environment. Staff interviewed said they contribute to continuous improvement through suggestions and the hazard and incident reporting processes.

Examples of completed continuous improvement activities achieved in the last 12 months relating to Standard 4 Physical environment and safe systems include:

- Feedback from care recipients and representatives identified that the television in the ‘Banksia’ area was too small for the size of the room, and that the sound distorts when turned up. Management purchased a larger television and sound system for the area. Feedback from care recipients has been positive as they can easily see and hear the television and enjoy their programs.
- To reduce manual handling injuries for staff, the home installed ceiling hoists in the new ‘Cedar’ area of the home. Staff received training on the use of the hoists which are used to transfer care recipients from beds to chairs without using a mechanical lifter. Feedback from the resident satisfaction survey is that the hoists have made a difference for both care recipient and staff safety and are more comfortable for care recipients. Management said there has been a reduction in manual handling incidents.

## 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 systems and processes.

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

- Food safety program.
- Infection control processes.
- Current South Australian Fire Service triennial certificate.

## 4.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

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

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

- Fire and emergency procedures
- Manual tasking
- Chemical safety
- Food safety

#### **4.4 Living environment**

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

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

The home meets this expected outcome

Management is actively working to provide a safe and comfortable environment that is consistent with care recipient needs. Care recipients are accommodated in single rooms and have access to clean, well-maintained communal, dining and outdoor areas with sufficient and appropriate furniture. Care recipients are encouraged to bring in furniture to personalise their rooms. The home has a minimal restraint approach and restraint is used in consultation with the care recipient and/or representative, clinical staff and medical officer. Care recipients have access to call bells and response times are monitored monthly by management. The home monitors and maintains the environment through preventative maintenance processes, audits and observations. Results show and documentation confirm that maintenance issues are reported and rectified in a timely manner. Staff interviewed said they are aware of their roles in assisting to maintain a safe and comfortable environment. Care recipients and representatives interviewed said they are very pleased with their accommodation and that the home is clean, safe and comfortable.

#### **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 is actively working to provide a safe working environment that meets regulatory requirements. The home has a health and safety representative and a work health and safety committee which meets monthly. Minutes of meetings are available to staff and safe operating procedures guide staff in the operation of equipment. Staff incidents and hazards are reported at work health at safety meetings. Chemicals are securely stored and safety data sheets are available for staff reference. New staff are provided with information at orientation on their responsibilities in relation to work health and safety. Monitoring processes include observations, audits and feedback from care recipients and staff. Results show staff promptly report hazards and these are monitored and rectified by management and maintenance staff. Staff interviewed confirmed they have access to personal protective equipment, and are satisfied management is active in providing a safe working environment.

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

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

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

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Orientation and mandatory annual

training for staff covers fire and emergency procedures, and evacuation maps and fire equipment are located throughout the home. Contracted external services monitor the fire and emergency systems. External contractors and maintenance staff undertake regular electrical testing and tagging of all equipment. The home has key pad access and after hours security is maintained through evening lock down procedures. Monitoring processes include fire drills, incident and hazard reporting and observations. Results show fire safety records are current, and up-to-date care recipient emergency evacuation lists are available to staff.

Staff interviewed described their responsibilities in the event of an emergency. Care recipients interviewed said they have been informed of what to do in the event of an emergency and feel secure living in the home.

#### **4.7 Infection control**

*This expected outcome requires that there is "an effective infection control program".*

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

The home meets this expected outcome

The home has systems to ensure there is an effective infection control program in place. Staff receive education in relation to infection control and have access to infection control policies and procedures to guide them. There is a designated infection control nurse who monitors infections and ensures there are effective infection control procedures in place. Infections are reported, treatments are implemented and monthly analysis of all data and trends are reported through meetings. Staff work within the guidelines of the food safety program and cleaning and laundry staff are aware of infection control processes, and have access to equipment and chemicals to minimise the spread of infections. Results show there are effective monitoring systems in place to assist in reducing the incidence of infection. Staff interviewed said they attend infection control training, have access to infection personal protective equipment and resources to minimise the spread of infections.

#### **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 that meet the needs of care recipients to enhance their quality of life. The home has a four-week rotating menu which has been reviewed by a dietitian and all meals are prepared and cooked on-site. Care recipients' individual dietary needs and preferences are communicated to hospitality staff and meals and snacks are served according to this information. Care recipients' personal clothing is laundered on-site. Cleaning schedules guide cleaning of care recipient rooms, staff and communal areas.

Cleaning and laundry services are guided by infection control procedures. The home monitors the effectiveness of hospitality services through audits, meetings, feedback and observations. Results show care recipients' needs in relation to catering, cleaning and laundry are documented and reviewed. Staff interviewed said they are aware of care recipients' needs and preferences and are satisfied with their working environment. Care recipients and representatives interviewed said they are satisfied with the quality of the food, their rooms are cleaned regularly and laundry returned promptly.