



Australian Government

Australian Aged Care Quality Agency

Braemar House

RACS ID 7758
10 Windsor Road
EAST FREMANTLE WA 6158

Approved provider: Commissioners of the Presbyterian Church in WA

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 06 November 2018.

We made our decision on 17 September 2015.

The audit was conducted on 11 August 2015 to 12 August 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, 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:

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Braemar House 7758

Approved provider: Commissioners of the Presbyterian Church in WA

Introduction

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

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

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

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

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

Assessment team

| | |
|---------------------|-------------|
| Team leader: | Anne Rowe |
| Team member: | Wendy Scott |

Approved provider details

| | |
|---------------------------|--|
| Approved provider: | Commissioners of the Presbyterian Church in WA |
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Details of home

| | |
|----------------------|---------------|
| Name of home: | Braemar House |
| RACS ID: | 7758 |

| | |
|--|---------------|
| Total number of allocated places: | 58 |
| Number of care recipients during audit: | 58 |
| Number of care recipients receiving high care during audit: | 58 |
| Special needs catered for: | Nil specified |

| | |
|-----------------------|--|
| Street: | 10 Windsor Road |
| City: | EAST FREMANTLE |
| State: | WA |
| Postcode: | 6158 |
| Phone number: | 08 9339 9449 |
| Facsimile: | 08 9339 9146 |
| Email address: | admin@braemar.org.au |

Audit trail

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

Interviews

| Category | Number |
|--|--------|
| Executive manager care and strategic development | 1 |
| Manager | 1 |
| Assistant business manager | 1 |
| Clinical nurse special projects | 1 |
| Registered nurses | 3 |
| Care staff | 8 |
| Customer service staff | 1 |
| Care recipients/representatives | 10 |
| Property service manager and property staff | 2 |
| Physiotherapist | 1 |
| Occupational therapist | 1 |
| Activity coordinator | 1 |
| Therapy assistants | 3 |
| Support workers catering/cleaning/laundry | 4 |

Sampled documents

| Category | Number |
|--|--------|
| Care recipients' files, including assessments, care plans and progress notes | 8 |
| Deceased care recipient file including, assessments, care plans and progress notes | 1 |
| Wound care plans | 3 |
| Restraint authorisation form | 1 |
| Personnel files | 5 |
| Medication records | 6 |
| Resident agreements | 2 |
| Blood glucose monitoring forms | 3 |
| Service agreements and insurance records | 4 |

Other documents reviewed

The team also reviewed:

- Admission planner and care plan review schedule
- Audits and surveys
- Cleaning schedules and records
- Clinical indicator records and medication incidents files
- Clinical monitoring records, including those for wound, diabetes, bowel management and monthly weight matrix
- Compulsory reporting register
- Continuous improvement log and plan
- Corporate quality plan
- Duty statements
- Emergency response file and emergency control booklets
- Food safety plan and temperature monitoring
- General practitioner, night nurse checklist, clinical nurse and handover files
- Hazard reports, including follow-up actions
- Lifestyle programs, therapy statistics and activity evaluation records
- Maintenance book, corrective maintenance schedule and records
- Meeting minutes, memoranda, handover sheets, newsletters, diaries and communication books
- Menu, care recipient dietary preference file and dietary/drinks lists
- Pharmacy order records
- Physiotherapy file including assessments, care plans and statistics
- Podiatrist diary
- Policies and procedures
- Professional registrations, police certificates, statutory declarations and visa restriction records
- Quality file
- Resident and staff handbook and resident information pack

- Restraint register
- Roster, including variations and agency orientation records
- Staff training calendar, training records and evaluations, and training matrix
- Volunteer register
- Wound assessment file.

Observations

The team observed the following:

- Access to internal and external complaints and advocacy information, including those in other languages and locked suggestion box
- Care recipients' access to mobility aids
- Charter of care recipients' rights and responsibilities, and mission statement displayed
- Cleaning equipment and cleaning in progress
- Equipment and supply storage areas, including secure chemical storage
- Fire-fighting equipment, including extinguishers, exit doors and lights
- Interactions between staff and care recipients
- Leisure and therapy activities in progress
- Living environment
- Meal and morning tea service, including staff assisting care recipients
- Medication storage and administration
- Noticeboards displaying care recipient and staff information, including notice for re-accreditation
- Short observation of group activity in secure area
- Visitors' sign in books.

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 has systems and processes that demonstrate a commitment to continuous improvement across the four Accreditation Standards. The manager oversees the continuous improvement process, and improvement opportunities are identified via care recipients, representatives and staff suggestions, audits, hazard reports, comments and complaints, surveys and meetings. Improvement projects are added to the continuous improvement plan and actioned, monitored and evaluated. Continuous improvement is discussed at corporate meetings and improvements within the organisation are commenced at the home and monitored by the manager. Staff reported they are involved in continuous improvement and provide their suggestions through the continuous improvement form or directly to the manager. Care recipients and representatives reported management continue to make improvements and they are open to comments and suggestions. Staff gave examples of improvements recently completed that have assisted them in their role.

Recent improvements undertaken or in progress in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- To improve staff knowledge of accreditation requirements, and due to deficiencies within the organisation, management and clinical staff undertook a three-day Understanding Accreditation course run by the Quality Agency. Evaluations were positive and staff reported it assisted in preparation for accreditation and increased their confidence.
- Following issues within the organisation, the policies and procedures were reviewed by executive management and clinical staff. Policies reviewed in Standard 1 include continuous improvement, regulatory compliance, and records and documentation management. This has resulted in consistency of policies across the organisation. The new policies and procedures are kept in a file in the nurses' station for staff to access.

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 processes to ensure the home complies with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives notification of changes through membership with external services and peak bodies, and notification from Government departments. The executive manager of care and strategic developments oversees regulatory compliance and disseminates the appropriate information as required. Policies and procedures are reviewed and changed, and staff are provided with information regarding the changes through access to the policies, education and at staff meetings. Staff provide a police certificate and as required, a statutory declaration on commencement of employment, and there is a system to monitor the currency of staff and contractors’ certificates. Care recipients and representatives had been informed a re- accreditation audit was to take place at meetings, through correspondence and via displayed notices. Representatives reported they are aware of care recipients’ rights and responsibilities and the purpose statement of the home.

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 processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. Staff undertake mandatory training following commencement of employment and ongoing optional training is offered. A corporate training calendar provides details of a range of training available and regular study days are being incorporated into the training program. External agencies, clinical management staff and a manager of learning and development provide staff training. Management monitor training via a matrix, and evaluations of training sessions are undertaken. Staff reported they are encouraged to attend appropriate education to enable them to perform their roles effectively. Care recipients and representatives reported staff have adequate skills for their role.

Examples of education and training related to Standard 1 Management systems, staffing and organisational development conducted within the past 12 months are listed below.

- Documentation competencies
- Three day Understanding Accreditation: a practical toolkit for homes
- Understanding Accreditation/QUEST.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Care recipients and representatives have access to mechanisms for internal and external comments and complaints. Information regarding complaint processes is provided to care recipients when they move into the home through the information book and resident agreement. Feedback forms for comments, complaints and suggestions are accessible throughout the home, and a locked suggestion box is accessible for confidential complaints. Information brochures regarding external avenues of complaint and advocacy services are accessible and include a number in other languages. Other opportunities for feedback to management are provided through care conferences, care recipient meetings, surveys, email and informal or formal meetings with the manager. Care recipients and representatives reported they are aware of the feedback process and are satisfied with the response provided to formal feedback.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home displays the mission, vision and values of the organisation. The mission statement is included in the staff handbook and in the information provided to representatives and care recipients when care recipients move into the home.

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 a system to manage human resources that include recruitment and orientation programs and staff training and development processes. The management team undertake recruitment of staff with standard guidelines, including application, interview and reference checks. Contracts, position descriptions and duty lists are provided to all new staff at commencement of employment. All new staff are buddied with an experienced staff member for a number of days. The home's staff, or other staff accessed through an agency, cover annual or temporary leave. Staff reported they have adequate skills and sufficient time to carry out their tasks. Care recipients and representatives expressed satisfaction with staff skill in providing care recipients' care needs.

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 are processes to ensure adequate stocks of appropriate goods and equipment are available for quality service delivery. Designated staff are responsible for stock control, rotation processes and the purchasing of goods and equipment. The home utilises approved products from preferred suppliers. Preventative and corrective maintenance systems ensure equipment is maintained, repaired and replaced as needed. Equipment is stored safely with secure storage of chemicals. Management reported equipment is documented on the asset register for monitoring, and staff advised they have adequate equipment for their role. Care recipients reported maintenance issues are dealt with in a timely manner.

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 information management systems to allow for the flow of information, including the collection, trending and dissemination of information related to care recipient care, business and operational matters. The home has updated policies and procedures, a document control system and processes for the storage and management of records. Staff are provided information regarding care recipients' clinical and lifestyle needs via care plans, handovers, meetings, memoranda, noticeboards and informally. Information is provided to care recipients and representatives via an admission package on entry into the home, formal and informal meetings, emails, letters and noticeboards. Clinical data is gathered and monthly reports are generated. Audits are conducted according to the audit schedule. Staff, care recipients and representatives stated the home provides sufficient information for their needs.

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 provided in a way that meets the home's needs and service quality goals. The finance and assets manager oversees the external service agreements supported by property support staff. Registration of service providers, appropriate insurance and updated police certificates are monitored. Service provider evaluations are completed prior to renewal of contracts. Contractors sign in and out of the home and wear a visitors' identification badge. Management and maintenance staff reported satisfaction with the quality of service they receive from external service providers.

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 processes.

In relation to Standard 2 – Health and personal care, staff record care recipient falls, skin tears, medications, behaviours and unexplained absences of care recipients and this information is then collated and analysed for trends. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Recent improvements undertaken or in progress in relation to Standard 2 – Health and personal care are described below.

- The management team identified the dietitian was not providing an adequate service. An external dietetic service has been engaged to review care recipients as required. This has resulted in an improved service with increased access to a dietician when care recipients' needs change. Executive management reported the new service provider is being trialled before contractual arrangements are organised. Staff reported increased access to a dietician will improve care recipients' nutritional management.
- Informal feedback from staff to the manager was care recipients' care plans were not always easy to access as they were kept in the nurses' station. This has resulted in a trial of the care plans being kept in the care recipients' wardrobe. Another initiative to improve care is a new handover sheet that states care recipients' needs, such as mobility and dietary requirements. Staff are provided with a handover sheet for quick access. Staff reported the new initiatives are positive. An evaluation date of the improvement is not established.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems and processes to identify and ensure the home meets regulatory compliance requirements in relation to care recipients' health and personal care. The home provides for care recipients' needs in accordance with the specified care and services schedule. Registered nurses carry out initial and ongoing assessments of care recipients and

undertake, direct and supervise care recipients' care. Professional registrations of registered staff are monitored and maintained for currency. Medication is administered and stored safely and correctly. There are policies to guide staff in reporting care recipients with an unexplained absence.

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 an overview of the education and staff development system.

Examples of education and training conducted in the past 12 months related to Standard 2 Health and personal care are listed below.

- Nutrition and hydration in wound healing
- Oral and dental care
- Pain management
- Responsive behaviours and dementia.

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. A multidisciplinary team assesses care recipients' clinical needs when they move into the home using pre-admission information and information from a range of clinical tools within set time. Individual care plans are developed and reviewed according to the home's policy and in consultation with the care recipients and representatives via case conference meetings. There are processes to monitor and communicate care recipients' changing needs and preferences, including review of care recipients by their general practitioners, care plan review and shift handovers. Clinical audits are undertaken to ensure the provision of clinical and personal care is reviewed and evaluated. Care recipients and representatives reported satisfaction with the clinical 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

The home has processes to ensure registered nurses identify and review care recipients’ specialised nursing care needs. Care recipients’ specialised nursing care needs are assessed when they move into the home and reviewed annually or as required. The home has a registered nurse rostered on duty over a 24-hour period to provide specialised nursing care and direction for staff. General practitioners and other health professionals are consulted as required. Care recipients and representatives reported care recipients’ specialised nursing care needs are met.

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

Care recipients are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs a physiotherapist and an occupational therapist who assess care recipients when they move into the home, and develop therapy care plans that are reviewed annually and as required. A podiatrist visits the home regularly. Referrals are made to other health specialists as the need is identified, including a speech therapist, dietitian, audiologist, dentist and the mental health team. Care recipients and representatives reported satisfaction with care recipients’ ongoing access to a variety of health specialists.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered staff administer medications via a pre-packed system as per general practitioners’ instructions. Assessment of care recipients’ ability to self-medicate is completed and authorisation by the general practitioner and a specific plan of care completed. Management uses medication audits and recorded medication incidents to monitor the system for compliance. A registered pharmacist conducts reviews of care recipients’ medications and communicates findings to their general practitioners and the home. Care recipients and representatives reported care recipients’ medications 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

There are systems to identify, implement and evaluate each care recipient’s pain management strategies to ensure they remain as free as possible from pain. A multidisciplinary team assess all care recipients for pain on moving into the home, and then annually or as required. Tools include an assessment for care recipients who are able to report pain and another for care recipients unable to verbalise their pain. Care plans include pharmacological and therapy interventions to manage care recipients’ pain. Strategies to reduce pain are recorded and registered nurses report changes in care recipients’ pain to the general practitioner and conduct a further assessment. Care staff reported ways in which they identify pain and stated they report any changes in care recipients’ pain needs to registered nurses for ongoing intervention. Care recipients reported they are satisfied with the way staff assist them to manage their 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

Care recipients or representatives have the opportunity to record the care recipients’ end of life requests when a care recipient moves into the home or at a later stage. Staff have undertaken training in palliative care, and the home can access equipment to assist in maintaining care recipients’ comfort during the terminal phase of life. An external palliative care service can be accessed if required for the provision of assistance during care recipients’ palliation. Staff reported they understand the care and support required for care recipients and representatives during the terminal phase of life.

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

Assessments of care recipients’ needs in relation to nutrition and hydration occur when they move into the home and on an ongoing basis. Relevant staff are notified of care recipients’ meal and drink preferences, culturally specific needs and allergies. Recording of the care recipient’s weight occurs during the initial assessment period and monthly thereafter. The clinical nurse notes variations and determines appropriate interventions, and, if necessary, referrals to the speech pathologist, dietitian and general practitioner take place for care recipients identified at risk. Meals and fluids with altered texture and consistency are available as well as modified cutlery and crockery and nutritional supplements. Care recipients and representatives stated general satisfaction with the quality and quantity of meals and associated support needs care recipients receive.

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’s approach to skin care ensures care recipients’ skin integrity is maintained consistent to their general health. An assessment of care recipients’ skin integrity and a risk assessment for pressure areas is completed when they move into the home, and reviewed annually or as required. Care recipients who require wound management have a wound care plan and wound review to ensure ongoing monitoring. For complex wound care or wounds of concern, registered nurses liaise with visiting external wound care specialists and the care recipients’ general practitioner. Strategies to prevent skin breakdown and maintain integrity include regular application of emollient creams, repositioning and pressure-relieving equipment. Regular skin integrity and wound management audits occur, and skin tears and pressure areas are reported and included on the home’s monthly clinical indicator report. Care recipients and representatives reported care recipients are satisfied with their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

On entry into the home, the care recipients’ continence management needs are assessed using a three day urinary assessment, a seven day bowel assessment, past history and discussion with the care recipient and their representatives. Care plans and strategies for maintaining effective continence management are developed and reviewed annually or as required. Strategies include individual toileting regimes, daily bowel monitoring, adequate fluid intake, fluid balance records and prescribed medication. The home’s continence portfolio holders monitor the use of appropriate continence aids and refer to the registered nurse as required. The home collects data to monitor urinary tract infections, and incidents are reported and included on the home’s monthly clinical indicator report. Care recipients and representatives reported staff are effective in meeting care recipients’ continence needs.

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

On entry into the home, the care recipients’ behaviour management needs are assessed using a three day behaviour assessment, past history and discussion with the care recipient and their representatives and when incidents of concern are identified by staff. On assessment, the triggers for care recipients’ behaviours are identified and appropriate interventions are documented in the care recipients’ care plan. Referrals to specialist services, including external mental health teams are made in consultation with the general practitioner. Strategies to reduce behaviour include an activity program, diversion therapy and staff training. There are

procedures to minimise, authorise and monitor the use of restraints. The home collects data to monitor adverse behaviours, and incidents are reported and included on the home's monthly clinical indicator report. Care recipients and representatives reported the needs of care recipients with challenging behaviour are managed effectively.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

When care recipients move into the home, a multidisciplinary team assesses each care recipient's level of mobility and dexterity and falls risk. Care plans are developed and delivered by therapy staff and appropriate individualised equipment is used to maximise independence. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home's exercise group and activity programs. Care plans are reviewed annually or as required. Staff report care recipient falls and incidents are recorded and included on the home's monthly clinical indicator report. Staff have a weekly clinical meeting and falls are discussed and strategies implemented to reduce care recipient falls, including protective equipment, positioning of furniture and appropriate sensor mats. Care recipients and representatives reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

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

When a care recipient moves into the home, an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the care recipients' care plan. A two-yearly dental examination is offered to care recipients and follow-up treatment is arranged with family consultation. Family can arrange for care recipients to attend external dental appointments. Staff reported they received training, routinely undertake oral care for care recipients and ensure they have appropriate oral health equipment and products. Care recipients and representatives reported they are satisfied with the oral and dental care provided to care recipients by staff.

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

When care recipients move into the home, a multidisciplinary team uses previous history information and assessment tools to assess each care recipient's sensory losses for all five senses. Care plans are developed and include strategies to manage care recipients' sensory

losses and to optimise each care recipient's independence and interaction in activities of daily living. The home uses strategies, including talking books, communication cards and sensory activities, such as aromatherapy, hand massage and cooking. Care recipients are offered the opportunity to be assessed by specialists who visit the home. Staff described the strategies they use to assist care recipients with sensory loss and to manage their sensory devices. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage their sensory losses.

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

On moving into the home, an assessment of the care recipients' sleeping patterns occurs and the initial consultation includes rituals and preferences for settling routines and rising times. A care plan is developed according to care recipients' preferences. The home uses strategies, including appropriate lighting, pain management, temperature control and noise reduction strategies related to staff work practices. Staff reported they would offer assistance with continence needs, positioning and re-assurance. Care recipients reported they are generally satisfied with the assistance they receive to sleep.

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, care recipient meetings and care recipient surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff also contribute to improvements to care recipient lifestyle through surveys, training and networking. Staff encourage and support care recipients and others to provide feedback and suggestions.

Recent improvements undertaken or in progress in relation to Standard 3 Care recipient lifestyle are described below.

- Executive management have identified the activities are not always catered to the needs and preferences of care recipients. Plans for improvement include a review of therapy hours and a review of the activities including, those in the secure area. Improvements recently made in the secure area include the removal of a television to reduce noise levels and a trial of changes in the dining area. A completion date has not been established as the executive manager of care reported the improvement will be ongoing over 12 to 18 months.
- It was identified through audits and from referrals for care recipients wishing to move into the home, the need to improve access to an interpreter for care recipients of ethnic backgrounds. Management reported they are planning to undertake an agreement with a service for staff at the home to access as required. They stated this will improve the communication for care recipients with language barriers.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipients’ lifestyle. Care recipients or representatives are provided an agreement to sign when they enter the home and an information pack outlining the home’s services. The home has policies regarding

confidentiality of care recipients' information and staff and contractors are informed of their responsibilities. The home displays the Charter of residents' rights and responsibilities and provides information about care recipients' rights in relevant information packages. Staff reported they are aware of their responsibilities regarding the confidentiality of care recipients' information.

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 an overview of the education and staff development system.

Examples of education and training conducted in the past 12 months related to Standard 3 Care recipient lifestyle are listed below.

- Choice and decision making
- Dementia care essentials
- Elder abuse
- Person centred 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

When care recipients move into the home, staff ensure care recipients and their representatives feel welcome, and information, a tour of the home and support is provided to adjust to the new environment. A multidisciplinary team conducts assessments to identify care recipients' emotional needs, develop individual care plans and make referrals to the general practitioner or the organisation's chaplain when areas of concern are assessed. Staff reported they spend extra time reassuring and orientating new care recipients to the home and encourage participation in appropriate activities. Care recipients and representatives reported the emotional support provided meets care recipients' needs and preferences.

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 processes to ensure regular assessment of care recipients' needs in achieving maximum independence. The physiotherapist, occupational therapist and registered nurse assess and review care recipients' level of ability to participate in activities of daily living. Suitable aids and therapy programs support care recipients to maintain their physical and intellectual abilities. The home accesses a community volunteer service to visit care recipients and regular bus trips take care recipients on outings outside of the local community. Staff reported they assist care recipients to attend activities within the home.

Care recipients and representatives reported satisfaction with the assistance provided by the home in relation to care recipients' independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

There are processes to ensure that each care recipient's right to privacy, dignity and confidentiality is recognised and respected and the care recipient handbook details these rights. The home's environment promotes privacy, including the provision of single rooms, some with an ensuite. Shared shower rooms are used supporting care recipients' privacy and dignity. Care recipient records are stored appropriately to ensure security and there is provision of quiet spaces suitable for receiving guests. Staff knock on the door prior to entering a care recipient's room. Management uses feedback mechanisms to monitor the effectiveness of care recipients' privacy and dignity. Care recipients and representatives reported staff respect care recipients' privacy, dignity and confidentiality.

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

Care recipients are encouraged and supported to maintain their interests and activities when they move into the home. A 'key to me' form is provided to care recipients' representatives to complete, and, when returned, the occupational therapist completes an assessment and gathers information about their personal life history. The identified interests and care needs are used to develop individual therapy care plans and the home's activity coordinator develops a weekly activity program for both areas. The programs are available five days a week and include a range of cognitive, physical, sensory, spiritual, one-on-one and social group

activities. Special events are included in the programs, and volunteers join in these events. The activities coordinator reviews care recipients' participation of the activities they attend. Care recipients and representatives provide feedback on the program via suggestions, meetings and surveys. Care recipients and representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Information on care recipients' cultural and spiritual backgrounds are documented when they move into the home. The home facilitates regular religious services in the home's chapel area and clergies from other religious denominations are accessed as required. Staff provide care recipients with requested food, drink and music preferences. Evaluation processes include care recipients' satisfaction surveys. Care recipients and representatives reported satisfaction with the cultural and spiritual support provided to care recipients by the home.

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

Management and staff encourage and support care recipients' individual choices and decisions. There are processes to assess and document care recipients' individual needs, preferences and wishes across all areas of care and service delivery when moving into the home and as required. Authorised representatives make decisions on behalf of care recipients who are unable to act for themselves. Regular family case conference meetings facilitate consultation with care recipients and their representatives regarding care recipients' clinical care and lifestyle preferences and risk management requirements. Staff reported strategies for supporting care recipients' individual preferences, including care interventions, diet, refusal of care, self-administration of medications and participation in activities. Care recipients and representatives reported care recipients are supported, and satisfaction survey results confirmed they make choices in all aspects of their daily life.

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 processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On moving into the home, management provides a residential care agreement and a resident handbook to the care recipient and their representative. The residential agreement and the resident handbook outline care recipients' rights and responsibilities, financial aspects and communication processes. Management consults with care recipients and representatives prior to room transfers within the home.

Care recipients and representatives reported they have sufficient information regarding the care recipients' rights and responsibilities and care recipients feel their tenure is secure.

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.

Management actively pursues improvements to ensure care recipients live in a safe and comfortable environment. Staff, care recipients and representatives are satisfied management actively improves the home’s physical environment.

Examples of current or recent improvement activities related to Standard 4 Physical environment and safe systems are described below.

- In response to a high number of staff injuries related to manual handling tasks, the organisation has increased manual task training from one or two hours to seven hours. The new training commenced in May 2015 and has been undertaken by a number of staff. The home is planning to introduce ‘manual task coaches’ who will undertake a three day training course and be available to assist staff with additional coaching as required. Positive feedback has been provided regarding the new training and a full evaluation of the improvement is planned for May 2016.
- Management identified excess equipment was being stored in corridors and some chairs and furniture being used were not appropriate for care recipients’ needs. Staff at the home removed the inappropriate equipment and furniture over a number of days. This has resulted in equipment now being kept in the designated area, and appropriate furniture for care recipients. The resident handbook was reviewed and now includes a statement that donations of furniture are no longer taken. Staff advised the home is less cluttered and has improved staff and care recipients’ safety and the living environment.

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

Systems and processes identify ongoing regulatory compliance in relation to the physical environment and safe systems. The home has an audited and endorsed food safety program and staff are trained in safe food hygiene practices. Workplace, building and fire emergency preparedness are routinely inspected and audited. Safety data sheets are stored with chemicals and infection control guidelines are available. There are reporting mechanisms for

accidents, incidents and hazards, and personal protective equipment is available throughout the home. Staff confirmed their knowledge of regulatory compliance requirements.

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 an overview of the education and staff development system.

Examples of education and training conducted over the past 12 months related to Standard 4 Physical environment and safe systems are listed below.

- Fire and evacuation
- Food safety
- Infection control
- Manual tasks.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipient needs and requirements. Care recipients reside in a single room with ensuite or use a shared bathroom. The home is accessed via key pad entry, or through the main entrance during business hours that is secured out-of-hours. A designated smoking area is available to staff, call bells are accessible and appropriate equipment is provided. Surveys and audits monitor care recipients' satisfaction with the living environment. Staff reported the recent painting of some areas has improved the home as it is now cleaner and brighter. Care recipients reported satisfaction with their living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems and processes to provide a safe environment for care recipients and staff. Injured employees are supported by external services through return to work programs.

Two staff have been appointed and trained as occupational health and safety (OHS) representatives to undertake audits, attend and participate in OHS meetings, and actively assist and promote a safe working environment. Hazard reports are overseen by the manager and hazards are logged and actioned. OHS is a standing agenda item at staff meetings and staff gave examples of safe working practices that maintain their safety while working.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of fire, evacuation and other emergencies. External providers complete regular checks of fire-fighting equipment, including fire alarms, the sprinkler system and the fire panel.

Evacuation and safety equipment is located throughout the home and exits are clearly marked and unobstructed. There is a program for testing and tagging of electrical items by an external contractor. Information regarding emergencies, such as a bomb threat or medical emergency is included in the emergency control booklets. Staff attend fire safety training annually and they are aware of the home's evacuation procedures. Care recipients and representatives advised they are satisfied that staff have the knowledge to assist care recipients in evacuation in an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management has systems and processes to identify and contain infectious outbreaks. Infection control training is a mandatory training requirement for all staff. Personal protective equipment, a care recipient and staff vaccination program, sharps disposal and anti-bacterial gels enable staff to minimise the risk of infection transmission. Outbreak and spills kits are available for staff to access. The manager monitors infections for regular trending, and infection control is included in the monthly manager's report reviewed by the executive manager of care. An external infection control consultant can be accessed for assistance as required. Staff advised they have adequate training and access to personal protective equipment to minimise the spread of infection.

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

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. The kitchen receives and delivers main meals prepared by an

external catering service. Care recipients' dietary requirements are identified when they move into the home and preferences noted. Additional meals, cooked breakfasts and snacks are available for care recipients. Communal areas and care recipients' rooms are cleaned on a regular basis and as required. Linen and personal laundry is laundered by an external laundry service and delivered back to the home twice weekly. Care recipients and representatives are offered a labelling service to minimise the amount of lost laundry. Care recipients and representatives reported they are satisfied with the meals, cleaning, laundry and the hospitality of staff providing the service.