



Australian Government

Australian Aged Care Quality Agency

Dr Mary Surveyor Centre

RACS ID 7330
18 Hocking Road
Kingsley WA 6026

Approved provider: Meath 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 19 January 2018.

We made our decision on 04 December 2014.

The audit was conducted on 11 November 2014 to 12 November 2014. 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

Dr Mary Surveyor Centre 7330

Approved provider: Meath Care (Inc)

Introduction

This is the report of a re-accreditation audit from 11 November 2014 to 12 November 2014 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:

- 44/44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 November 2014 to 12 November 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of three 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:	Alison James
Team members:	Ann-Marie Phegley Niky (Nikole) Parry

Approved provider details

Approved provider:	Meath Care (Inc)
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Details of home

Name of home:	Dr Mary Surveyor Centre
RACS ID:	7330

Total number of allocated places:	127
Number of care recipients during audit:	122
Number of care recipients receiving high care during audit:	118
Special needs catered for:	Nil identified

Street:	18 Hocking Road
City:	Kingsley
State:	WA
Postcode:	6026
Phone number:	08 9309 7000
Facsimile:	08 9309 7150

Audit trail

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

Interviews

Category	Number
Chief operating officer	1
Facility manager	1
Director of care services	1
Clinical systems manager	1
Registered nurses	9
Enrolled nurse	1
Care staff	20
Administration assistant	1
Admissions coordinator	1
Physiotherapist	1
Occupational therapists	2
Therapy assistants	4
Catering staff	2
Laundry staff	2
Cleaning staff	2
Maintenance staff	1
Care recipients/representatives	13

Sampled documents

Category	Number
Care recipients' files and care plans	12
Therapeutic pain intervention records	20
Restraint authorisations and assessments	17
Care recipients lifestyle assessments and care plans	12
Medication charts	30
Personnel files	8
Resident agreements	7
External contractor agreements	3

Other documents reviewed

The team also reviewed:

- Agency orientation checklist
- Care recipient dietary lists and menus
- Care recipient infections log
- Care recipients' information pack including resident handbook
- Chemical register and safety data sheets
- Cleaning schedules
- Comments, compliments and complaint folder
- Corrective and preventative maintenance programs
- Critical incident register (mandatory reporting)
- Diaries
- Emergency evacuation procedures and care recipient mobility list
- Emergency pharmacy records
- Employee handbook and starter pack and new employee and volunteer orientation packs
- Firefighting equipment service records
- Incident and accident reports and summaries
- Internal and external audit and survey reports and summaries
- Job descriptions
- Meal, refrigerator, cool room and freezer temperature records
- Minutes of meetings
- Pain management programs
- Plan for continuous improvement
- Policies and procedures
- Restraint files
- Schedule eight medication registers and medication review file
- Staff survey results and analysis

- Staff training, police certificate, professional registrations and immunisation matrices
- Therapy statistics, lifestyle survey and lifestyle program.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information and locked suggestion box
- Activities in progress and lifestyle program displayed
- Charter of residents' rights and responsibilities and mission and values statements displayed
- Cleaning in progress
- Equipment and supply storage areas (including paper products, linen storage, personal protective equipment, chemical storage, sharps disposal and waste management)
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Meal and refreshment services
- Notice boards displaying care recipient and staff information including notice for re-accreditation
- Outbreak box and spills kits
- Short group observations in dining room
- Storage and administration of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

There are systems and processes to identify, plan, implement and evaluate continuous improvement activities. The continuous improvement system is formalised in the policies and procedures of the home, which guide staff to use multiple reporting and feedback mechanisms to identify opportunities for continuous improvement. Information from these sources include 'Tell us what you think forms', audits, hazard/incident reports, surveys and meetings, and this information is logged, analysed, actioned, and feedback given to stakeholders as required. Improvements requiring ongoing action are added to the plan for continuous improvement, discussed at meetings and evaluated for effectiveness. Information regarding continuous improvement activities is provided to staff, care recipients and representatives via regular meetings. Staff and care recipients/representatives confirmed they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

Examples of recent improvements in relation to Standard 1 Management systems, staffing and organisational development are described below.

- Following feedback from staff raising concerns regarding the large number of individual mobility equipment and difficulty identifying the correct owners, luggage labels were attached to care recipient's personal equipment to identify who it belongs to. Initial evaluations undertaken identified appropriate locations and methods of securing the labels. Documentation showed positive feedback and staff reported care recipients' mobility equipment is easy to identify.
- The home identified a need to improve staff motivation and retention. In response, the home engaged an external consultant who held focus groups with staff and management. Senior management then analysed the results of the focus groups and developed strategies such as reward and recognition schemes to improve staff culture. Evaluation is ongoing via staff surveys, feedback forms and performance appraisals.

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 and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from industry groups and government departments. Management update policies as required and provide staff with information regarding changes through education, meetings and memoranda. The home monitors compliance through internal and external auditing programs, quality reports and human resource procedures. There are processes to monitor statutory declarations, police certificates, professional registrations and working visas. Care recipients’ fees and charges are set according to legislation, and care recipients and representatives have access to the external complaints process. Care recipients and representatives reported they were informed of the re-accreditation audit via correspondence, meetings and newsletters.

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’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identify training needs through feedback and requests from staff, satisfaction surveys, audits, accident/incident reports and observation of work practices. Site orientation and buddy shifts are established for new staff, and induction, mandatory and optional training is accessed via internal, external and online mediums. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance. Staff reported they have access to a variety of internal and external training and education opportunities.

Examples of education and training related to Standard 1 Management systems, staffing and organisational development are listed below.

- Bachelor of nursing
- Certificate III and IV in Aged Care
- Corporate orientation
- Preventing discrimination, harassment and bullying in the workplace
- Site induction.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous feedback forms. The home displays information on the processes to access internal and external complaints and advocacy services and discuss this with care recipients and their representatives on moving to the home, at care recipient/representative meetings, and in case conferences.

Management action all comments and complaints and provide feedback to the originator. The effectiveness of the comments and complaints process is measured via satisfaction surveys and identified trends feed into the home's continuous improvement plan. Staff receive information about the home's comments and complaints process during orientation and advocate on behalf of care recipients as required. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

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 organisation has consistently documented the home's vision, values, philosophy, objectives and commitment to quality throughout the service. The home's commitment to provide superior living options is documented in the strategic plan, care recipient handbook displayed in various locations in the home. Staff job descriptions and welcome day inductions incorporate discussions and information on the values and mission of the organisation, and the board is proactive in strengthening its core values and culture through leadership and collaboration with staff.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to ensure there are appropriately skilled and qualified staff who can deliver services in accordance with the Accreditation Standards and the home's philosophy and objectives. The home has established policies and procedures to manage human resources in accordance with regulatory requirements including recruitment processes, set selection criteria, supervised buddy shifts during orientation, mandatory, elective and

competency-based training and further staff development. Management review the staff levels and skill mix according to the changing needs of care recipients and operational requirements. Staff performance is monitored via feedback mechanisms such as comments/complaints, clinical indicators, surveys and performance appraisals. The home covers absenteeism using their own or temporary staff. Staff reported they have sufficient time to complete their tasks. Care recipients and representatives generally expressed satisfaction with the responsiveness and adequacy of care services provided by 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 adequate supplies of appropriate stock and equipment to enable the delivery of quality services. There are systems and processes to ensure stock control, rotation and ordering meets the needs of the home. The effectiveness of storage, condition and availability of goods and equipment is monitored via reviews, inspections and reporting mechanisms. Corrective and preventative maintenance programs managed by relevant staff ensure regular checking and servicing of all equipment, buildings and grounds. Internal and external audits and environmental inspections are conducted regularly to ensure stock and equipment are maintained at sufficient levels. Training is available for the appropriate use of electronic and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their duties, and repairs are made in a timely manner. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment to meet their needs.

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 effective information management systems in place. Established processes facilitate the collection, analysis and dissemination of information related to care, business and operational matters. Management routinely collate, analyse and table information collected from clinical records and indicators, monitoring and reporting mechanisms and human resource and procurement processes. The home schedules meetings specific to roles and committees, and minutes are disseminated. Management review standardised documents, policies, and procedures and key staff are notified of updates via memoranda and meetings. The home has procedures for the storage and management of records via archiving and maintenance of security of information. Staff reported they have access to information relevant to their roles, attend regular meetings, electronic messaging, communication books and have access to feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information to assist them to make decisions about their care and lifestyle.

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 ensures that all externally sourced services are provided in a way that meets the home's needs and quality of service. Established systems and processes assist in the purchasing of goods and services via a preferred suppliers list and service agreements that describe the responsibilities of the relevant parties. The quality of the services is monitored through an evaluation process, service records and feedback from stakeholders. Review of services is taken into consideration prior to renewing contracts. Care recipients, representatives and 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.

Examples of current or recent improvement activities related to Standard 2 Health and personal care are described below.

- The home identified an opportunity to improve medication management and care recipient outcomes by streamlining medication administration with their electronic care planning system. Staff received training on how to use the database prior to implementation. Staff reported, and documentation confirmed, positive feedback for this initiative.
- It was identified via the multi-disciplinary team that some referrals from the optometrist to the ophthalmologist were not appropriate to the holistic needs of care recipients. In response, a new referral process and coordinated approach has been implemented for care recipients identified as requiring further treatment by an ophthalmologist. Management reported they are planning an evaluation following the upcoming optometrist visit.

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

Systems and processes identify and ensure the home achieves and maintains ongoing regulatory compliance in relation to care recipients' health and personal care. Clinical staff oversee initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Internal and external audits ensure medication storage and administration complies with relevant guidelines. The home monitors any changes in legislation and alerts the staff through meetings or memoranda. The home has a policy and procedure for unexplained absences of care recipients. Care recipients and representatives reported care services are received in accordance with specified care service requirements.

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 education and staff development in Standard 1 Management systems, staffing and organisational development for an overview of the home’s education and staff development system and processes.

Examples of education and training related to Standard 2 Health and personal care are listed below.

- Continence management
- Dementia management
- Dysphagia
- Pain management
- Palliative care
- Restraint minimisation
- Skin care
- Subcutaneous infusion pumps.

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 processes to ensure care recipients receive appropriate clinical care. The multidisciplinary team assess care recipients’ clinical needs when they move into the home, using information from their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home’s policy and in consultation with care recipients and representatives via case conferences. There are processes to monitor and communicate care recipients’ changing needs and preferences, including regular review of care recipients by their general practitioners, six-monthly care plan reviews 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 these are documented in a nursing care plan and reviewed six-monthly or as required. The home has registered nurses rostered on duty at all times to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Examples of specialised nursing care include wound care, oxygen therapy, behaviour management and management of diabetes. 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 occupational therapists who assess care recipients when they move into the home and develop therapy care plans that are reviewed six-monthly and as required. Physiotherapists attend the home five days per week to conduct care recipients’ physiotherapy assessments, develop mobility and transfer care plans and coordinate care recipients’ group and individual exercise programs. Physiotherapists also coordinate the pain clinic which operates five days per week. A podiatrist visits the home regularly and attends to the needs of care recipients. Referrals are made to other health specialists as the need is identified, including a speech therapist, dietician, dentist and mental health specialists. 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 and enrolled nurses administer medications via a pre-packed system as per the general practitioners’ instructions. Specific instructions relating to the administration of care recipients’ medications and topical treatments are documented in the electronic medication system. Medication audits and recorded medication incidents are used to monitor the system. An accredited pharmacist conducts reviews of care recipients’ medications and communicates findings to the 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. Registered and enrolled nurses review care recipients' pain each day and care recipients with identified pain are referred to the home's pain clinic. The pain clinic is coordinated by a team of physiotherapists, in consultation with occupational therapists, general practitioners and nursing staff. On referral, a physiotherapist assesses the care recipient's pain and develops an individualised pain management program that may include therapeutic massage, gentle exercises, heat packs and the use of pain and pressure-relieving equipment. Care recipients' response to pain management strategies is closely monitored by the therapy team and nursing staff. Staff described their role in pain management, including identification and reporting of pain. Care recipients and representatives reported staff are responsive to complaints of pain and care recipients' pain is managed appropriately.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill care recipients. Care recipients or their representatives have the opportunity to complete an advanced care directive when care recipients move into the home or at any time throughout their residency. Care recipients' general practitioners and the home's clinical and allied health personnel support care recipients during their palliation phase. Care recipients and representatives expressed confidence that, when required, staff will manage care recipients' palliative care competently, including the maintenance of their 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

Care recipients' nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Care recipients' care plans outline their dietary requirements, including the level of assistance required. The clinical nurse manager monitors care recipients' recorded monthly weights and, where weight loss is identified, care recipients are placed on a supplementary nutritional drink and referred to a dietician if appropriate. Swallowing assessments are conducted and care

recipients with identified swallowing deficits are referred to a speech therapist and ordered appropriately textured diets and fluids. Registered nurses direct care recipients' nutritional management on a daily basis. Care recipients and representatives reported they are satisfied with the menu and associated support provided to care recipients.

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

Registered nurses conduct regular assessments of care recipients' skin integrity and formulate care plans that state preventative skin care interventions. Registered and enrolled nurses attend care recipients' wound care and the clinical nurse manager regularly reviews all wounds. The home employs a number of preventative strategies including pressure-relieving mattresses, repositioning and moisturising lotions. Care staff monitor care recipients' skin care daily and report abnormalities to the registered nurse. The home records and collates information regarding skin related incidents. Care recipients and representatives reported satisfaction with the home's management of 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

There is a process to identify, assess, monitor and evaluate care recipients' continence care needs when they move into the home and on an ongoing basis. Care recipients' urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of assessed needs. Staff use electronic bowel charts to track bowel patterns and enable the development of appropriate bowel management programs, and registered nurses monitor the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage care recipients' continence needs. Care recipients and representatives reported being satisfied with the management of 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

Care recipients' behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for a care recipient's behaviours are identified and appropriate interventions are developed and documented in a care plan. Effectiveness of behaviour management strategies are monitored via clinical indicators and observations. Care recipients are referred to therapy and mental health services when the need for further assessment of challenging behaviours is identified. Care recipients

and representatives reported care recipients' challenging behaviours are well managed and the impact of the behaviours on other care recipients is minimised.

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

Physiotherapists, occupational therapists and registered nurses assess care recipients' mobility, dexterity and associated falls risks when they move into the home. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home's exercise and activity programs that include a range of group exercises and physical activities to improve independent movement. Care recipients who are unwilling or unable to participate are offered individual therapy sessions. Care recipients' attendance at physiotherapy sessions is monitored. A range of seating and mobility aids are available to assist care recipients to maintain mobility and independence. Incidents related to mobility and dexterity are recorded and collated data is discussed at multidisciplinary meetings. Care recipients and representatives reported satisfaction with the home's management of care recipients' mobility and dexterity needs.

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 recipient's care plan. An annual dental examination is offered to care recipients and follow up treatment is arranged with family consultation. Staff were aware of care recipients' individual oral hygiene requirements. Care recipients and representatives reported satisfaction with the support provided to care recipients to maintain their oral and dental health

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

An occupational therapist assesses care recipients' sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in care recipients' care plans and are regularly reviewed by an occupational therapist. An optometrist visits the home annually and care recipients are encouraged to access this service. Care recipients are assisted to access external specialist appointments and information following the appointment is communicated to the home's staff. Care recipients and representatives reported satisfaction with the home's management of sensory losses and needs.

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 established processes to assist care recipients to achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances. Interventions to assist care recipients establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on care recipients’ sleep including noise, confusion, pain and continence issues. Care recipients and representatives reported care recipients are satisfied with the support provided to achieve restful sleep at night.

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.

Examples of current or recent improvement activities related to Standard 3 Care recipient lifestyle are described below.

- The home identified a gap in the emotional and spiritual support available to care recipients. In response, a chaplain was engaged by the home to support care recipients, representatives, and staff if required. Since the implementation of the chaplain service in June, there has been a slight increase in care recipient satisfaction as determined by survey results. Management intend to continue the evaluation process once the service has been in place for a longer period.
- Feedback from a representative suggested enabling care recipients living with dementia on Shenton floor to identify the date and time, the purchase of a clock or calendar would be useful. In response and in consultation with the team leaders and care recipients, clocks displaying the day, date and time have been installed at the most advantageous location on each floor. Feedback from staff, care recipients and their representatives has been positive.

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 displays the Charter of residents’ rights and responsibilities and includes this and other information about care recipients’ security of tenure in the residential care agreement, and relevant information packages. Staff are informed of changes relevant to care recipients’ lifestyle through training, memoranda, and meetings. Staff sign a confidentiality agreement on employment and were observed to be mindful of care recipients’ privacy, dignity and confidentiality. There are established policies and procedures for the compulsory reporting of allegations of elder abuse, and the home maintains mandatory records as reported. Care recipients and representatives reported they are consulted in regards to making decisions about services, and are informed when changes in provision of care arise.

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 education and staff development in Standard 1 Management systems, staffing and organisational development for an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 3 Care recipient lifestyle are listed below.

- Mandatory reporting and elder abuse
- Men's group
- Sunshine club.

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

Processes are established to support care recipients on moving into the home and on an ongoing basis. A handbook is provided to care recipients or their representatives that provides information about the care and services provided. A social profile is completed for care recipients that includes daily routines, important dates for celebrations, cultural and spiritual needs and past and current interests. A care plan is developed from the information gathered and assessments are conducted by the occupational therapist. Care recipients are encouraged to personalise their rooms with furniture, pictures and mementos from home.

Representatives reported they are able to visit the home at any time and are welcomed by staff. Care recipients and representatives reported they are satisfied with the support care recipients receive from the staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The cognitive, physical and emotional status of each care recipient is assessed when care recipients move into the home and care plans are developed that identify interventions to encourage and assist care recipients maintain their independence. Care plans direct staff

regarding the level of assistance required, and where appropriate, staff prompt and encourage care recipients to complete activities of daily living. Suitable aids and therapy programs support care recipients to maintain their mobility, cognitive status and dignity. Staff assist care recipients to attend activities. Care recipients and representatives reported satisfaction with the assistance provided by the home in relation to maintaining 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

Processes are established to ensure care recipients' privacy, dignity and confidentiality is recognised and respected. Care recipients' right to privacy is documented in the resident agreement, the home's privacy policy and resident handbook. Care recipients are allocated single rooms with ensuite bathrooms and comfortable living and outdoor areas are available for care recipients and their visitors. Staff sign a confidentiality agreement on commencement of employment. Staff reported an understanding of their responsibilities with regards to the confidentiality of care recipients' information. Care recipients and representatives reported staff are respectful and they are confident care recipients' privacy, dignity and confidentiality are 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

Care recipients past and current interests are identified when they move into the home. The occupational therapist develops a lifestyle care plan guided by information from the social profile and other relevant assessments. The lifestyle program is developed based on care recipients' needs and interests and is reviewed six monthly and changed according to care recipient participation, therapy assistants' feedback and care recipient lifestyle satisfaction surveys. The lifestyle program provides a range of fine and gross motor activities that are adapted for care recipients with sensory, physical or cognitive deficits. Staff reported they provide one-to-one activities for care recipients who choose not to attend group activities.

Care recipients and representatives reported staff encourage care recipients to attend activities of interest to them inside and outside of the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Staff complete a social profile for each care recipient that provides information on their daily routines, customs, beliefs and cultural and ethnic practices.

Culturally significant events are celebrated including Australia Day, Christmas, Easter, ANZAC and Remembrance Day. Care recipients' birthdays are celebrated on the day. Non-denominational and Catholic services are held at the home on a regular basis. Multicultural resources are accessible to staff when required. Care recipients and representatives reported they are satisfied with the way staff support care recipients' spiritual and cultural needs.

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 processes to enable care recipients and/or their representatives to participate in decisions about the services care recipients receive, and to exercise choice and control over care recipients' lifestyle. Care recipients and their representatives have the opportunity to provide feedback through feedback forms, care recipient/representative meetings, case conferences and surveys. Care recipients are encouraged and supported to maintain control over their lifestyle within their assessed abilities. Staff described ways in which they encourage care recipients to make decisions about their lifestyle and care. Care recipients and representatives reported they feel comfortable providing feedback and the choices of other care recipients do not infringe on the rights of others.

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

Systems are established to ensure care recipients have secure tenure within the home and care recipients understand their rights and responsibilities. Prior to moving into the home, care recipients and their representatives have access to a tour and are provided with information about the services and care provided. The resident handbook, resident agreement and associated documentation outline the care recipients' rights and responsibilities, accommodation bonds and charges and security of tenure. Care recipients and

representatives reported they have sufficient information regarding the residents' rights and responsibilities and 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.

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

- An external audit identified meals transported to the Shenton satellite kitchen were not meeting required temperatures. In response, ceramic tiles are placed in the hot box to maintain the meal temperatures during transportation. Following this implementation, documentation showed review of meal temperatures indicates the consistent maintenance of temperatures and staff and care recipients have reported positive feedback.
- Clinical indicator data analysis showed for the period of April to June 2014, Darch floor had a higher rate of reported infections. Consultation between clinical staff, and a review of staff practices indicated staff were complying with hand hygiene standards. The clinical team implemented the ‘hand cleaning ritual’ providing anti-bacterial hand foam to Darch care recipients prior to meal service. Care recipients and staff reported positive feedback to the use of the hand foam and management reported, and documentation showed a decrease in infections for October, with longer-term evaluation to continue.

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

The home has systems and processes which identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff reported they receive mandatory training in fire and emergency procedures, manual handling and infection control. Internal and external representatives and statutory bodies inspect and audit the workplace and building, fire emergency preparedness and the catering environment. The home has an infection control program that includes guidelines on reportable infections. The food safety programs ensure compliance with legislative requirements and provides staff with guidance. There are mechanisms for monitoring and reporting accidents, incidents and hazards, and management, safety and infection control representatives action hazards and

recommendations from inspections and audits as required. External contractors are provided with contracts that outline obligations and responsibilities.

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 education and staff development in Standard 1 Management systems, staffing and organisational development for an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 4 Physical environment and safe systems are listed below.

- Chemical safety
- Fire and emergency procedures
- Food safe
- Infection control
- Manual handling
- Occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides care recipients with single rooms with ensuites, communal areas for social activities and small lounges and balconies for privacy. Individually controlled reverse cycle air conditioners ensure room temperatures are pleasant. Care recipients are encouraged to personalise their rooms with furniture, photographs and mementos from home. Controlled entry, security cameras, security patrols and a lit car park provide security for care recipients and staff working after hours. Room and environmental audits are undertaken regularly and there are corrective and preventative maintenance programs ensure safety and comfort. Staff reported ways they manage and report a hazard. Care recipients and representatives reported management are actively working to provide a safe and comfortable 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

Management and staff actively provide a safe working environment that meets regulatory requirements. An occupational health and safety committee coordinate and assess internal and external audits of the physical environment, report risks, identify actual and potential hazards and analyse accidents and incidents. The home has processes for tagging of electrical appliances and corrective and preventative maintenance programs. Staff receive information on their occupational health and safety responsibilities during induction, annual training days, meetings, memoranda and via newsletters. Staff reported they identify and report hazards and accidents, and management is proactive 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

The home has systems and processes to provide a safe environment and reduce the risk of emergencies, fire and safety breaches. Fire, security and emergency procedures are available to staff, care recipients and visitors and inform them how to proceed in the event of an emergency. The building is equipped with a range of fire prevention and firefighting equipment. Contracted services carry out routine inspections and the testing of fire systems. The home monitors electrical equipment coming into the home and tagging is completed annually. Entry to the home is controlled and after-hours access is by swipe card only. Staff attend fire and emergency training on a two yearly basis. Staff interviewed described procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported they feel confident staff would assist them during 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

The home has an effective infection control program. Staff are informed of current practices at orientation and mandatory education sessions. The home provides information to guide staff in managing infectious outbreaks and appropriate personal protective equipment is readily available. Information on individual care recipient infections is collated monthly and shared with staff. Cleaning and laundry procedures, hand washing facilities, sharps disposal, care recipient and staff vaccination programs, food safety and pest control management are some of the measures used to minimise the risk of infection. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak.

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 has processes to guide staff in the provision of catering, cleaning and laundry services. A four-weekly seasonal rotational menu is developed in consultation with a dietician and care recipients. Meal planning includes any specialised dietary requirements. Meals are cooked in the main kitchen and transferred via a hot box to the satellite kitchens on each floor. Catering staff receive up-to-date information on care recipients' dietary requirements including allergies, special or modified dietary needs, likes/dislikes, preferences and cultural choices. The home has cleaning schedules in place and ad hoc cleaning is undertaken when required. An onsite laundry manages all flat linen and care recipients' personal items. Staff explained the process for minimising lost laundry. Staff reported they have access to information and are provided with appropriate equipment and training to complete their duties effectively. Care recipients and representatives reported satisfaction with the home's hospitality services.