



Australian Government

Australian Aged Care Quality Agency

Edgewater Mercy Hostel

RACS ID 7172
9 Harvest Loop
EDGEWATER WA 6027

Approved provider: The Saint Brigids Convent of Mercy Perth 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 31 July 2019.

We made our decision on 23 June 2016.

The audit was conducted on 01 June 2016 to 02 June 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Edgewater Mercy Hostel 7172

Approved provider: The Saint Brigids Convent of Mercy Perth Inc

Introduction

This is the report of a re-accreditation audit from 01 June 2016 to 02 June 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 June 2016 to 02 June 2016.

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

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

Assessment team

Team leader:	Alison James
Team member:	Shirley Latham

Approved provider details

Approved provider:	The Saint Brigids Convent of Mercy Perth Inc
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Details of home

Name of home:	Edgewater Mercy Hostel
RACS ID:	7172

Total number of allocated places:	33
Number of care recipients during audit:	32
Number of care recipients receiving high care during audit:	25
Special needs catered for:	Nil specified

Street:	9 Harvest Loop
City:	EDGEWATER
State:	WA
Postcode:	6027
Phone number:	08 9306 2449
Facsimile:	08 9405 3614
E-mail address:	information@mercy.com.au

Audit trail

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

Interviews

Category	Number
Service manager	1
Clinical nurse manager	1
Quality manager	1
Project coordinator	1
Enrolled nurse	1
Care companions	5
Physiotherapist	1
Lifestyle staff	2
Pastoral care	1
Hospitality supervisor	1
Dietician	1
Occupational health and safety manager	1
Human resource manager	1
Maintenance staff	3
Administration officer	1
Care recipients	6

Sampled documents

Category	Number
Care recipient assessments, care plans and progress notes	6
Self-medication authorisations	3
Wound care plans	7
Service agreements	7
Medication profiles and signing sheets	10
Care recipient agreements	4
Personnel files	7

Other documents reviewed

The team also reviewed:

- Archive register
- Audits, care recipient and staff surveys
- Care recipient and staff handbooks
- Complaints file, feedback forms and continuous improvement file
- Emergency manuals
- Essential and preventative maintenance schedules and maintenance registers for each house, and electrical testing and tagging records
- Food safety plan (including menus, care recipient information for kitchen and serveries, cleaning schedules and temperature checks)
- Gastroenteritis, influenza and infection control guidelines and influenza immunisation records for care recipients and staff
- Hazard and incident forms
- Lifestyle planner, surveys, statistics and evaluations
- Mandatory reporting guidelines and register
- Medication refrigerator temperatures
- Minutes of meetings, newsletters and memoranda
- Observation charts (bowels, weights, vital signs and blood glucose levels)
- Police certificates, visa check matrixes and registrations for professional staff
- Policies and procedures
- Training matrix and records, performance appraisal schedule and staff rosters.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information and secure suggestion box
- Activities in progress
- Care recipients, care companions and hospitality supervisor engaged in cooking activity (short group observation)

- Charter of care recipients' rights and responsibilities and vision and mission statement displayed
- Equipment and supply storage areas (continence aids, medical supplies, sharps waste disposal, personal care products, evacuation kit, archiving, spills kit and chemical storage)
- Fire-fighting equipment and maps
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Noticeboards
- Registered nurses' 'grab' bag containing essentials to conduct a health status assessment
- Safety data sheets
- Sign in and out books, swipe card and key card protected entries
- Storage and administration of medications
- Wound care trolleys.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

There is an established framework that monitors performance, identifies opportunities to improve and demonstrates progress towards clearly defined outcomes. Improvements are generated by head office as well as from within the home. Quality meetings are the channel for monitoring opportunities for improvement and ensuring improvement opportunities are fully realised. Audits, clinical indicators, hazard and incident reporting, feedback from meetings and surveys, individually via case conferences and the home's feedback forms are other avenues from which opportunities for improvements arise. Deficits identified from the monitoring processes are either addressed promptly, or reviewed by the service manager and added to the plan for continuous improvement if broader implications are noted. Staff and care recipients interviewed are aware of the continuous improvement process and reported they are encouraged to provide feedback, and articulated recent improvements occurring in the home.

Examples of current or recent improvement activities related to Standard 1 – Management systems, staffing and organisational development are described below.

- Management reported on commencing management of the home little feedback was received from care recipients and families, who reported nothing would change if they provided feedback and they were generally disengaged from the activities in the home. This information and a commitment to home-like care by management of the organisation led to a project to research models of aged care. After researching models of care here and overseas the decision was made to trial small scale household living. The organisation has committed a budget to the project which entailed an information strategy aimed at informing families, staff and care recipients of the change in care model and seeking feedback. The project has involved creating new roles, duty statements, competencies and training which have been developed by the organisation. The principle is for care recipients to have the ability to decide what happens in their home. Care recipients are encouraged to cook, have input into the menu and participate in activities within their living space. Room choice options were offered and care recipients relate to permanent multi-skilled care companions within their particular home. Constant feedback has been sought from care recipients and families, and records show three weeks post implementation that care recipients are satisfied with room allocation, newly installed television brackets, food and the homelike environment. Care recipients interviewed

were highly satisfied with the input they have with the menus and for the opportunities to prepare and cook food fresh each day, stating the home felt just like being at home and they were very relaxed in the environment.

- A change from the carer to care companion role to ensure the small scale living model could be trialled was required. The home's skills set and staff profile were benchmarked with other homes and a decision was made about the skill set required. Some staff left whilst a kitchen hand and cleaner embraced the new job description of care companion.

When recruiting staff, the home looked for a particular skill set. Staff were provided with training in cleaning, dementia, cooking, manual handling, quality of food production, lifestyle and the model of care. Staff are encouraged to reflect on their practice via a computer application and provide feedback to management. Staff and care recipients interviewed were satisfied with the role, reporting it provides care recipients with greater control over their lives, more input to activities generally in the home and food was much nicer. We observed interactions between care recipients and staff involved in cooking tasks to be mutually respectful with both parties having fun.

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 established systems to ensure information related to legislation, regulatory requirements, professional standards and guidelines are made available to all stakeholders. The organisation receives updates on legislative changes from various government agencies and departments, and industry groups to which it subscribes. The home's management is notified of any changes and these are disseminated to staff and other stakeholders via memoranda, meetings and training sessions as appropriate. Results from audits, surveys, incident reporting and individual feedback assist management to monitor compliance with legislation and the home's policies and procedures. Staff stated they are informed of changes to regulatory compliance via memoranda and at meetings. Care recipients and representatives were informed of the re-accreditation visit via displayed notices and letters. There is a system to ensure police certificates are appropriate and current.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to effectively perform their roles. An annual training calendar and staff noticeboard includes core training and external training courses offered during the year. Additional training is provided on a monthly basis following staff requests and based upon themed topics for the month. Management monitor the ongoing

skills and knowledge of staff via observation, incident reporting, clinical indicators, comments and complaints, and verbal feedback. Staff are encouraged to take responsibility for their own education and staff requests for training are discussed at performance appraisals and staff meetings. Staff are informed of upcoming training events through displayed fliers, memoranda and meetings. Staff expressed satisfaction with the opportunities offered in accessing continuing education.

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

- Administration
- Bullying and harassment
- Computer training in management systems
- Orientation.

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 their representatives have access to internal and external complaints and advocacy services via feedback forms, direct access to management and care recipient/representative meetings. Information regarding comments and complaints mechanisms is provided via the care recipient and staff handbooks, contracts, newsletters and care recipient/representative meetings. Confidentiality is maintained throughout the complaints process. Staff reported they are aware of the complaints mechanisms and assist care recipients to provide feedback when required. Care recipients reported they are confident to voice their concerns, and are satisfied with the feedback they receive from management in regards to comments and complaints.

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 included its mission, vision, philosophy and values in a range of documents, including the care recipient and staff information handbooks. Staff are inducted in the organisation's mission, vision, philosophy, core values and commitment to quality during orientation, mandatory training and during the performance appraisal process.

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 access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients' needs. The service manager determines staffing levels through review of care recipients' care needs and feedback from care recipients, representatives and staff. The home uses organisational and site-specific processes to recruit and retain staff, and monitor staff police certificates, working visas and professional registrations. A 'buddy' program provides new staff with additional support from an experienced staff member. Staff performance is monitored via annual appraisals and feedback mechanisms such as complaints, surveys and audits. Staff reported they have sufficient time to complete their duties. Relief cover is provided by a casual staff pool. Staff stated they have the appropriate skills to conduct their roles effectively. Care recipients reported satisfaction with the care 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 processes to facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. Preventative and corrective maintenance systems exist to maintain, repair or replace equipment as needed. Specific staff have clear responsibilities for maintaining adequate stock and equipment levels. Regular audits and environmental inspections are undertaken to ensure goods and equipment are maintained at sufficient levels and are stored and used safely and effectively. Staff and care recipients reported satisfaction with the amount of supplies and the quality of the equipment.

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 established processes to facilitate the collection, analysis, storage, retrieval and archiving of information related to care, business and operational matters. The home and organisation have a schedule of meetings to ensure effective dissemination of information and provide a forum for raising opportunities for improvement, comments, complaints and suggestions. Electronic information is stored securely, password protected and backed up by the organisation. The organisation's head

office team review standardised documents and policies and procedures, and key staff receive updates via memoranda, emails and at meetings. Staff reported they have access to information relevant to their roles, attend regular meetings, receive feedback via handover and face-to-face meetings. Care recipients reported satisfaction with the access to information relevant to them via verbal feedback from staff, newsletters and meetings.

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

Established systems and processes ensure all externally sourced services are provided in a way that meets the care recipients' needs and the home's quality of service. Contract processes are centrally driven and a list of preferred suppliers and contractors assists in the purchasing of goods and services. External service providers sign service agreements that are formally negotiated and reviewed at an organisational level. Service contracts specify quality standards, financial and legal obligations. A process is established to monitor the currency of contractors' police certificates. Contractors sign in and out and are monitored on site as required. Staff and care recipients stated they are satisfied with the quality of the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff report care recipient falls, skin tears, behaviours, medication incidents and unexplained absences of care recipients, and this information is collated and analysed to identify any trends. Care recipients and staff are satisfied the home actively improves and promotes care recipients' physical and mental health.

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

- Registered nurses working across two sites found it wasted time and was not productive obtaining equipment necessary for assessments at each site. A 'grab' bag has been put in place containing all equipment and materials necessary to conduct a health status assessment. Registered staff reported it was more time efficient and effective to just take the bag between sites knowing it contains what they need to conduct their assessments appropriately.
- Management identified the system to refer cases where weight loss had occurred was not timely, cost effective or guaranteed to identify more urgent referrals quickly. A weight tracking tool and clear guidelines about when to refer to the dietician have been developed. Management and staff reported referrals are now timely, appropriate and cost effective.

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 organisation and home monitor changes in legislation and alert staff using a range of communication methods. A monitoring system is used to ensure professional staff are registered as required. Registered staff carry out initial and ongoing assessments of care

recipients. Medication is administered and stored safely and correctly. Care recipients reported they receive appropriate care and services.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the knowledge and skills to provide appropriate health and personal care to care recipients. 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 related to Standard 2 – Health and personal care are listed below.

- Hypoglycaemic management
- Medication competencies
- Pain
- Sleep.

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 uses a multidisciplinary team approach including the general practitioner, registered nurse, care staff, physiotherapist and occupational therapist to ensure care recipients receive appropriate clinical care. A range of validated assessments are completed for each care recipient on moving into the home, and a care plan is developed to guide staff in the care requirements of each care recipient. Care plans are reviewed three monthly, or sooner if the need arises, and further assessments are undertaken annually or when changes occur. Staff ensure continuity of care by discussing any changes to care recipients’ care needs at handover and via documentation. Staff reported they are encouraged and supported to attend training and education to maintain their knowledge and skills. Care recipients reported they are satisfied they receive appropriate clinical care.

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

Registered nurses are responsible for the assessment, planning, monitoring and evaluation of care recipients’ specialised nursing care needs. The registered nurses develop a complex care plan that includes recommendations from the general practitioner and other health professionals when appropriate. Specialised nursing care needs include stoma care, catheter care, diabetes management and chronic wound care. Registered nurses and other health professionals are contactable after hours when required. Care recipients reported they are satisfied their specialised nursing care needs are identified and managed by appropriately qualified staff.

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

Nursing staff refer care recipients to appropriate health specialists in accordance with their needs and preferences. A multidisciplinary team including the general practitioner contributes to each care recipient’s assessments and identifies the need for input from other health professionals. Nursing staff refer care recipients to internal and external health professionals including a dietician, speech pathologist, mental health services, physiotherapist and occupational therapist. Registered nurses access the information from other health professionals and update care recipients’ care plans and medication regimes as directed. A podiatrist visits the home on a regular basis to attend the care recipients’ foot care needs.

Care recipients reported they are satisfied with their access to other health professionals.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has established policies and procedures to ensure care recipients’ medications are managed safely and correctly. Medication competent staff assist care recipients with their medications using a multi-dose sachet administration system as per the general practitioner’s instructions. The home has processes to access medications after hours. Care recipients who wish to self-medicate are assessed by the registered nurse and general practitioner, and staff ensure care recipients’ medications are stored securely. An accredited pharmacist reviews care recipients’ medications on a regular basis, and this information is made available to the general practitioner for their consideration. Medication

audits are undertaken on a regular basis and actioned accordingly. Medication incidents are reported, actioned and analysed monthly to identify any trends. Care recipients reported they are satisfied their 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

Registered nurses assess each care recipient’s pain management needs on moving into the home and on an ongoing basis. The home uses a multidisciplinary approach to manage care recipients’ pain including the general practitioner and other allied health professionals.

Specific pain assessment tools in the identification of pain include verbal and non-verbal descriptors for care recipients with a speech or cognitive deficit. Care recipients’ care plans include strategies to manage their pain. In addition to pain management medications, alternative therapies are used including heat/cold packs, gentle massage, exercise and TENS machine (transcutaneous electronic nerve stimulation). Staff reported they refer to the registered nurse if pain management strategies are not effective. Care recipients reported they are satisfied their pain is being managed effectively.

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

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients are maintained in accordance with their needs and preferences. Care recipients and/or their representative are encouraged to complete an advanced care plan form shortly after moving into the home or at any time during their residency. When required, the registered nurses develop a specific palliative care pathway to guide staff in the care, comfort and pain management of the care recipient during the terminal phase. The home provides support and pastoral care to care recipients and their families during the palliative phase, and staff access external palliative care services when required. Care recipients reported they feel confident, when the time arises, staff will manage their palliative care competently including 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

Registered nurses assess each care recipient’s nutrition and hydration status on moving into the home and on a regular basis. Care recipients’ cultural needs, allergies, likes,

dislikes, preferences and special dietary requirements are identified and communicated to the staff. Care recipients are weighed on moving into the home and on a monthly basis thereafter, unless otherwise directed by the registered nurse, dietician or general practitioner. Nutritional supplements are provided for care recipients identified as having unexplained weight loss and referred to the dietician if further weight loss occurs. Texture modified meals and drinks are provided for care recipients identified as having swallowing difficulties. Care recipients reported they discuss and approve the menu on a weekly basis with the hospitality supervisor and are happy they receive adequate nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure staff identify and respond to care recipients’ skin integrity and associated health risks on moving into the home. The registered nurse implements appropriate treatments and interventions where they identify a care recipient has the potential for altered skin integrity. A range of equipment is available including pressure and air mattresses, pressure cushions, protective bandaging and the regular application of emollient creams. Staff report incidents of care recipients’ altered skin integrity, and the registered nurse commences a wound assessment, treatment plan and regularly reviews the wound. Nursing staff access external wound care specialists if required. Staff reported they monitor care recipients’ skin integrity during personal care and report any concerns to the registered nurse. Care recipients reported they are satisfied their skin integrity is managed and maintained appropriately.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has processes to identify, monitor and manage care recipients’ continence needs effectively on moving into the home and on an ongoing basis. A variety of methods is used to assist care recipients to maintain their continence needs including appropriate equipment, scheduled toileting and suitable continence aids. Staff monitor care recipients’ bowel elimination and record interventions for effectiveness. Infections are monitored via the organisation’s dashboard, analysed monthly to identify any trends and staff implement further strategies as directed by the registered nurse. Staff reported they have appropriate time, training, education and supplies to assist care recipients to maintain their continence needs. Care recipients reported they are satisfied their continence needs are managed effectively.

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 moving into the home, an assessment of each care recipient’s behaviours is undertaken to identify possible triggers for challenging behaviours. Care plans provide strategies to manage care recipients who display challenging behaviours. Staff consult with the general practitioner, refer care recipients to mental health services as required and recommendations are included in the care recipient’s care plan. Staff attend training on dementia and how to manage challenging behaviours and described ways they meet the needs of care recipients displaying challenging behaviours. Care recipients reported they are satisfied the needs of care recipients with challenging behaviours 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

Care recipients are assessed for their mobility, dexterity and falls risk on moving into the home by the registered nurse, physiotherapist and occupational therapist. Care recipients are encouraged to maintain their mobility and dexterity by participating in individual and group walking and exercise programs. Appropriate seating and other aids are available to assist care recipients with their mobility, and modified crockery and cutlery are available to maintain independence with meals and drinks. Staff report, document and respond to care recipient falls at the time of the incident, and falls are analysed monthly to identify any trends. Care recipients reported they are satisfied with the assistance provided by the home to maintain optimum levels of mobility and dexterity.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Care recipients’ oral and dental health is assessed on moving into the home and on an ongoing basis. Care plans identify the amount of assistance each care recipient requires to maintain their oral and dental health. Care recipients are offered the opportunity of seeing the Government dentist annually or, if preferred a dentist of their choice. Care recipients’ oral and dental equipment is changed on a regular basis. Staff described ways they assist care recipients maintain their oral and dental hygiene. Care recipients reported they are satisfied with the assistance provided by staff 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

On moving into the home, qualified staff undertake an assessment to identify each care recipient’s sensory losses in all five senses and annually thereafter. Care plans identify strategies to manage each care recipient’s sensory losses and maximise their independence and participation during activities of daily living. The home’s lifestyle program includes sensory, tactile and auditory activities to stimulate the senses including meal preparation, cooking, craft, sing-a-longs and gardening. Staff described ways they assist care recipients to manage their sensory losses. Care recipients reported they are satisfied with the assistance provided by staff 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

The home has processes to ensure care recipients are able to achieve natural sleep patterns. On moving into the home, each care recipient undergoes a sleep assessment to identify preferred rising and settling times, nightly rituals and sleep disturbances. Staff record interventions to assist care recipients to sleep including a warm drink or snack, toileting, extra blankets, reassurance, pain relief or, if prescribed, night sedation. Care recipients reported they are satisfied they are able to achieve natural sleep patterns.

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, meetings, surveys and feedback forms are used to gather suggestions and information. Staff contribute to improvements for care recipients’ lifestyle through suggestions and training. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of improvements initiated by the home over the last 12 months in relation to Standard 3 – Care recipient lifestyle are described below.

- Staff noted a care recipient required further stimulation and more one-on-one contact. A project to suit needs was developed in conjunction with the local tertiary institution. The care recipient mentored and educated a sight impaired student through a digital story book they were involved in. The care recipient and student enjoyed the experience and it was considered to be such a success the media project will continue to be offered at TAFE.
- In keeping with enhancing care recipient lifestyle experiences and meeting care recipients’ needs, the home has purchased virtual reality goggles. Care recipients who can no longer travel reported they enjoy the wild life and other features provided through this device and feel they are really engaged in the particular activity.

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

Care recipients are informed about their rights and responsibilities in information provided to them when they move into the home and are given updates of any changes when they occur. The home provides each care recipient with a residential agreement outlining fees, level of care, and services and tenure arrangements. There are policies and procedures for the compulsory reporting of care recipient assaults and unexplained absences. Staff

are informed of changes in legislation relevant to care recipient lifestyle through training, memoranda and meetings.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. 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 related to Standard 3 – Care recipient lifestyle are listed below.

- Care companion training
- Compulsory reporting and management of unexplained absences
- Dementia
- How to engage people in small house activities.

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

Prior to moving into the home care recipients and their representatives are invited to have a meal at the home. Care recipients or their representatives are provided with an information pack that includes an information handbook and the care recipient agreement. Care recipients' needs and preferences are discussed with the care recipient and their family, and care recipients are orientated to their room, surroundings and introduced to other care recipients and staff on moving into the home. Staff monitor and support care recipients, and the occupational therapist assesses each care recipient's emotional and social needs. Care plans include the holistic requirements of each care recipient including social and emotional well-being. Care recipients are encouraged to personalise their rooms with furniture, pictures and mementos from home, and family and friends are encouraged to visit regularly. Staff described ways they support care recipients and report any concerns to the registered nurse or pastoral care officer. Care recipients reported they are satisfied with the initial and ongoing emotional support provided by staff.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home has processes to ensure regular assessment of care recipients' needs to maintain and maximise their independence. On moving into the home, the occupational therapist undertakes assessments to identify each care recipient's level of cognition and ability to participate in activities of daily living. Care plans consider the sensory, physical and cognitive ability when promoting care recipients' independence. Staff encourage care recipients to participate in the running of the home, as well as participating in activities within and outside of the home and assist care recipients to do so. Care recipients have access to the telephone and internet. Staff described ways they assist care recipients to maintain their independence and participate in activities of daily living. Care recipients reported they enjoy the autonomy they have within and outside of the home, and are encouraged and supported by staff to maintain friendships and participate in the life of the community within and outside of the home.

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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Care recipients' confidential information is stored securely and accessed by authorised personnel only. Care recipients are accommodated in single rooms with an ensuite bathroom and there is access to small lounges and gardens for privacy. Staff sign a confidentiality statement on commencement of employment. Staff refer to care recipients by their preferred name and were observed interacting with care recipients in a respectful manner. Staff described ways they maintain care recipients' privacy, dignity and confidentiality. Care recipients reported they are satisfied their privacy, dignity and confidentiality are recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients are encouraged and supported to participate in a wide range of interests and activities. On moving into the home, therapy staff gather information from each care recipient about their personal life to identify people and days of significance, past, current and possible new interests as well as how much

they would like to participate in the running of the home. The lifestyle options program provides a variety of activities including gardening, meal planning, food preparation and cooking, as well as other fine and gross motor, sensory and cognitive activities. Special events and social outings are incorporated into the lifestyle program and care recipients are encouraged to provide regular feedback via surveys, care recipient/representative meetings and the home's feedback processes. Staff reported they encourage and assist care recipients to attend and participate in activities and care recipient refusal to participate in activities is respected. Care recipients reported they are satisfied with the range of activities and assistance provided by staff to attend and participate in activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

On moving into the home, staff identify each care recipient's individual interests, customs, beliefs and cultural and ethnic backgrounds, and this information is included in their care plan. Care recipients have access to visiting religious personnel, community visitors and volunteers, and staff access additional multicultural information when required. Culturally significant days are celebrated including ANZAC Day, Remembrance Day, Christmas Day and Easter, as well as other days of significance to the care recipients. Care recipients reported they are satisfied their individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

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 support care recipients' individual choices and decisions. Care recipient/representative meetings, surveys, care plan consultation and the home's continuous improvement program provide opportunities for feedback and participation in the care and services care recipients receive. Staff reported ways they assist and support care recipients with their choice and decision making including meal planning and preparation, time to attend to personal care and activities they would like to participate in. Care recipients reported they are satisfied with the support provided by staff to enable them to make choices and decisions.

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. Care recipients and their representatives are provided with information that includes the care recipient agreement prior to moving into the home. The agreement outlines the security of tenure, fees and charges, external complaints and advocacy processes, and the Charter of care recipients' rights and responsibilities. Care recipients, representatives and other interested parties have access to external complaints and advocacy information, and there are processes to maintain anonymity and confidentiality. Care recipients and/or representatives are able to access administration/guardianship if required. Care recipients reported they are satisfied they have secure tenure within the home and understand their rights and responsibilities.

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 improvements for information about the home’s continuous improvement systems and processes.

In relation to Standard 4 – Physical environment and safe systems, staff conduct environmental audits and collect information in relation to hazards and incidents to identify trends. Surveys and feedback systems are used to measure and review the living environment and ensure safety of care recipients, staff and others. Care recipients and staff are satisfied management actively works to improve the home’s physical environment.

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

- It was identified several of the organisation’s other homes utilise safety pendants. A business case was approved to introduce pendants to the home. Management reported greatly improved response times, and care recipients interviewed related how previously if they fell and were not near the call bell some time could elapse before they were found. Care recipients interviewed said they feel safer knowing they have individual easy access to obtain assistance in time of emergency.
- It was identified the uptake of influenza vaccinations by staff were not as high as the home would like. Management reported this was due to various factors including access to the general practitioner. Management decided to train a registered nurse who administered the vaccinations this year. There has been a twenty per cent uptake in staff coverage as the registered nurse is on site and was able to follow up staff that missed the scheduled vaccination day.

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

Internal and external representatives and statutory bodies inspect and audit the workplace including the building, fire emergency preparedness and the catering environment.

Management acts on hazard alerts and recommendations as required. Safety data information is available as well as spills kits, infection outbreak resources and personal protective equipment for staff use. The home has infection control, catering and occupational safety programs to provide staff guidance and comply with legislative 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

Management and staff have appropriate knowledge and skills to perform their roles effectively. See expected outcome 1.3 Education and staff development for further information.

Examples of education and training related to Standard 4 – Physical environment and safe systems are listed below.

- Chemical safety
- Emergency and fire procedures
- Food handling
- Infection control
- Manual handling
- Occupational safety and health.

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 recipients' care needs. Care recipients' accommodation is equipped to assist care recipients with independence, comfort, privacy and security. The home is split into four houses and management and staff have made the areas conducive to small group living. Care recipients have access to communal areas for social interactions and activities. Environmental audits and inspections are performed and actioned by relevant staff. There are operational maintenance, cleaning and hazard management programs, and systems are reviewed at an organisational level through regular occupational safety and health meetings. Care recipients reported the home is safe and comfortable, has a home-like living environment and is suitable for their needs.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There are systems and processes to provide a safe working environment, in consideration of occupational health and safety responsibilities. An occupational health and safety manager, management, workplace safety and maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms and workplace safety inspections. Management meets regularly to review incidents and hazards as well as staff practices, environmental and equipment issues. The organisation monitors the reviews of all incidents and safety matters, and communication with staff occurs via email, meeting minutes and memoranda. Management implements improvement projects or remedial action plans as required in response to staff accidents, safety and infection control issues. There is secure storage for chemicals with safety data sheets available. Staff reported they are aware of safety management processes through training and meetings, and management is active in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Approved professionals carry out regular

testing of the fire detection systems, containment, fire-fighting equipment and exit lighting. Staff attend mandatory fire and safety training on employment and annually, and fire response and evacuation drills take place. Fire and emergency procedure manuals and fire-fighting equipment are readily available throughout the home. Staff described the home's security systems and emergency procedures and reported there are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Care recipients, visitors and contractors sign in and out to enhance safety practices. Care recipients and staff articulated the process should a fire alarm sound.

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. The clinical nurse manager holds the infection control portfolio. Guidelines, outbreak and spill kits are available to assist staff.

Collation and analysis of infection data occurs, and trends are monitored to guide actions to reduce infections. Signage, personal protective equipment, and hand sanitizers are readily available to assist, reduce and respond to infection risk. Influenza vaccination is offered to staff and care recipients. Staff undertake mandatory infection control training. Staff interviewed were knowledgeable about standard and additional precautions. Care recipients reported satisfaction with the home's infection control program.

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

There are systems and processes for catering, cleaning and laundry services which take into account legislative requirements. Care companions are trained to undertake the tasks within each of the four houses in the home. Care recipients meet weekly with the hospitality supervisor to choose their meals, which are also considered with input from a dietician.

Meals are cooked freshly each day in the houses and care recipients may assist with cooking and food preparation tasks if they wish. Care recipients and staff are satisfied with hospitality services, and particularly with the food which they reported had improved enormously.