



Australian Government

Australian Aged Care Quality Agency

Joseph Banks Aged Care Facility

RACS ID 7106
58 Canna Drive
CANNING VALE WA 6155

Approved provider: Retirees WA (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 03 July 2019.

We made our decision on 04 May 2016.

The audit was conducted on 05 April 2016 to 06 April 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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Joseph Banks Aged Care Facility 7106

Approved provider: Retirees WA (Inc)

Introduction

This is the report of a re-accreditation audit from 05 April 2016 to 06 April 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 05 April 2016 to 06 April 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:	Renee Sweet
Team member:	Philippa Wharton

Approved provider details

Approved provider:	Retirees WA (Inc)
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Details of home

Name of home:	Joseph Banks Aged Care Facility
RACS ID:	7106

Total number of allocated places:	82
Number of care recipients during audit:	81
Number of care recipients receiving high care during audit:	63
Special needs catered for:	Nil specified

Street:	58 Canna Drive
City:	CANNING VALE
State:	WA
Postcode:	6155
Phone number:	08 9251 5400
Facsimile:	08 9251 5499
E-mail address:	josephbanks@retireeswa.com.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Clinical nurse manager	1
Care staff	7
Hospitality staff	5
Maintenance staff	1
Care recipients/representatives	10
Nurses	3
Therapy staff	4
Administration staff	2

Sampled documents

Category	Number
Care recipient files, care plans and assessments	9
Care recipient accommodation agreements	8
Medication charts	8
Personnel files	6

Other documents reviewed

The team also reviewed:

- Activity program
- Audits and surveys, including analyses and evaluations
- Care recipients' information handbook and information pack
- Clinical indicators and analyses
- Comments and complaints file
- Continuous improvement plan
- Duty statements, job descriptions and staff employment pack
- Emergency management plan

- Essential and preventative maintenance schedules, and electrical tagging records
- External food safety audit, food safety assessment record, food safety program and refrigerator and food temperature monitoring records
- Handover folder
- Incident and accident reports, summaries and graphs
- Lifestyle and therapy statistics
- Memoranda folder, meeting minutes and newsletters
- Menus, dietary forms and dietician menu reviews
- Police certificate and professional registration matrix
- Policies and procedures
- Self-medication competency for care recipients
- Toolbox training documentation
- Training and education file
- Weight monitoring file.

Observations

The team observed the following:

- Activities in progress
- Daily and weekly menus displayed
- Emergency evacuation maps appropriately placed and access to firefighting equipment
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Meals service in progress
- Mobility aids and transfer equipment
- Noticeboards, brochure displays and Internal and external complaints information
- Safety data sheets
- Short group observation of an activity in dining room
- Staff administering medication and storage 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

The home has systems and processes that demonstrate it actively pursues continuous improvement across the four Accreditation Standards. The facility manager oversees the continuous improvement plan and improvement opportunities are identified through a number of forums including comments and complaints forms, audits and surveys, hazard and incidents, and various meetings. Improvement opportunities identified are added to the continuous improvement plan, are monitored and evaluated by the facility manager and are discussed and reviewed at quality meetings. Continuous improvement is discussed at meetings and the management team monitors improvement implemented within the home.

Staff gave examples of recently completed improvements that have assisted them in their roles.

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

- The management team identified the need to improve the way the home communicates changes to policies and procedures. The home continues to use memoranda, staff meetings and handovers to discuss changes to policies. However, the home now has a monthly change sheet placed at the front of the policies and procedures manual which highlights the documents that have changed and prompts staff to review those policies. Staff interviewed reported they are satisfied with the communication in the home and they are informed of policy changes through a number of forums.
- Management received a suggestion from a staff member in relation to updating the care recipients' manual beds to electric operated beds. As a result, the home purchased the new beds and began the process of changing care recipients' beds over and providing education to the care recipients and staff in using the new beds. Management reported the last of the care recipients' beds have just recently been switched over. The new beds allow staff and care recipients to easily reposition the beds as required. Since implementation the home has seen a reduction in manual handling injuries and care recipients reported satisfaction with the new beds.

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 relevant legislation, regulatory requirements and professional standards and guidelines. Professional and peak bodies provide updates of regulatory and legislative changes to the management team.

Management inform stakeholders of changes at meetings and training sessions, and via memoranda, newsletters and notices. Staff, volunteers and contractors are required to have current police certificates and staff sign a statutory declaration on commencement of employment. The administration manager maintains police certificates, professional registrations and visa registers, and staff are notified when renewals are due. Staff confirmed knowledge of regulatory compliance requirements and information related to regulatory compliance is displayed on noticeboards and discussed at meetings.

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 the appropriate knowledge and skills to perform their roles effectively. New employees receive an onsite induction, attend mandatory training and education sessions, and complete buddy shifts to ensure they are competent to perform their roles. An annual calendar identifies mandatory and other education sessions which are scheduled on a regular basis. Topics scheduled are reactive to care recipients’ needs, staff feedback and data analysis. Staff skills are appropriately maintained through competency assessments. Staff advised they are satisfied with the education sessions offered to them.

Care recipients and representatives reported staff are knowledgeable and skilled to perform their roles effectively.

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

- Continuous improvement
- Documentation writing
- Workers compensation.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and representatives receive information regarding the internal and external comments and complaints process through care recipient handbooks, agreements, brochures and meetings. Feedback forms and secure boxes are available in the home to ensure confidentially and anonymity. Care recipients and representatives discuss complaints and suggestions at care recipient meetings, case conferences or directly with the management or clinical team. Management works with the complainant to facilitate a resolution and reviews the effectiveness of the comments and complaints process via monitoring mechanisms. Complaints and suggestions flow into the home's continuous improvement plan, as required. Staff advocate on behalf of care recipients and receive information about the comments and complaints process during induction. Care recipients and representatives reported they are satisfied with their access to complaints processes.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, values and philosophy statement is displayed in foyer of the home. Staff, care recipients and other stakeholder information packs, brochures and contracts consistently document these statements, including the home's commitment to providing quality services throughout the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to manage human resources that include recruitment and orientation programs, and staff training and development opportunities. Management reviews and adjusts the rosters in response to care recipients' needs, operational requirements, audit results and feedback from staff. The administration manager and other senior staff manage unplanned leave through casual and temporary staff. Professional registrations and police certificates are kept on file and are monitored electronically. Management monitors staff performance via feedback mechanisms, performance appraisals, supervision and observation. Staff reported they have opportunities for professional development, and have sufficient time to carry out

their tasks. Care recipients and representatives reported they are satisfied with the adequacy of staff skills and responsiveness.

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 maintains adequate stocks of appropriate goods and equipment to ensure quality service delivery. Designated staff are responsible for stock control, rotation and purchasing of goods and equipment. New orders are based on current usage and are reviewed to ensure adequate stock levels are maintained. Preventative and corrective maintenance programs ensure equipment is maintained and replaced as needed. Goods and equipment are reviewed to ensure suitability for care recipients' ongoing care needs. Staff reported they are provided with training in relation to goods and equipment to ensure safe usage and are satisfied with the levels of goods and equipment available in the home. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment in the home.

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 ensuring information is managed, delivered and stored appropriately. The home conducts regular audits and surveys in clinical and non-clinical areas which are analysed and discussed at relevant meetings. The home's policies and procedures are available in hard copy and are updated as required. Computers are available for staff to utilise, are password protected and are regularly backed up. Paper based records are stored securely, and there are procedures to ensure information is appropriately archived and destroyed. A meeting structure, noticeboards, memoranda and handovers promote information dissemination throughout the home. Staff advised they have access to duty lists, policies and procedures, and up-to-date care plans to guide them in their roles. Care recipients and representatives reported satisfaction with their access to information in relation to care recipients' care needs, general activities and events occurring in the home.

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

There are processes to ensure externally sourced services are provided in a way that meets the home's quality needs and requirements. The administration team manages the supplier register which includes service agreements, criminal record checks and contact details.

External contractors are orientated to the site, and management stated contractor performance is monitored by the home on an ongoing basis via observations and feedback mechanisms, and is formally reviewed at the time of contract renewal. Staff, care recipients and representatives reported they are satisfied with externally sources services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

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

- The clinical team identified the home could improve the assessment process in the home. As a result, the home has implemented an admission assessment planner which guides registered nurses through the initial assessment process for each care recipient. The clinical nurse manager oversees the assessment process and supports the nursing staff ensuring each care recipient's clinical needs are met. Staff interviewed reported satisfaction with the new assessment process.
- Feedback was received from staff in relation to updating the care plans currently used in the home. The home was previously using handwritten care plans which, when changes occurred, could be quite time consuming to update. After investigation and consultation with staff, the home commenced using printed electronic care plans in October 2015. Staff reported the new care plan document is easier to follow, captures more comprehensive care information and has streamlined the process when making changes or updates.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulations, professional standards and guidelines. A monitoring system is used to ensure professional staff maintain current registrations. The registered nurses carry out initial and ongoing assessments of care recipients, and direct and supervise the care recipients' care.

Processes are established to ensure unexplained absences of care recipients are reported in accordance with legislative requirements. Care recipients and representatives reported care recipients receive care and services 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

Management and staff have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development process.

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

- Call bell response requirements
- Dementia and behaviours
- Diabetes
- Falls prevention
- Medication management
- Palliative care
- Wound care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

When care recipients move into the home, registered nursing staff use appropriate assessment tools to assess their clinical care needs. Relevant staff develop care plans in consultation with care recipients and representatives that guide staff in the delivery of care recipients’ individual care requirements. Care plans are reviewed on a six-monthly or as required basis, and case conferences are available. General practitioners and relevant allied health practitioners regularly review care recipients’ care needs. Clinical incidents are reported, actioned and analysed to identify risks, trends, opportunities for improvement and the need for staff education. The clinical team provides competency training and education to ensure staff are competent in the delivery of care. Care recipients and representatives reported staff consult them about care recipients’ clinical care and expressed satisfaction with the care received.

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 plan and direct the implementation of actions to meet care recipients’ specialised nursing care needs. Complex health care plans include information and directives from medical and allied health practitioners. Staff initiate internal referrals to the allied health team when a care recipient’s health status changes. The home provides specialised nursing care to care recipients who require wound care, oxygen therapy and catheter care management. Registered nurses are on site each shift to provide nursing care, and the monitoring of specialised nursing care occurs through care plan review, internal audits and feedback from care recipients and representatives. Care recipients and representatives stated care recipients receive specialised nursing care according to their needs and preferences.

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

Relevant staff refer care recipients to health specialists in accordance with their needs and preferences. A multidisciplinary team with the involvement of the general practitioner contributes to care recipients’ assessments and identifies the need for review by other health specialists. Staff refer care recipients when further specialist input is required to the physiotherapist, psychologist, occupational therapist, dietician, speech pathologist and other medical specialists. A podiatrist visits the home regularly and attends to the needs of care recipients. Nursing staff access information and recommendations resulting from specialist reviews, and implement changes to care recipients’ care or medication. Care recipients and representatives stated they are satisfied with care recipients’ access to specialist health services.

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

Medication-competent staff administer care recipients’ medications via an electronic medication management and administration system. Hard copy medication profiles contain identification and clear information pertaining to prescription instructions for medication.

General practitioners regularly review care recipients’ medications. There is an assessment and monitoring system for care recipients who wish to self-medicate, and the general practitioner signs an authority for these care recipients. Medications are stored securely in the care recipients’ rooms, and in locked cupboards in the treatment rooms. Policies and

procedures guide staff on the correct storage, disposal and administration of medications. Monthly analysis of medication incidents identifies areas for improvement. Care recipients and representatives stated they are satisfied care recipients' medications are administered and 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

Clinical staff assess care recipients' pain management needs when they move into the home and on an ongoing basis. A multidisciplinary approach to manage care recipients' pain includes the general practitioner, registered nurses and allied health staff. Specific pain assessment tools are used to assist in the identification of care recipients' pain including verbal and non-verbal descriptions that identify signs of pain in care recipients with a cognitive or speech deficit. Care recipients' care plans contain strategies to alleviate their pain. In addition to pain relieving medication, the use of alternative methods include heat packs, massage therapy, exercise and repositioning. Pain management education has recently been included as part of mandatory training for all staff. Staff reported they refer to the registered nurse when pain relief strategies are not effective or care recipients report a new pain. Care recipients and representatives stated staff manage care recipients' pain 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. When care recipients move into the home, or thereafter as preferred, discussion occurs with the care recipient and their family on treatment decisions for the future and end of life planning. When necessary, nursing staff review the care recipient's palliative care plan, and implement strategies to manage their care needs such as pain relief and personal care. Information regarding palliative care is displayed at the home, and support is available through the general practitioner and local palliative care services. Care recipients have access to a spiritual advisor of their choice, and staff provide care recipients and their families with support during the palliative period. Staff reported families have been appreciative of the care and provision of services the home provides.

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

Assessment of care recipients’ needs in relation to nutrition and hydration occurs when they move into the home and on an ongoing basis. Care recipients’ meal preferences, special needs, allergies and cultural requirements are documented and communicated to relevant staff. Recording of care recipients’ weights occurs during the initial assessment period, monthly thereafter or more frequently if required. Nursing staff and the dietician note variations and determine appropriate interventions and, if necessary, care recipients receive nutritional supplements. Referral to the speech pathologist takes place for care recipients identified as being at risk. Meals and fluids with altered texture and consistency are available, and the occupational therapist assesses care recipients’ needs for modified cutlery and crockery. Staff reported they assist care recipients with their meals and drinks. Care recipients and representatives stated they are satisfied staff are meeting care recipients’ nutrition and hydration needs.

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

Nursing staff assess care recipients’ skin integrity, including a pressure injury risk assessment, when they move into the home. Care plans contain strategies and interventions for care staff to follow and maintain care recipients’ skin integrity, hair and nails. Care recipients who require wound management have individual wound assessment care plans to ensure continuity of care and ongoing monitoring. Nursing staff liaise with general practitioners and external wound care specialists if care recipients require complex wound care. Strategies to prevent skin breakdown and maintain integrity include the application of barrier creams and emollients, protective devices, repositioning and pressure-relieving equipment. Care staff reported they inform nursing staff of any changes in care recipients’ skin integrity. Care recipients and representatives reported care recipients are satisfied with their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Assessment of care recipients’ continence needs occurs when they move into the home, and care plans are developed and reviewed six monthly or as required. Care recipients receive assistance to manage their continence through a range of measures, including scheduled toileting programs and the use of suitable continence aids. Staff record changes in regard to care recipients’ continence needs and document the effectiveness of any interventions undertaken. Monitoring of care recipients’ urinary tract infections occurs through a process of

infection control surveillance, and staff implement strategies as necessary. A continence specialist is available to provide support to staff in relation to appropriate continence aids.

Staff reported they have sufficient supplies and training to enable them to manage care recipients' continence needs. Care recipients and representatives reported staff are effective in meeting care recipients' continence needs.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Assessment of care recipients' behaviours occurs when they move into the home. Individual care plans identify interventions to assist in minimising or preventing challenging behaviours. Staff consult with the general practitioner and refer to specialist services and staff implement recommended behaviour management strategies. A special 'sundowner' program occurs in the afternoons to support care recipients who are identified as requiring additional support.

There are policies and procedures to minimise and monitor the use of restraint, which includes a process for authorisation and review. Staff reported on strategies they use to manage the needs of care recipients with challenging behaviours. Care recipients and representatives stated the behaviours of others generally do not adversely affect care recipients.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

When care recipients move into the home, nursing staff and the physiotherapist assess each care recipient's level of mobility, dexterity and falls risk. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home's physiotherapy and activity programs, including group programs and physical activities to improve independent movement. Appropriate seating and other aids are available to assist mobility and maintain care recipients' independence. An incident reporting system includes analysis of incidents to identify trends and implement strategies to reduce care recipient falls. Care recipients and representatives reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Nurses assess and evaluate care recipients' oral and dental health care needs when they move into the home, annually and as required. Care plans identify the assistance care

recipients require to maintain their oral and dental hygiene, including assisting them to clean their teeth or dentures. Staff assist care recipients to access their own preferred dentist, and a domiciliary dentist is available to visit care recipients at the home. Staff reported they assist care recipients to undertake oral care and there is a process to ensure they have appropriate oral health equipment and products. Care recipients reported they are satisfied with their oral and dental care.

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

Nursing, allied health and lifestyle staff assess care recipients’ sensory losses when they move into the home and as required. Care plans include strategies to manage care recipients’ sensory losses and to maximise each care recipient’s independence and interaction in activities of daily living. Sensory stimulation is formally provided through the lifestyle program and may include gentle hand massage, and sensory stimulation equipment such as blanket and robotic cat. Care recipients are referred to allied health professionals, including the optometrist and audiologist. Environmental improvements have occurred at the home to ensure updated lighting optimises care recipients’ independence. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage their sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients’ settling routines are recorded when they move into the home and their sleep patterns are assessed. Care recipients’ care plans include individual sleep programs to assist them to sleep, including the choice of time to retire, rise and nap. Strategies to promote sleep include pain relief, medication management and ensuring a quiet and peaceful environment. Staff evaluate disturbed sleep patterns for intervention in consultation with the care recipient’s general practitioner. Staff reported they assist care recipients to settle at night by repositioning, and the offer of snacks and drinks. Care recipients and representatives reported they are satisfied with the way staff assist care recipients to achieve a 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.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. Staff also contribute to improvements to care recipient lifestyle through surveys, training and networking. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of recent improvements undertaken or in progress in relation to Standard 3 – Care recipient lifestyle are described below:

- The home identified through a review of behaviour incidents an increase of behaviour events in the late afternoon. As a result, the home introduced a ‘sundowner’ program which currently runs four days per week in the afternoons. The activities are designed for care recipients with dementia and are interactive and meaningful. Staff reported, and documentation confirmed, a reduction in behaviours since the program has been implemented. Observations confirmed the sundowner activity to be interactive and care recipients responding positively.
- As a result of a suggestion from staff, the home decided to celebrate Chinese New Year by having ‘take away’ Chinese food. The therapy and kitchen staff worked together and created their own restaurant. The dining room was decorated brightly and the food was served in take away containers. Staff advised the care recipients reported how much they enjoyed the event. The therapy and kitchen staff are working together to incorporate these events into the activity program on a regular basis. Care recipients and representatives interviewed reported satisfaction with the activity program in the home.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management inform staff of changes relevant to care recipient lifestyle through training, memoranda and meetings. All staff sign an employment contract at commencement that includes a confidentiality clause and code of conduct agreement. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management of elder abuse. Care recipients and representatives reported they are aware of their rights and responsibilities.

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. For details regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Examples of education and training related to Standard 3 – Care recipient lifestyle are listed below:

- Elder abuse
- Physio chi
- Privacy and dignity.

3.4 Emotional support

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

Team’s findings

The home meets this expected outcome

Prior to moving into the home care recipients and their representatives receive information about the home and services offered. A dedicated staff member coordinates the admission process and is the point of contact for care recipients and representatives. Each new care recipient is given a tour of the home and an introduction to other care recipients. Staff monitor and support each new care recipient, and assess their emotional and social needs. Lifestyle care plans incorporate information relating to the holistic requirements of the care recipient including emotional and social wellbeing. Care recipients are encouraged to personalise their

rooms, to join in activities at the home and in the community, and families are encouraged to visit as often as possible. Care recipients and representatives reported they are satisfied care recipients' emotional needs are supported by staff at the home.

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

Assessment of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they move into the home. Care plans identify the support care recipients require to be as independent as possible, maintain friendships and participate in the life of the community. The occupational therapist and physiotherapist provide specific equipment to maintain care recipients' independence. Care recipients are encouraged to maintain friendships and regular social outings are organised. Care recipients and representatives stated staff and volunteers provide care recipients with assistance to maintain their 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and only accessed by authorised personnel. Staff approach and interact with care recipients in a respectful manner. Care recipients and their representatives have access to activity rooms, lounge rooms and shared spaces in the home. Staff reported how they maintain care recipients' privacy and dignity and are aware of the confidentiality of care recipient information. Staff attend training on privacy and dignity, and this is reflected in the policies, procedures and the staff handbook. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality are maintained 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

Care recipients are encouraged and supported to maintain their interests and activities when they move into the home. Relevant staff use identified interests to develop individual therapy care plans and the home's activity program. The program is available five days a week including late afternoon and includes a range of cognitive, physical, sensory, men's and social group activities. Staff incorporate special events and outings into the program, and families,

friends and volunteers join in special events. Therapy and lifestyle staff evaluate care recipients' participation and enjoyment of the activities they attend. Care recipients and representatives provide feedback on the program via suggestions, meetings and surveys.

Care recipients and representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

When care recipients move into the home staff identify individual interests, customs, beliefs and preferences relating to care recipients' cultural and spiritual life, and include this information in the development of their care plans. Members of mainstream religious organisations conduct services and personal visits for care recipients in the home for those who wish to attend. Management organises community ethnic visitors and cultural specific activities as required. Relevant staff provide care recipients with their cultural dietary preferences as required. Care recipients and representatives stated staff respect care recipients' customs, beliefs and culture.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients' individual choices and decisions. There are processes to assess care recipients' individual needs, preferences and wishes across all areas of care and service delivery. Care recipient meetings and regular care conferences provide opportunities for care recipients and representatives to participate in decisions about the services care recipients receive. Staff reported strategies for supporting care recipients' individual preferences, including their choice of meals, participation in activities and refusal of care. Care recipients and representatives reported staff support care recipients to make choices in all aspects of their daily life.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home, and understand their rights and responsibilities. Management offers a residential and

accommodation agreement to care recipients or their representatives on moving into the home. The agreement outlines security of tenure, internal and external complaint mechanisms, and care recipients' rights and responsibilities. Care recipients and representatives access external advocacy and guardianship/administration as required, and brochures are available throughout the home. Staff attend education and training regarding care recipients' rights. Care recipients and representatives stated they are satisfied care recipients have security of tenure at the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

The home actively pursues continuous improvement. Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement process.

In relation to Standard 4 – Physical environment and safe systems, staff report incidents, accidents and hazards and these are collated and analysed monthly to identify any trends. Staff, care recipients and other interested parties are encouraged to provide feedback regarding the environment, and staff undertake mandatory training. Care recipients, representatives and staff reported the home is actively working to provide a safe and comfortable environment.

Examples of improvements undertaken or in progress in relation to Standard 4 – Physical environment and safe systems are described below:

- Management received feedback from staff, and a risk assessment identified the home could improve the emergency evacuation systems for the first floor of the building. The home’s previous evacuation process for the first floor was to use the fire doors and evacuate via the staircase, using slide sheets as required. In order to improve this process the home has built an emergency evacuation ramp from the first floor to the ground floor. Staff reported satisfaction with the new ramp and advised it has also been beneficial during power outages. Management advised they have received positive feedback from staff, care recipients and representatives.
- An audit identified wheelchairs were on occasion being left in corridors and in front of fire doors. In order to improve the safety of care recipients, staff and visitors, the home has created wheelchair bays for unused wheelchairs during activities and meal services. We observed during the visit these bays being used and the living environment was free from clutter. Staff reported they are now also able to locate wheelchairs in a timely manner. Care recipients and representatives reported satisfaction with the living environment.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

There are systems to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. All staff attend mandatory fire, emergency and safety training, and external contractors regularly service fire safety equipment. Infection control training is included in the mandatory training calendar. There are established mechanisms for reporting incidents, accidents and hazards. Chemicals are securely stored and safety data sheets are available. Staff explained the locations and use of personal protective equipment. External audits and inspections are undertaken to monitor compliance with food safety.

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. Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development process.

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

- Chemical training
- Fire safety
- Foodsafe training
- Infection control
- 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 a safe and comfortable environment consistent with care recipients’ care needs. The home has single rooms with ensuite, and staff encourage care recipients to

decorate their rooms with personalised items and mementos. The living environment is equipped to assist care recipients with independence, comfort, privacy and security. Allied health professionals conduct further assessments for care recipients identified at risk of falls, wandering and compromised skin integrity, and establish environmental and safety strategies to manage such risks. Care recipients have access to secluded lounge rooms, dining and communal garden areas. Management undertakes satisfaction surveys and environmental audits, and takes action in response to identified issues/suggestions or potential hazards.

Care recipients and representatives reported satisfaction with how the home ensures a private and comfortable living environment according to the care recipients' needs and preferences.

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 is actively working to provide a safe working environment that meets regulatory requirements. On commencement of employment staff are provided with a site orientation which includes occupational health and safety (OHS), chemical safety and manual handling. Hazards, incidents and accidents are reviewed and assessed by the manager and a trained safety representative, and discussed at relevant meetings. Staff receive OHS updates through training sessions, meetings, memoranda and noticeboards. Regular maintenance and staff training is provided on goods and equipment to ensure safe usage. Staff described processes for identifying and reporting hazards and incidents, and stated they feel their work environment is safe.

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 inspections and testing of the home's fire systems and equipment. The home displays evacuation maps and emergency evacuation procedures in strategic locations and maintains an updated care recipient evacuation kit. Firefighting equipment is available throughout the home and fire wardens receive specialised training. Staff advised they have received training in fire and emergencies. There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Care recipients, representatives and staff interviewed reported they know what to do in the event of an emergency and feel safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an established and effective infection control program. Staff are informed of current practices appropriate to their area of work at orientation and at mandatory education sessions. The home has current information to guide staff in managing infectious outbreaks, and staff are provided with appropriate personal protective equipment. Information on individual care recipient infections is collected monthly and shared with staff at meetings.

Measures contributing to the effectiveness of the infection control program include sanitising, cleaning and laundry processes, provision of hand washing facilities, foodsafe and vaccination programs. 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

Catering, cleaning and laundry services are provided to enhance the care recipients' quality of life and the staff working environment. Catering is provided through a central kitchen using a fresh cook approach, the chef is informed of care recipients' needs and preferences and is responsive to specific requests. Care recipients are offered choices of foods and drinks at meal times, and feedback and input from care recipients is gained through surveys, care recipient meetings and the food committee. The home has cleaning schedules to ensure care recipients' rooms are cleaned on a weekly and as required basis, and audits are regularly undertaken to confirm all areas are cleaned to the required standard. All personal laundry is completed on site, with processes for locating lost laundry. The quality of hospitality services is monitored via feedback, audits and surveys. Care recipients and representatives reported satisfaction with the hospitality services provided.