



Australian Government

Australian Aged Care Quality Agency

Leighton Nursing Home

RACS ID 7807
40 Florence Street
WEST PERTH WA 6005

Approved provider: Danvero Pty Ltd

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 30 November 2018.

We made our decision on 26 October 2015.

The audit was conducted on 29 September 2015 to 30 September 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Leighton Nursing Home 7807

Approved provider: Danvero Pty Ltd

Introduction

This is the report of a re-accreditation audit from 29 September 2015 to 30 September 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 29 September 2015 to 30 September 2015.

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

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

Assessment team

Team leader:	Ann-Marie Phegley
Team member:	Emma Roberts

Approved provider details

Approved provider:	Danvero Pty Ltd
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Details of home

Name of home:	Leighton Nursing Home
RACS ID:	7807

Total number of allocated places:	72
Number of care recipients during audit:	63
Number of care recipients receiving high care during audit:	63
Special needs catered for:	Nil specified

Street:	40 Florence Street
City:	WEST PERTH
State:	WA
Postcode:	6005
Phone number:	08 9328 9355
Facsimile:	08 9328 2867
E-mail address:	info@hallprior.com.au

Audit trail

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

Interviews

Category	Number
Director of Nursing	1
Deputy director of nursing	1
Clinical nurse manager	1
Clinical nurse specialist	1
Quality coordinator	1
Registered nurse	1
Physiotherapist	1
Occupational therapist	1
Therapy staff	3
Care staff	11
Director of operations	1
Administration assistant	1
Catering staff	1
Laundry staff	1
Cleaning staff	1
Maintenance	1
Care recipients/representatives	13

Sampled documents

Category	Number
Care recipient agreements	7
Care recipients' files and care plans	7
External supplier contracts	2
Medication charts	14
Personnel files	6

Other documents reviewed

The team also reviewed:

- Accident and incident reports and summaries
- Activities program and activity evaluation reports
- Agency/volunteer orientations and police checks
- Archive register
- Audit schedule and audit and survey reports
- Beverage lists and meal tray cards
- Blood glucose records
- Care planning and assessment review schedule
- Care recipient observations files
- Care recipient and relative information pack, including handbook
- Catering reports
- Cleaning schedules
- Communication books and diaries
- Complaints, compliments and suggestions register
- Contactor sign in book, site orientation documentation and information spreadsheet
- Continuous improvement plan and feedback forms
- Core training program agenda
- Duty statements and position descriptions
- Family conference register
- Fire and safety check lists
- Food and refrigerator temperature monitoring records
- Hip protector list
- Mandatory CEO report forms
- Medications of addiction register
- Meeting planner and meeting minutes

- Memoranda
- Menus, drinks list and care recipients nutritional information
- New employee pack, including information handbook
- Nourishing supplementary fluid lists
- Nutrition and hydration file
- Occupational therapy file
- Performance appraisal register
- Physiotherapy file and daily treatment lists
- Poisons permit
- Policies and procedures
- Reactive and preventative maintenance records
- Repositioning charts and signing sheets
- Restraint register
- Risk management files
- Rosters
- Safety data sheets
- Section workbooks and checklists
- Skin tear register
- Therapy statistics
- Training matrix, training attendance and evaluation records
- Visitor signing-in book
- Weight records
- Wound management files.

Observations

The team observed the following:

- Access to internal and external complaints mechanisms
- Activities in progress

- Archive storage
- Care recipients' general appearance
- Charter of care recipients' rights and responsibilities
- Chemical storage
- Cleaning equipment and cleaning in progress
- Clinical waste management
- Designated smoking area
- Emergency equipment and information, including signage
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Kitchen and food storage area
- Laundries and clean linen store
- Living environment and gardens, including access to call bells, mobility aids and telephones
- Lunch and morning tea services in progress
- Maintenance shed
- Medication storage and administration rounds in progress
- Notice boards and displayed vision, mission, philosophy, values
- Oxygen storage
- Pressure-relieving equipment
- Sensory trolley
- Short group observation in dining room
- Storage of therapy equipment.

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 a framework that assists management and staff to actively pursue continuous improvement. There are multiple methods for identifying areas of improvement including audits, clinical indicators and hazard and incident reports. Staff, care recipients and representatives contribute to the home's continuous improvement activities via meetings, surveys, improvement notices and verbal feedback to management. Information from these sources is logged, actioned and evaluated, and then transferred onto a plan for continuous improvement where appropriate. Care recipients and representatives reported satisfaction with management's responsiveness to feedback.

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

- The organisation has commenced a new clinical staffing structure in response to difficulties recruiting registered nurses, and to give established staff professional development opportunities. Consultation between the human resource department and occupational health and safety department has resulted in the development and implementation of a new training program to upskill existing established personal care staff to personal carers advanced practice (PCAP). The training is conducted over five days by a registered nurse, comprising of a suite of clinical competencies including medication management. Several staff have completed the five-day course with the positive result of registered nurses now completing care recipient assessments in a timely manner, with more time to focus on clinical care due to the option to designate clinical tasks to the PCAP staff. There has also been an increase in reporting of medication errors due to the new observational skill of the PCAP staff. The outcome has resulted in the organisation continuing with the new staffing structure for all sites.
- The clinical nurse manager identified some staff did not have all documentation with them when escorting care recipients on appointments. An escort form was devised to cover all documents required. The form was trialled for six months, resulting in positive feedback from staff and observation that staff are using the form resulting in a reduction of forgotten documentation. The director of nursing plans to implement the new form permanently.

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 uses the organisation’s systems and processes to ensure the identification of, and compliance with, relevant legislation. The organisation has subscription and membership to legislative alert systems, industry groups and peak bodies that advise of updates and legislation changes. The manager is notified of any changes and advises staff as required via meetings, memoranda and education. The organisation has processes to ensure the currency of police certificates is maintained for new and existing staff, volunteers and external contractors. Care recipients, representatives and staff have access to the internal and external complaints and advocacy information. Management monitors compliance with legislation and the home’s policies and procedures via an auditing program, external inspections, and human resource and operational processes. Care recipients and representatives were informed of the re-accreditation audit via displayed notices, letters and 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

The home's education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management uses feedback and requests from staff and care recipients, satisfaction surveys, observation of work practice and accident/incident reports to identify training needs. There is a 'buddy' system to support new staff through the corporate, home induction and orientation process. Mandatory and optional training takes place with both organisational and external trainers. A staff training matrix is available, attendance is monitored and evaluations are used to ensure the training is effective. Staff reported they have a variety of training, and management is receptive to any requests for additional training to meet care recipients' needs. Care recipients advised staff have sufficient skills and knowledge to attend to their needs.

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

- Administration best practice training
- Information technology training
- Harassment and bullying in the workplace
- Buddy shift training
- Assessment and clinical documentation
- Quality and safety training.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients and representatives receive information regarding the internal and external comments and complaints processes. Confidential and anonymous feedback mechanisms and a suggestion box are available at the home. Care recipient meetings and family care conferences/reviews provide opportunities for complaint or suggestion discussions. Management measures the effectiveness of the comments and complaints process via satisfaction surveys, and any identified trends flow into the home's continuous improvement system. Staff receive information about the comments and complaints procedure during orientation and assist care recipients to complete feedback forms as required. Care recipients and representatives advised they have access to complaints mechanisms without fear of retribution, and are satisfied with the way feedback is managed.

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 mission statement, philosophy and objectives are documented and displayed, and are available in the care recipient handbook. These statements incorporate the home's commitment to provide excellence in care, accommodation and support to enhance the quality of life for care recipients. The induction for new staff includes discussion of the values, mission and principles of the organisation.

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 appropriately skilled and qualified staff to deliver services in accordance with care recipients' needs and the organisation's philosophy and objectives. There are organisational processes for the recruitment, selection and orientation of new staff, and appraisal of staff performance is undertaken at the end of the probationary period and annually. New staff are provided with additional support from an experienced staff member. The manager monitors staffing levels and performance via feedback and reporting mechanisms, internal audits and performance appraisals. Staff have access to policies, procedures and duty statements, and position descriptions outline responsibilities for each role. Staff reported they have sufficient time to carry out their duties. Care recipients and representatives stated satisfaction with the responsiveness of staff and the standard of care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home has adequate supplies of stock and equipment to enable the delivery of quality services. Designated staff are responsible for stock control and rotation, and there is an ordering process to ensure there are sufficient goods. Reactive and preventative maintenance programs ensure all equipment is regularly checked and serviced. Regular audits and environmental inspections are undertaken to ensure goods and equipment are maintained at sufficient levels, and are correctly maintained, stored and used safely and effectively. Staff reported repairs are made in a timely manner and management is responsive to requests for additional goods or equipment. Care recipients and representatives stated goods and equipment are provided by the home and are adequate for their needs.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has effective processes to facilitate the collection, analysis and dissemination of information related to care recipient care, business and operational issues. Information from clinical assessments, monitoring processes, and reporting and feedback is routinely collated, analysed and used to monitor the effectiveness of the home's systems and service delivery. On induction, staff sign an employment contract that includes a confidentiality agreement, and access information via policies and procedures, care plans, memoranda, handovers and at meetings. Electronic information is backed up and password protected. Archived care recipient records are stored securely within the home and an external storage service. Care recipients and representatives advised they have access to information to assist care recipients to make care and lifestyle decisions.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation identifies externally sourced services in response to regulatory requirements, licensing and specified care services, and the home accesses preferred and local externally sourced services. The home has specific agreements with the local external services that set out criteria and regulatory requirements. Management and relevant staff monitor the level of performance with external services, and stakeholders use feedback mechanisms to raise issues about the quality of external services provided as appropriate. The organisation's management and corporate services review the quality goals for external service providers in response to changes. Care recipients, representatives and staff reported satisfaction with externally sourced 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 an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. 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.

- Due to an increase in skin tears and requests from clinical staff on further education on skin care and wound management, staff were given the opportunity to access further training. Three staff have completed a masters qualification in wound care management and six staff attended external wound care education at a local hospital. The home now has a skin care portfolio holder. Management reported clinical indicators demonstrate a reduction in skin tears following completion of the education and implementation of the new skin care portfolio.
- A corporate initiative has been implemented to change the existing food management system to ensure care recipients receive choice, correct diet and ensure recommendations by the speech pathologist are complied with. All dietary systems and processes have been reviewed. The information technology department has introduced a 'my menu' system, which is under ongoing review and evaluation. New colour coded meal tray labels were implemented as part of the new system and staff education provided. Management reported the new system is working well with a positive impact on care recipient meal provision, and continues to be monitored corporately in consultation with the speech pathologist.

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

There are systems and processes to identify and ensure the home has ongoing regulatory compliance in relation to care recipients’ health and personal care. Clinical staff oversee initial and ongoing assessment of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Medications are stored and administered in accordance with relevant guidelines. The home monitors any changes in legislation and alerts staff through meetings or memoranda. All care recipients are provided with care, delivery of services, and goods and equipment in accordance with legislative 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 the knowledge and the 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 home’s education and staff development system and processes.

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

- Continence management
- Swallowing difficulties
- Medication administration
- Nutrition and hydration
- Oral and dental care
- Parkinsons 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

The home has systems to ensure care recipients receive appropriate clinical care. The multidisciplinary team assesses care recipients’ clinical needs when they move into the home using information from their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home’s policy and in consultation with care recipients and representatives via care conferences. There are processes to monitor and communicate care recipients’ changing needs and preferences, including regular review of care recipients by their general practitioners, six-monthly care plan reviews and shift handovers. Clinical audits are undertaken and clinical incidents are reviewed. The provision of clinical and personal care is reviewed and evaluated by clinical management. Care recipients and representatives reported satisfaction with the clinical care provided to care recipients.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

The home has processes to ensure registered nurses identify and review care recipients’ specialised nursing care needs. Care recipients’ specialised nursing care needs are assessed when they move into the home, documented in a specific nursing care plan and reviewed six-monthly or as required. The home has a registered nurse on duty at all times to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Examples of specialised nursing care include wound care, behaviour management, management of diabetes, and urinary catheters and percutaneous endoscopic gastrostomy feeding. Care recipients and representatives reported care recipients’ specialised nursing care needs are met.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Care recipients are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs an occupational therapist and a physiotherapist to assess care recipients when they move into the home and develop therapy care plans that are reviewed as required. The organisation’s speech therapists assess care recipients’ swallowing on request. The organisation’s dieticians review care recipients’ monthly weights and, where weight loss or gain is identified as a concern, develop a nutritional care plan for the care recipient. A podiatrist visits the home regularly and attends to the needs of care recipients. Referrals are made to other health specialists as the need is identified,

including a dentist and the mental health team. Care recipients and representatives reported satisfaction with care recipients' ongoing access to a variety of health specialists.

2.7 Medication management

This expected outcome requires that "care recipients' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered nurses and competent care staff administer medications via a pre-packed system as per the general practitioners' instructions. Specific instructions concerning the administration of care recipients' medications and topical treatments are documented in their medication profiles. A clinical management representative attends quarterly Medication advisory committee meetings. Medication audits and recorded medication incidents are used to monitor the system. An accredited pharmacist conducts reviews of care recipients' medications and communicates findings to the general practitioners and the home. Care recipients and representatives reported care recipients' medications are managed safely and correctly.

2.8 Pain management

This expected outcome requires that "all care recipients are as free as possible from pain".

Team's findings

The home meets this expected outcome

There are systems to identify, implement and evaluate each care recipient's pain management strategies to ensure they remain as free as possible from pain. Registered nurses review care recipients' pain each day. Annual pain assessments are conducted and care recipients with identified pain are assessed more frequently if required. Care recipients' care plans detail pain management interventions, including alternative therapies and the use of pressure-relieving equipment. Ongoing pain is reported and, where required, care recipients are referred to their general practitioners for review. Staff described their role in pain management, including identification and reporting of pain. Care recipients and representatives reported staff are responsive to complaints of pain and care recipients' pain is managed appropriately.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

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

that, when required, staff would manage care recipients' palliative care competently, including the maintenance of their comfort and dignity.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients' nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Care recipients' care plans outline their dietary requirements, including the level of assistance required. The clinical nurse manager and the organisation's dieticians monitor care recipients' monthly weights and, where weight loss or gain of concern is identified, the dietician reviews the care recipient and develops a specific nutritional care plan. Swallowing assessments are conducted, and care recipients with identified swallowing deficits are ordered appropriately textured diets and fluids and referred to a speech therapist. Registered nurses direct care recipients' nutritional management. Care recipients and representatives reported they are satisfied with the menu and associated support provided to care recipients.

2.11 Skin care

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

Team's findings

The home meets this expected outcome

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

2.12 Continence management

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

Team's findings

The home meets this expected outcome

There is a system to identify, assess, monitor and evaluate care recipients' continence needs when they move into the home and on an ongoing basis. Care recipients' urinary and bowel continence needs are assessed and an individualised care plan developed reflective of assessed needs. Staff use bowel charts to track bowel patterns and develop appropriate bowel management programs, and registered nurses monitor the use and effect of aperients. Staff

reported having sufficient continence aids and appropriate skills to enable them to manage care recipients' continence needs. Care recipients and representatives reported being satisfied with the management of care recipients' continence needs.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

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

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

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

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

An oral and dental assessment is conducted when a care recipient moves into the home to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the care recipient's care plan. An annual dental examination is offered to care recipients and follow up treatment is

arranged with family consultation. A dentist attends the home on request to conduct dental treatments on site. Staff are aware of care recipients' individual oral hygiene requirements.

Care recipients and representatives reported satisfaction with the support provided to care recipients to maintain their oral and dental health.

2.16 Sensory loss

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

Team's findings

The home meets this expected outcome

An occupational therapist assesses care recipients' five sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in care recipients' care plans and regularly reviewed by the occupational therapist. Sensory management strategies are incorporated into care recipients' therapy care plans. The range of sensory related activities provided at the home includes cooking, craft, newspaper reading, concerts and happy hour. Care recipients are assisted to attend sensory related activities of interest to them. An optometrist visits the home annually and care recipients are encouraged to access the service. An audiology specialist visits on request to assess care recipients' hearing. Care recipients are assisted to access external specialist appointments, and information following the appointment is communicated to the home's staff. Care recipients and representatives reported satisfaction with the home's management of sensory losses and needs.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

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

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

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

- The director of nursing identified the emotional support need of culturally and linguistically diverse care recipients wishing to live in their preferred environment. Three care recipients have been assisted to move to their preferred environment enabled with significant planning and support by the director of nursing. Three care recipients were assisted with support networks including use of translators, the dialysis unit (Kimberley Region), social workers, the Public Trustee and airline flights. One care recipient returned to Broome, one care recipient returned to their country of origin, Spain, and the other being supported to live in the community. Feedback from all stakeholders involved was very positive. All care recipients have settled well living in their preferred environment resulting in a positive outcome.
- Care recipients and representatives expressed an interest in entering a project in the competition at the annual royal show. Therapy staff contacted the show advisors to discuss the entry process. A meeting was held with interested care recipients and representatives to discuss and decide on the project topic. Care recipients actively participated in the ‘tree of life’ project. Care recipients submitted their project, enjoying a morning tea at the royal show. Management and staff advised, and care recipient feedback confirmed, this has resulted in a positive social outcome for the participants having their project displayed, and attending the community event receiving a certificate and sash for their contribution.

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 management systems to ensure ongoing regulatory compliance in relation to care recipients’ lifestyle. The home displays the Charter of care recipients’ rights and responsibilities and provides information about care recipients’ rights in relevant information packages. The home makes information on external complaints mechanisms available to care recipients and representatives. The organisation has provision to maintain consolidated records of compulsory reportable events as appropriate. Care recipients receive information on their agreement, which outlines fees and tenure arrangements, when they move into the home and if a change to arrangements occurs.

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 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 system and processes.

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

- Privacy and Dignity
- Call bell responsibility awareness
- Care recipients rights and responsibilities
- Behaviours of concern.

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 families receive information about the home and services offered. On moving into the home, care recipients’ needs and preferences are discussed and they are shown around the home and introduced to other care recipients

and staff. Care recipients have increased monitoring in the early period and the occupational therapist assesses care recipients' emotional and social needs with input from other clinical staff. Individual care plans incorporate information relating to the holistic requirements of the care recipient, including their emotional and social wellbeing. Staff described strategies to provide emotional support, including extra time for frail care recipients. Emotional support is included in the audits conducted. Care recipients are encouraged to personalise their room and to join in activities at the home and in the community, where appropriate. Care recipients and representatives reported representatives are encouraged to visit the care recipients, and they are satisfied care recipients' emotional needs are met 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. Regular bus trips are organised for care recipients to undertake activities outside the home. Therapy programs assist and maintain care recipients' communication and mobility levels, and the physiotherapist and occupational therapist provide specific equipment to maintain care recipients' independence. Care recipients and representatives reported care recipients are provided with assistance from staff 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 access to this information is limited to authorised personnel. We observed staff interacting with care recipients in a respectful manner. Care recipients and staff advised general practitioner treatments occur in the privacy of care recipients' rooms with their bed screens closed. Care recipients and their families have access to lounges, outdoor entertaining areas and small lounge areas. Staff were aware of the need to maintain confidentiality of care recipient information and described strategies to maintain care recipients' privacy and dignity. 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. Information about their social and cultural history is obtained through assessments and social history forms, and their identified interests are used to develop individual therapy care plans. In conjunction with therapy assistants, the occupational therapist develops a monthly activities calendar. Special events, individual sessions and community outings are incorporated into the program and delivered by therapy assistants. Feedback on the program is provided through care recipients' participation, suggestions, evaluation of individual sessions, surveys and at meetings. 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 their individual interests, customs and beliefs related to their cultural and spiritual life are identified, and this information is documented in their care plans. Specific cultural events are included in the activity program and staff support care recipients to attend these activities. Anglican and Catholic services are regularly conducted at the home and representatives of other religions visit on request. Staff reported they use care plans to gain an understanding of care recipients' specific cultural and spiritual practices. Management advised, and we observed, several staff speak languages spoken by care recipients in the home. Care recipients and representatives reported 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

Care recipients and representatives participate in decision making about care and service delivery through care conferences, care recipient and relative meetings, surveys and the problem and suggestion process. Care recipient meetings provide a forum for opportunities to participate in decisions about care and services. External advocacy services, complaints forms, a suggestion box and brochures in several languages are available, providing access to

external and internal complaint mechanisms. Care recipients and representatives reported care recipients have opportunities to make choices and decisions over their lifestyle preferences.

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

Organisational systems and processes ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On moving into the home, a care recipient agreement is offered, detailing security of tenure and care recipients' rights and responsibilities. Care recipients and representatives are consulted and their agreement sought should there be a need to move rooms. External advocacy and guardianship administration are utilised as required. Staff are provided with education and training regarding care recipients' rights. Care recipients and representatives reported they are satisfied care recipients have secure tenure in the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

In relation to Standard 4 – Physical environment and safe systems, staff report incidents, accidents and hazards and these are collated and analysed monthly to analyse 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 providing a safe and comfortable environment.

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

- Management identified the need to enhance the outdoor environment for care recipients to enjoy. Three raised garden beds were installed for care recipients to grow vegetables and plants, a new colourful shade sail was installed and a flag pole installed for care recipients to raise a flag on days of significance such as Anzac day. Positive feedback was received from staff and care recipients, with observation of care recipients enjoying the outdoor environment in a variety of ways.
- In response to feedback from care recipients and representatives regarding the use of four bed bedrooms, a need was identified to review care recipient occupancy numbers of the four bed bedrooms. A planning meeting was held with management and the corporate team. Following the meeting and after consultation with care recipients, all four bed bedrooms within the home have been reduced to three bed bedrooms to provide the care recipients with more space and facilities. This has resulted in positive feedback from residents regarding their improved 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

The home has systems and processes to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff receive mandatory training in fire and emergency procedures, manual handling and infection control. Internal and external

representatives and statutory bodies inspect and audit the workplace and building, fire emergency preparedness and the catering environment. External contractors are provided with contracts that outline obligations and responsibilities. There are reporting mechanisms for accidents, incidents and hazards. Staff are provided with, and use, personal protective equipment appropriately. Safety data sheets are kept where chemicals are stored, and infection control guidelines and resources are available in the event of an outbreak.

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 system and processes.

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

- Chemical and safety
- Hazard identification and incident reporting
- Fire and evacuation
- Food safe program
- Infection control
- Manual handling
- Occupational health and safety representative training.

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. Management undertake satisfaction surveys, environmental audits and hazard inspections, and take actions in response to identified issues/suggestions or potential hazards. Maintenance programs ensure equipment, buildings and grounds remain operational, and the organisation monitors the maintenance programs undertaken at the home. Care recipients reside in shared and single rooms with access to shared bathroom facilities. Care recipients are encouraged to personalise their rooms, and have access to communal and private areas for social interactions and activities. The living environment is equipped, cleaned and designed

to assist care recipients' independence, comfort and security. Allied health professionals conduct further assessments for care recipients identified at risk of safety, and the home has protocols to manage care recipients who may wander from the home. Care recipients and representatives reported satisfaction with the living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

There are systems and processes to provide a safe working environment in consideration of the home's occupational health and safety responsibilities and regulatory requirements. The organisation promotes occupational health and safety via programs and alerts, and monitors the reviews of incidents and safety matters. Management, resource safety and maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms, audits and hazard inspections. Management and site-based occupational health and safety representatives implement improvement or remedial action as required in response to staff accidents, safety and hazard issues. Personal protective equipment is available in strategic locations, and equipment is subject to routine and preventative maintenance. 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. Emergency welfare and response plans are available in key areas, and there is a fire system audit comprising of approved professionals to carry out regular testing, preventative maintenance programs and inspections. Evacuation maps and signage show orientation and information regarding exit routes and location of fire-fighting equipment. There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Staff described the home's security systems and emergency procedures. Care recipients and representatives receive information during the admission process on what to do if they hear a fire alarm and are reminded via meetings and posters located in care recipients' rooms. Care recipients stated they would follow the instructions from staff in the event of a fire or evacuation.

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 infection control program that is effective in identifying, containing and preventing infection. Management collects and graphs data on care recipients' infections and tables results at various meetings. The home has preventative measures and monitors the effectiveness of the infection control program via internal and external audits. Registered nursing staff monitor care recipients' susceptibility of infections and implement management strategies as required. Staff demonstrated awareness of infection control guidelines, and described measures that contribute to the effectiveness of the program, including the provision of personal protective equipment, hand washing facilities, a food safety program, waste management and pest control measures. Care recipients and representatives reported satisfaction with the actions taken by the home to control the risk of infection.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The cleaning, catering and laundry services are designed to assist care recipients and enhance their quality of life. There is a four-week rotating menu, which takes into account care recipients' preferences, choices and special dietary requirements. Care recipients are able to make food choices during dining where staff provide assistance with meals and drinks. Cleaning staff use colour-coded equipment and follow a cleaning schedule. Care recipients' personal clothing is laundered externally, there is a weekly linen collection/delivery schedule and adequate linen stock levels are maintained. Hospitality staff receive training to ensure infection control requirements are followed. Care recipients and representatives are satisfied with the hospitality services provided at the home.