



Australian Government

Australian Aged Care Quality Agency

McGregor Gardens Aged Care

RACS ID 4355
11 McGregor Road
PAKENHAM VIC 3810

Approved provider: Gold Age Australia 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 19 May 2019.

We made our decision on 15 March 2016.

The audit was conducted on 23 February 2016 to 24 February 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

McGregor Gardens Aged Care 4355

Approved provider: Gold Age Australia Pty Ltd

Introduction

This is the report of a re-accreditation audit from 23 February 2016 to 24 February 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 23 February 2016 to 24 February 2016.

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

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

Assessment team

Team leader:	Gayle Heckenberg
Team members:	Cassandra Van Gray Deanne Maskiell

Approved provider details

Approved provider:	Gold Age Australia Pty Ltd
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Details of home

Name of home:	McGregor Gardens Aged Care
RACS ID:	4355

Total number of allocated places:	90
Number of care recipients during audit:	88
Number of care recipients receiving high care during audit:	84
Special needs catered for:	Care recipients with a diagnosis of dementia

Street:	11 McGregor Road
City:	Pakenham
State:	Victoria
Postcode:	3810
Phone number:	03 5941 9633
Facsimile:	03 5941 9655
E-mail address:	k.faulkner@goldage.com.au

Audit trail

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

Interviews

Category	Number
Director/owner	1
Residential manager	1
Clinical operations manager	1
Education manager	1
Funding and systems manager	1
Quality/customer services manager	1
Human resources/quality assistant	1
Clinical care co-ordinator	1
Administration assistant	1
Registered and enrolled nurses	8
Care and lifestyle staff	4
Care recipients	12
Representatives	6
Allied health	2
Lifestyle co-ordinator	1
Aged care funding instrument co-ordinator/enrolled nurse	1
Maintenance manager	1
Hospitality chefs	2
Work health and safety representative	1
Cleaning and chemical contractors	2
Volunteers	1
Cleaning and laundry staff	3

Sampled documents

Category	Number
Care recipients' clinical files and care plans	10
Care recipients' lifestyle files and care plans	9
Infection report forms	14
Incident reports	9
Medication charts	12
Personnel files	10
Care recipients' contracts	5
Maintenance request forms	9

Other documents reviewed

The team also reviewed:

- Activity calendars, evaluations and attendance records
- Admission checklist and 'resident' of the day process
- Advanced care directives and end of life care pathway
- Agency orientation records
- Approved supplier documentation and external contracts
- Asset list
- Audit schedule, audits, benchmarking data and statistics
- Building certification
- Care recipient dietary requirements, drinks and supplement lists
- Care recipient surveys and results
- Care recipient, staff, volunteer and supplier handbooks and information packages
- Case conference checklist, records and care review schedule
- Cleaning reference folder and schedules
- Comments, compliments and complaint records
- Continuous improvement plan and associated documentation
- Contractor list, logs and records

- Cultural awareness folder
- Dangerous drugs registers
- Duty checklists
- Education calendars, attendance and evaluation records
- Emergency evacuation manuals and care recipient list
- External services provider contracts
- Food temperature records
- Gastroenteritis and influenza outbreak management documents
- Handover sheets and communication diaries
- Human resource recruitment, retention and orientation documentation
- Incident and hazard reports
- Maintenance records and photos
- Mandatory reporting register and associated documentation
- Material safety data sheets
- Medical practitioner, specialist and allied health reports
- Medication incident register and reports
- Medication refrigerator temperature checklist
- Meeting schedules, minutes and memoranda
- Newsletters and bulletins
- Nurse initiated medication list
- Pathology information
- Pharmacy medication management reviews
- Poison control plan and license
- Police certificate register and statutory declarations
- Practice guides (policies and procedures)
- Restraint authorisation and monitoring plans
- Rosters
- Self-assessment document

- Staff qualification records
- Strategic plan
- Task lists
- Third party food safe certificate and report
- Vision, Values and Gold Standards
- Work health and safety and return to work records.

Observations

The team observed the following:

- Activities in progress
- Advocacy information on display
- Archive room
- Charter of care recipient rights' and responsibilities on display
- Cleaning in progress
- Clinical equipment, resources and prompt boards
- Equipment and supply storage areas
- Falling star and butterfly symbols
- Fire panel and emergency equipment
- Interactions between staff and care recipients
- Internal and external living environment
- Kitchen and laundry areas
- Locked document bin
- Meal and refreshment services
- Notice boards and notices
- Palliative care trolley and kit
- Pest baits
- Secure documentation storage
- Security systems
- Short observation in 'Jasmine' wing

- Spill and gastroenteritis outbreak kits
- Staff implementing 'heat wave' protocol
- Staff responding to call bells
- Storage of medications
- Suggestion box and forms
- Waste management area.

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

Care recipients, representatives, staff and other stakeholders are encouraged to participate in continuous improvement activities. Management have processes to ensure the active pursuit of continuous improvement. Management record all issues and opportunities for improvement identified through a variety of sources. This includes suggestions or feedback from staff, care recipients and representatives, analysis of audits, review of key performance indicators and recommendations from a variety of external organisations. Management evaluate improvements with the home's corporate office providing assistance and oversight of activities to ensure timely resolution. Management communicate information about activities to stakeholders through one to one feedback, written correspondence and at meetings. Staff, care recipients and representatives said they are encouraged to contribute to the continuous improvement process.

Examples of recent improvements undertaken or in progress relevant to Standard 1 Management systems, staffing and organisational development include the following:

- In response to suggestions from staff and feedback from care recipients and representatives, the home installed additional display panels for the call bell system. Management organised for the service technicians to reprogram the panels to include a 'night' setting to minimise disruption for care recipients, and upgraded the alert system to notify team leaders in the event that staff were delayed in response. Staff feedback indicates these actions assist in timely call bell response.
- The home with support of their corporate office reviewed the provision of education to staff. As a result, the home has introduced online learning modules, which now enable staff more flexibility with completing education. Management said this has improved monitoring of staff completion of compulsory topics. Staff feedback regarding the new system has been positive.
- The home reviewed its staffing mix for the memory support unit, seeking expressions of interest from care staff who have a 'passion' for working with care recipients living with dementia. Management now roster staff on a consistent basis in the unit, which has improved staff knowledge of individual care recipient needs. Staff, care recipient and representative feedback has been positive regarding the consistency of staff.

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. Management receive this information from their corporate office and notify staff and others through meetings, education sessions, newsletters and memoranda. The home’s corporate management develop or modify practice guides/policies in response to identified changes. Care recipients, representatives and staff said they receive information from management about changes in legislation and regulations as needed.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include the following:

- Confidential documents are stored, archived and destroyed according to legislative requirements.
- Management follows an established process to ensure all current staff; volunteers and relevant contractors have a statutory declaration (where applicable) and comply with the requirement to have a current police certificate.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- Within the required period, management ensured the written notification of all stakeholders of the re-accreditation audit.

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 skills and knowledge to perform their roles effectively. The home operates annual education calendars which are reviewed on a routine basis to reflect contemporary needs. Identification of education is through an annual training needs analysis, staff performance appraisals, and stakeholder feedback, observation, and care recipient clinical indicators. Staff participate in a range of on-line education topics, toolbox sessions, presentations and competency assessments, as required. Opportunities to participate in professional development are also encouraged through organisation sponsored skills development. Key staff generally review attendance at education and monitor its effectiveness through education evaluations and observation of practice.

Recent education relating to Standard 1 Management systems, staffing and organisational development includes:

- Registered nursing staff education days
- introduction of new forms
- bullying and harassment.

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

Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Information about external complaints bodies and the home's system for providing feedback is included in information packages and prominently displayed throughout the home. Management includes education on complaints management in orientation programs and provides brochures to stakeholders on internal and external complaints mechanisms. Management practices an 'open door' policy and uses a range of established communication strategies to encourage stakeholders to raise their concerns directly with management and staff or to use feedback forms. Management with corporate support reviews all feedback and ensures timely follow-up. Management where appropriate, includes issues and actions within the home's continuous improvement system. Staff, care recipients and representatives said management are responsive to feedback and they are aware of how to make a complaint or comment.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, mission and gold standards statements which reflect the organisations commitment to provide quality care and services. Management displays this information in the home and it is included in information packages provided to stakeholders.

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 sufficient to meet care recipients' needs. Formal recruitment, selection and induction processes are used. Management supports new staff through a formal orientation process, which includes 'buddy' shifts. Position descriptions, task lists, handbooks, practice guides/policies and other relevant resources support staff in their roles. Key staff monitor the roster to ensure appropriate staffing levels and skill mix are available to meet the needs of care recipients and to provide appropriate services. Audits, feedback from stakeholders, management observations, incident analysis, performance appraisals and competency assessments assist management in monitoring staff skills and practices. Staff said they are able to provide care and services in a timely manner. Care recipients and representatives said staff are skilled and knowledgeable.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

There are sufficient supplies of appropriate goods and equipment to provide quality service delivery. Management have preferred supplier agreements. Asset lists assist management in monitoring availability and maintenance of equipment. Maintenance staff and contractors test and tag electrical equipment as required to ensure items are safe to use and complete scheduled servicing. Stock and equipment storage areas are clean, sufficiently stocked and secured. Staff said appropriate quality and quantity of equipment and stocks are available.

Care recipients and representatives said they are satisfied with the quantity and quality of supplies and equipment used by 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

Effective information management systems are in place. Confidential information, including care recipients' and staff files are stored securely. Electronic care documentation programs are password protected. Regular back up of electronic information occurs and there is an archiving and destruction of confidential documents procedure. Management communicate with staff and care recipients through a variety of established formal and informal communication strategies. These include a range of scheduled stakeholder meetings, care consultations with the care recipient or their nominated representative, regular newsletters, memoranda/electronic messaging and display of information on noticeboards. Staff, care recipients and representatives confirm they have access to and management provides them with information appropriate to their needs.

1.9 External services

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

Team's findings

The home meets this expected outcome

The home's corporate office manages externally sourced services to ensure external service providers meet the home's operational and service quality goals. The corporate office maintains a register of approved providers and contractors, which is accessible by staff and management at the home. Service contracts with relevant providers are available and reviewed regularly. Established processes ensure contractors abide by legislative requirements including the provision of evidence of current police certification. Contractors receive orientation prior to commencing work at the home and when required are

appropriately supervised. Management monitors satisfaction with external service provision through a variety of mechanisms including stakeholder feedback, observation and audits.

Management, staff, care recipients and representatives said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system.

Management at the home actively pursue continuous improvement in relation to care recipient health and personal care. Stakeholders confirm access to and knowledge of the continuous improvement avenues available to them.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- In response to management observations, staff feedback and data analysis the home's corporate office has appointed a registered psychiatric nurse to provide assistance to staff, assess and manage the care needs of care recipients with complex behaviours. The psychiatric nurse is also available to provide care recipient emotional support, education to staff and meet potential care recipients prior to entry to the home. Management said and data review confirms that incidents relating to behaviour have decreased since the involvement of the psychiatric nurse in care provision. Staff feedback has been positive.
- In response to best practice reviews and suggestions from staff the home liaised with their dietitian, chef, care recipients and representatives regarding the introduction of a 'high energy high protein' menu. Management after consultation with stakeholders introduced the new menu. Feedback from care recipients and representatives has been positive. Management has also completed an initial review of the impact on care recipient weights and noted improvements in care recipient's weight management.
- In response to staff suggestions management provided each unit of the home with a 'comfort' trolley. Management has stocked each trolley with items to improve the comfort of care recipients and their families during end of life care. Staff feedback has been positive regarding the items on the trolleys and the ease of access to items as a need arises.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Corporate and on site management ensures compliance with relevant legislation, regulatory compliance, professional standards and guidelines relating to health and personal care.

Stakeholders said management provides them with relevant information.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include:

- Medications are stored safely and securely according to relevant legislation.
- Registered nurses plan, provide and supervise specialised nursing care as required.
- There are documented processes to ensure appropriate reporting and actions taken by management and staff in the event of a care recipient’s unexplained absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of the system.

Management and staff have the skills and knowledge to provide appropriate health and personal care.

Recent education and staff development relating to Standard 2 Health and personal care include:

- palliative care end of life pathways
- pressure area care
- respiratory infections.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients receive appropriate clinical care. An initial clinical assessment and interim care plan provides staff with information on care recipients’ immediate health care needs. Staff complete charts and assessments within a planned timeframe using electronic and paper based care documentation and develop care plans based on the information recorded. These details assist with determining and advising staff on strategies when providing assistance alongside consultation with care recipients and representatives. An evaluation of care occurs regularly and coincides with a ‘resident’ of the day process. Staff engage with medical practitioners, specialists and allied health professionals consistently. Access to practice guides, resources and equipment supports staff in their clinical practice. Care recipients and representatives said they are generally satisfied with the home’s approach to clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Routine consultation occurs with medical practitioners for referrals to specialists and for recommended treatments. Acute and specialised care plans contain directives, current information and advice received. Visiting professionals include a speech pathologist, podiatrist and wound consultant with assistance provided to attend external appointments to other specialists as required. Qualified staff access specialised equipment and resources and attend relevant training. Care recipients said they receive support to access specialist services and nursing staff attend to their complex care needs.

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 appropriate health specialists in accordance with their needs and preferences. Onsite and visiting health services include audiology, optometry, dementia advisory and mental health specialist services. Staff inform medical practitioners and representatives of recommended treatments and care plans contain relevant details. Care recipients said they are satisfied with their access to health specialists and the treatments received.

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

Management and staff demonstrate there are systems to provide safe and correct management of care recipients’ medication. Pharmacy supplies a multi dose packaged medication system and nursing and medication endorsed care staff deliver medications according to medical practitioner instructions using paper based charts. Care recipients’ medications have locked and secure storage in designated areas of the home. Practice guides and other resources support staff in their practice in conjunction with training and annual competencies. A ‘butterfly’ symbol on care recipients’ doors informs staff of safety precautions to implement related to specific medication. Staff report medication incidents as they occur and management analyse and resolve incidents in a timely manner with the medical advisory committee discussing and monitoring audit results and relevant medication management matters. Care recipients and representatives said staff administer medications in a safe and timely manner.

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

Management and staff assist all care recipients to remain as free as possible from pain. Pain charts and an assessment identify individual pain experiences and the strategies used to assist with pain relief. An onsite physiotherapist provides additional directives, treatments and pain relief measures including heat therapy and therapeutic massage. Care plans include relevant details, and evaluation of care recipients’ pain concerns occurs when medications are altered or ceased or as new pain is experienced and reported. Staff consult with medical practitioners regularly regarding pain relief measures and the effectiveness of treatments. Care recipients said the response to their pain management concerns is timely and effective.

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

Management and staff ensure the comfort and dignity of terminally ill care recipients is maintained. Staff gather information from care recipients regarding their individual preferences and requests and document information using an advanced care directive. As care recipients enter the palliative phase staff complete an end of life care pathway and a palliative care plan considers pain relief and comfort measures. Consultation with the medical practitioner and an external palliative care service occurs for further advice when

necessary. Qualified staff initiate specific clinical equipment and resources for minimising pain and for providing a comforting environment during the palliative phase.

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

Management demonstrates care recipients receive adequate nourishment and hydration. Staff complete an assessment to identify menu choices, personal preferences, allergies and specific requirements. Information regarding choices of preferred location for meals and assistance required is documented. Meals, refreshments and supplements are available and offered throughout the day with individual requirements recorded and accessible to staff.

Staff weigh care recipients’ monthly and a dietitian visits the home on a monthly basis to assess, review, monitor and provide further advice on weight management and nutritional matters. Care recipients and representatives said they are satisfied with the meals and refreshments offered by the home.

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

Care recipients’ skin integrity is consistent with their general health. An assessment and risk management approach identifies past and present information affecting care recipients’ skin integrity. A care plan provides staff with details on equipment, resources and assistance required when applying comfort measures. Nursing staff complete wound management charts and record consistent treatments and photographic information assists with monitoring outcomes. Discussion occurs with the medical practitioner or wound consultant for further advice and support. A podiatrist provides foot care on a regular basis and staff access equipment and resources to prevent and manage skin breakdown. Staff report incidents of skin trauma, pressure areas and wounds with information analysed and discussed at regular meetings. Care recipients said staff attend to their skin care on a regular basis.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

Management demonstrates there are systems to ensure care recipients’ continence is managed effectively. Staff record information on charts and an assessment to identify individual toileting programs, assistance required and allocation of continence aids. Care

plans detail equipment, devices and resources used for additional care needs. Designated staff review and evaluate care recipients' continence requirements as changes occur. Staff record bowel management information on a daily basis and encourage care recipients to access fruit and regular fluids. Care recipients said staff respond to their continence requirements in a respectful and timely manner.

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

Management and staff ensure the needs of care recipients with challenging behaviours are managed effectively. Individuals diagnosed with impaired cognition and responsive behaviours live within a secure memory support unit of the home. Past and present information and a range of assessments identify behaviours of concern. Care plans contain details on identified causes of behaviours and individualised strategies for staff to follow.

Staff report behaviour related incidents with results analysed and discussed at relevant meetings. An onsite registered nurse specialising in dementia and mental health care provides regular consultation to staff and medical practitioners and referral to a visiting geriatrician occurs when necessary. We observed staff demonstrating a person centred approach when implementing strategies of care and representatives said staff provide care to individuals' experiencing challenging behaviours in a kind and gentle manner.

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

Management demonstrates optimum levels of mobility and dexterity are achieved for all care recipients. A physiotherapist assesses and identifies care recipients' mobility, transfer needs and functional ability and conducts further reviews as required using a risk management approach. Care plans provide information on a range of strategies, equipment and aids to use for maximising independence and ability. Walking and exercise programs ensure a consistent approach to maintaining and promoting independent mobility. A pink 'falling star' icon on care recipients' doors informs staff a care recipient has been assessed as a high falls risk. Staff report falls as they occur with incidents reviewed, analysed and discussed at relevant meetings. Care recipients said they receive support regularly to promote and maintain their independence and 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

Management and staff ensure care recipients’ oral and dental health is maintained. Past and present information and an assessment assist with identifying gum, teeth and mouth concerns. Care plans contain details on the frequency of oral care and any staff assistance required. Consultation occurs with the medical practitioner for necessary treatments. A visiting dentist attends the home and staff support care recipients to attend appointments with a local dentist or dental mechanic. Replacement of mouth care products occurs on the commencement of a new season. Care recipients said staff assist them with their oral and dental care requirements routinely.

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

Care recipients’ sensory losses are identified and managed effectively. A sensory kit and a range of assessments identify concerns with communication, speech, vision, hearing, touch and smell. Care plans inform staff on communication strategies and for the care, application, cleaning and storage of vision and hearing aids. An optometrist and audiologist provide services to the home to assist with sensory loss management and advice. A variety of sensory items are available including large print books and calendars, talking books, signage on doors and large television screens. Care recipients said they are satisfied with the support provided regarding their identified sensory 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

Management and staff assist care recipients to achieve natural sleep patterns. Staff gather past and present information, and complete charts and an assessment to identify factors impacting on care recipients’ not achieving restful sleep. Care plans contain details on rising and retiring preferences, room temperature, lighting and comfort measures. Medication to assist with sleep is provided based on medical practitioner instructions and is regularly reviewed. Staff offer alternative measures including warm drinks, snacks and massage to promote restful sleep. Care recipients said the home’s environment is quiet at night and they generally slept well.

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 regarding the home’s continuous improvement system.

Management at the home actively pursues continuous improvement in relation to care recipient lifestyle. Stakeholders confirm access to and knowledge of the continuous improvement avenues available to them.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Care recipient lifestyle include the following:

- In response to feedback and suggestions, the home has reviewed the staffing profile in the memory support unit. Management now roster lifestyle staff to the unit on a regular and consistent basis. Staff feedback has been positive regarding the improved knowledge of care recipient’s emotional needs.
- In response to feedback from potential care recipients and representatives the home has a designated staff member to escort potential care recipients and representatives on tours of the home, provide one to one support where needed to understand the rights of care recipients and to assist with the transition to living in the home. Stakeholder feedback has been positive.
- A review of the activities offered in the memory support unit has enabled lifestyle staff to provide improved activities in the unit, which are responsive to the daily needs of care recipients living in the unit. Staff and representative feedback has been positive.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Corporate and on site management ensures compliance with relevant legislation, regulatory compliance, professional standards and guidelines relating to care recipient lifestyle.

Stakeholders said management provides them with relevant information.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Management offer a residential agreement to each care recipient or his or her representative on entry to the home.
- Management provides information on care recipient rights’ and responsibilities, security of tenure and specified care and services to each care recipient or his or her representative on entry to the home.
- There are documented processes to ensure management and staff take appropriate actions including reporting requirements in the event of suspected elder abuse incidents.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for a description of the system.

Management and staff have the skills and knowledge to provide appropriate lifestyle support to care recipients.

Recent education and staff development relating to Standard 3 Care recipient lifestyle includes:

- understanding Standard 3 toolbox
- aromatherapy
- lifestyle documentation.

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

Management and staff ensure each care recipient receives support in adjusting to life in their new environment and on an ongoing basis. Designated staff provide initial orientation to the home. Assessments, care plans and regular reviews provide information to assist in meeting care recipients' emotional care needs. Care recipient representatives and visitors are welcomed and encouraged to offer support. Staff monitor and evaluate the effectiveness of strategies used regarding emotional support through observation and regular feedback from care recipients and representatives. Care recipients and representatives said they are satisfied with the level of initial and ongoing emotional support provided by 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

Management and staff ensure care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Capability levels are noted and care plans ensure independence is

supported. Care recipients have access to allied health professionals, exercise programs and mobility and sensory aids to assist in maximising independence. Visits from volunteers and community groups support care recipients to participate in events internal and external to the home. Staff demonstrated knowledge regarding methods and strategies they use to promote care recipient independence. Care recipients said they are satisfied with the assistance and support received to enable 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

Management and staff ensure care recipients' rights to privacy, dignity and confidentiality is recognised and respected. Staff provide practices such as assisting with personal care in private areas, referring to care recipients by their preferred names and knocking when entering their rooms. The living environment includes access to indoor and outdoor spaces to receive visitors and hold private events. The home uses stakeholder feedback, audits, care plan reviews and observation to monitor the effectiveness of strategies to meet care recipients' needs, rights and preferences. Privacy disclosure documentation is provided upon entry to ensure care recipients are comfortable with publication of their personal information. Care recipients and representatives said they are satisfied privacy and dignity is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. As care recipients' enter the home staff document past and present information regarding their lifestyle needs and preferences. Details are generally documented in care plans which are regularly reviewed to ensure lifestyle options and choices remain current. Staff, volunteers and community visitors support activity programs and respond to care recipient changing interests and abilities. A range of group, individual activities and outings, special events and theme events promote socialisation and a sense of community within the home. Staff maintain and review participation records and monitor program effectiveness through activity evaluations, audits, surveys and meetings. Care recipients and representatives said they are satisfied with the variety of leisure interests and activities provided.

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

Management and staff ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. An assessment of care recipients' cultural and spiritual needs and preferences occurs on entry to the home and on a regular basis. Regular religious services are offered and local clergy provide additional assistance to support individual spiritual needs and preferences. Cultural and individual celebrations occur with days of significance identified and observed. Stakeholder feedback, care plan reviews, observation, audits and satisfaction surveys assist management and designated staff to monitor the effectiveness of cultural and spiritual support. Care recipients said they are satisfied their individual cultural and spiritual needs and preferences are respected and valued.

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 each care recipient to participate in choice and decision making regarding their care, lifestyle and service needs and preferences. Information regarding the right to exercise choice and control is provided in handbooks and agreements. Opportunities are available for care recipients to make decisions regarding personal care, sleep and rest times, dietary preferences, the level of participation in activities and use of preferred names. Consultation occurs with authorised representatives to act on behalf of care recipients when they are unable to make informed decisions. Care recipients said staff provide opportunities for them to make choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

Management provides each care recipient and their representative with an information package which include details relating to care recipients' rights and responsibilities. The home offers agreements to all new care recipients and contains relevant information relating to security of tenure, fees and charges, rights and responsibilities as well as specified care and services. The Charter of care recipients' rights and responsibilities is on

prominent display throughout the building. Care recipients and representatives said they are aware of their rights regarding security of tenure.

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 regarding the home’s continuous improvement system.

Management at the home actively pursues continuous improvement in relation to physical environment and safe systems. Stakeholders confirm access to and knowledge of the continuous improvement avenues available to them.

Examples of recent improvements undertaken or in progress relevant to Standard 4 Physical environment and safe systems include the following:

- Management and staff feedback identified an opportunity to improve the ambience of the living areas in the memory support unit. As a result, management has renovated the unit providing new furnishings in private and communal areas. Management in consultation with stakeholders switched the living and meal areas, which has improved supervision of care recipients throughout the day. Feedback from staff, care recipients and representatives has been positive.
- In response to feedback from stakeholders, the home reviewed the effectiveness of internal window coverings and has installed thermal sunblinds, which minimise heat transfer through the windows whilst allowing natural light into the building. In response to feedback alterations to some of the window coverings is ongoing. Staff, care recipient and representative’s initial feedback has been received by management and ongoing evaluation will occur.
- In response to frequent power interruptions in the local area the home with support of its corporate office applied for a grant to install an onsite emergency generator. Management and staff said the generator has been utilised frequently during short power outages since installation. Stakeholder feedback has been positive.

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

Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Corporate and on site management ensures compliance with relevant legislation, regulatory compliance, professional standards and guidelines relating to physical environment and safe systems. Stakeholders said management provides them with relevant information.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include:

- Regular monitoring and maintenance of fire and safety systems occurs.
- The catering service complies with a food safety program and has current third party and local council food safety certificates.
- The organisation actively promotes and monitors workplace health and safety.
- There are infection control guidelines, which reflect reporting requirements 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

Refer to expected outcome 1.3 Education and staff development for a description of the system. Management and staff have the knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems.

Recent education and staff development relating to Standard 4 Physical environment and safe systems includes:

- handwashing competency
- occupational health and safety
- manual handling.

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

Management are actively working to provide a safe and comfortable environment consistent with care recipients' care needs and preferences. Care recipients are accommodated in single rooms with their own ensuite, which they are encouraged to personalise. Care recipients and their visitors have access to communal lounges and dining rooms, internal courtyards and garden areas. The home is secure and clean with comfortable noise levels, temperature and ventilation. Maintenance of the building, grounds and equipment occurs through internal and external servicing and robust maintenance processes and procedures. Regular inspections and audits, incident reporting and meetings are used to monitor the safety and comfort of the living environment. Care recipients and representatives said they are satisfied the home provides a comfortable, safe and secure environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has systems to provide a safe working environment that meets regulatory requirements. Staff receive information and training to promote a safe environment and work practices. Aspects include provision of transfer equipment, staff training in manual handling techniques and chemical safety. Systems identifying risks to staff safety include hazard alerts, risk assessments, incident reports and workplace safety inspections. The home receives corporate support for work health and safety and 'return to work' programs. On site work health and safety representatives are available and work health and safety is an agenda item at meetings. The home ensures all equipment is subject to routine and preventive maintenance. Staff said they are able to recognise and report hazards or incidents and are satisfied they work in a safe 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

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and guidelines to respond to a range of internal and external emergencies. All staff are required to

complete mandatory fire and emergency training. Evacuation maps are on display and exits are clearly signed and free from obstruction. There are effective processes to maintain current evacuation lists and emergency evacuation packs. An external contractor maintains fire and emergency equipment and there are processes to monitor the maintenance of essential services. The home has measures to maintain secure access and to prevent unauthorised absences and or intrusion. Care recipients and representatives said they are satisfied the home provides a safe and secure environment.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

Management demonstrates they have an effective infection control program which detects, manages and monitors infections within the home. Management collate infection data and report any trends at relevant meetings. Infection control kits, which include signage and personal protective equipment, are available to staff and hand hygiene facilities are located throughout the building. There is a food safety program and cleaning schedules are followed throughout the home. External contractors manage infectious waste and pest control within the home. Care recipient and staff vaccinations are encouraged and monitored. Care recipients said staff manage infections appropriately.

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

Care recipient catering requirements are prepared fresh daily on site, seven days a week. The home operates a four week rotational menu which has been reviewed by a nutrition service. Documentation held in the kitchen reflects care recipients' likes and dislikes and dietary needs and preferences. Meal satisfaction occurs through meetings, audits and surveys. Cleaning is provided seven days a week and staff perform their duties in line with documented guidelines and schedules. Care recipient personal items and linen is laundered internally. There are provisions for the labelling of care recipient personal items. Care recipients' and representatives said they are satisfied with the catering, cleaning and laundry services provided by the home.