



Australian Government

Australian Aged Care Quality Agency

The Manor Nursing Home

RACS ID 8784
2 Guy Street
KINGS MEADOWS TAS 7249

Approved provider: OneCare Limited

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 18 October 2018.

We made our decision on 08 September 2015.

The audit was conducted on 28 July 2015 to 29 July 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 care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

The Manor Nursing Home 8784

Approved provider: OneCare Limited

Introduction

This is the report of a re-accreditation audit from 28 July 2015 to 29 July 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 28 July 2015 to 29 July 2015.

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:	Stephen Koci
Team members:	Jill Packham Tamela Dray

Approved provider details

Approved provider:	OneCare Limited
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Details of home

Name of home:	The Manor Nursing Home
RACS ID:	8784

Total number of allocated places:	42
Number of care recipients during audit:	42
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	2 Guy Street
City:	Kings Meadows
State:	Tasmania
Postcode:	7249
Phone number:	03 6345 2101
Facsimile:	03 6343 2034
E-mail address:	themanor@onecare.org.au

Audit trail

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

Interviews

Category	Number
Management	6
Nursing and care staff	13
Lifestyle staff	1
Catering management	1
External service provider	1
Care recipients/representatives	7
Maintenance management and staff	2
Laundry management and staff	1
Cleaning management and staff	1

Sampled documents

Category	Number
Care recipients' files	7
Personnel files	8
External service provider files	10
Medication charts	5
Care recipient agreements	4

Other documents reviewed

The team also reviewed:

- Admission pack
- Advanced care directives
- Allied health folders
- Audits
- Call bell response reports
- Care recipients' information package and handbook
- Cleaning documentation

- Clinical documents
- Clinical indicators and associated benchmarking
- Communication diaries
- Compliments and complaints records
- Consent forms
- Continuous improvement documents
- Dangerous drugs registers
- Education matrix, records and booklets
- External service provider records
- Fire, security and emergency documents
- Handbooks
- Incident reports
- Infection documentation and data
- Inventory and equipment management documents
- Kitchen documentation, menu, food safety program, food safety audit report, menu choice and dietary request record sheet
- Laundry documentation
- Lifestyle documentation and weekly programs
- Mandatory reporting register
- Meeting minutes
- Newsletters
- Pest control records
- Police certificates and statutory declaration records
- Policies and procedures
- Position descriptions and duty lists
- Pre-admission care recipient agreement
- Preventative and reactive maintenance documents
- Professional registrations

- Restraint documentation
- Rosters
- Self medication assessments
- Sling register
- Staff induction package and handbook
- Staff intranet resources
- Surveys
- Vision, mission and philosophy statement
- Work, health and safety documentation, scorecards and checklists.

Observations

The team observed the following:

- Activities in progress
- Charter of care recipients' rights and responsibilities posters
- Cleaners cupboard and trolley
- Clinical supplies and storage
- Confidential document storage
- Equipment and supply storage areas
- External complaints and advocacy information
- Fire, security and emergency equipment and signage
- Interactions between staff and care recipients
- Internal feedback forms and suggestion boxes
- Kitchen, cool room, freezer and storeroom
- Laundry service in operation
- Library room
- Living environment
- Medication administration and storage
- Noticeboards and information displays
- Outbreak kits and personal protective equipment kits

- Pet friendly environment
- Sharps containers
- Short group observation
- Vision, mission and philosophy statement.

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 organisation's quality systems effectively identify, action and evaluate continuous improvements across the Accreditation Standards. Management sources information through stakeholder feedback, analysis of audits and monthly clinical data collection, care recipient needs, legislative changes and strategic planning. Management logs, monitors and evaluates actions with input from relevant departments. Continuous improvement is an agenda item at all relevant meetings. Identified improvement opportunities may result in reviews of policies and procedures, equipment purchases, additional staff training and updates to the audit schedule. Care recipients, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and are encouraged to be part of continuous improvement at the home.

Improvements over the last 12 months relating to Standard 1- Management systems, staffing and organisational development include:

- To ensure a consistent staffing model across all their sites, the organisation reviewed position descriptions. The revised position descriptions reflect desired workforce values and attributes. They provide staff with a clear understanding of responsibilities and expectations within their roles reflective of the organisation's vision, mission and philosophy.
- The organisation introduced an 'emerging leader' training program. This provides interested staff with support and opportunities to increase their qualifications and gain confidence and satisfaction in their roles. Currently three staff are completing a diploma of management course. The project has resulted in staff undertaking new challenges and an increase in discussions relating to work related aspirations.

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

Management receives regular information and updates on professional guidelines and legislative requirements through the organisation’s subscription to a legal update service, membership to peak bodies and notifications from professional networks and government departments. Processes ensure the revision of relevant policies and procedures when required. Monitoring of compliance is through internal and external reviews and the auditing schedule. Dissemination of information to staff regarding changes to regulations and the home’s practices is through electronic alerts, meetings and education sessions. The home notifies care recipients and representatives of any relevant changes to legislation.

Regulatory compliance at the home relating to Standard 1 - Management systems, staffing and organisational development includes:

- Staff, volunteers and external contractors have police certificates and signed statutory declarations as needed.
- Nursing staff have current professional registrations.
- The home notifies staff, care recipients and representatives of re-accreditation site audits.
- Staff receive a Fair Work statement on commencement of employment
- Confidential documents are stored and destroyed securely.
- Information is available to care recipients and representatives on external complaints and advocacy services.

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 demonstrate there are systems to ensure all staff have appropriate knowledge and skills to allow them to perform their roles effectively. Upon commencement, all staff undertake an orientation and complete competencies relevant to their role and complete ongoing mandatory education. Additional education sessions are conducted based on performance appraisals, staff requests, meeting feedback and observations. Management maintain attendance records and evaluations to monitor the effectiveness of the training.

Staff stated they are satisfied with the level of education on offer and that internal and external training opportunities are available to further develop their skills.

Recent and upcoming training opportunities relevant to Standard 1 Management systems, staffing and organisational development include:

- contractor induction
- electronic care system
- mental health in the workforce.

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

Management provides stakeholders with access to internal and external complaints handling mechanisms. Information on the complaints process is in the information handbook and agreements given to care recipients and representatives. The home displays external complaints and advocacy brochures and provides access to internal comments and complaints forms and a secure suggestion box. Management has an open door policy and regularly consults with staff, care recipients and representatives providing group and individual forums to raise issues or concerns. Analysis of complaint data occurs and feeds into the continuous improvement system. Care recipients, representatives and staff are aware of the process and documentation shows matters are actioned appropriately and in a timely manner.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's vision, mission and philosophy statement is on display and published in stakeholder documents. The home's plan for continuous improvement confirms a commitment to providing ongoing quality service reflective of their philosophy.

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 ensure care and service delivery is in accordance with regulatory requirements, professional guidelines, policies and procedures, the organisation's philosophy and the current needs of care recipients.

Management recruits staff based on position descriptions, minimum qualifications, reference checks and current police certificates. Successful applicants sign a contract and undertake an induction program. Staff appraisals, audits, competencies and management observations ensure maintenance of optimal staff practices. Staff gain additional skills and knowledge through internal and external education opportunities and are required to attend annual mandatory training. Monitoring of staffing levels occurs to reflect changes in care recipient numbers and care needs. Staff said management supports them and care recipients and representatives stated they are satisfied with the level and quality of care provided.

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

Management demonstrates systems to ensure appropriate goods and equipment are available for quality service delivery. Key organisational and site personnel monitor stock levels and re-ordering processes are through an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects identified special needs of the current care recipient population. New equipment is trialed prior to purchase and staff receive training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Care recipients and staff stated adequate supplies of appropriate goods and equipment are available at all times.

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

Management has information management systems to provide information to care recipients and representatives that includes meetings, minutes, handbook, notice boards and lifestyle calendars. The systems to inform staff include orientation, meetings and minutes, staff handbook, noticeboards, policies and procedures, electronic alerts and clinical files. Clinical notes, care recipient and staff files are securely stored. Old files are stored off-site and staff have access to shredder. Care recipients and staff are satisfied with access to information and with the communication mechanisms at the home.

1.9 External services

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

Team's findings

The home meets this expected outcome

The organisation ensures ongoing quality and responsiveness of externally sourced services. The centralised facilities team monitors contractors' insurance cover, police certificates and qualifications and ensures services meet relevant regulations. Contractors undertake an induction program prior to commencing. The organisation regularly reviews satisfaction with externally sourced services including feedback from management, staff, care recipients and representatives, audits, surveys and observations. A list of preferred service providers is available and staff have access to after hours' emergency assistance. Staff and care recipients are satisfied with the quality of currently sourced external suppliers.

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

Management and staff actively pursue continuous improvement in relation to care recipients' health and personal care. The audit schedule includes monitoring of clinical outcomes and monthly incident/infection data is collated and analysed. Identified issues result in corrective actions through the quality system. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes.

Improvements over the last 12 months relating to Standard 2 – Health and personal care include:

- Management employed a registered nurse to implement and oversee a pain management and massage therapy program. This resulted in the introduction of a wellness clinic for care recipients which includes relaxation techniques such as foot spas. The new role provides an increased knowledge base for other staff and improved therapeutic interventions and outcomes for care recipients.
- Staff suggested developing a palliative care kit to improve the comfort of care recipients in their final phase of life at the home. The kit contains music, toiletries, pain management equipment and adaptive clothing. Staff report they have used the new kit successfully with many care recipients since its introduction.

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

Management ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 2 – Health and personal care includes:

- Appropriately qualified staff provides medication management and specialised nursing care.
- Medication is stored securely.
- The home has a policy for unexplained absent care recipients with appropriate incident reporting and notification processes

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 demonstrated there are systems to ensure all clinical staff have the appropriate knowledge and skills to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Care recipients said staff have the appropriate skills and knowledge to care for them. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 2 Health and personal care include:

- end stage dementia
- falls prevention
- medication management.

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 ensures care recipients receive appropriate clinical care. Staff use established clinical systems to assess care recipients’ needs upon entry and develop plans of care around these. Monitoring of clinical care is completed by management who audit and benchmark clinical indicators. Documentation tracks the monitoring of clinical care through charts, assessments, care plans and progress notes by electronic and paper based means. Review of care needs occurs through the ‘resident of the day’ process and as changes in a care recipients’ health status require. A registered nurse is rostered on all shifts. General practitioners and allied health professionals enhance an holistic approach to care. Formal and informal care consultations with care recipients’ and their representatives ensure satisfaction with the care provided and observation of any identified preferences and needs. Care recipients and representatives said they are satisfied with the clinical care provided.

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 registered and enrolled nurses and access to specialised community nurses within the organisation to assess, plan, manage and deliver specialised nursing care needs to care recipients. Specific care plans are developed and individually tailored to guide staff. Staff reported changes in the care needs of care recipients are communicated effectively and said they are supported to ensure they have the appropriate skills and knowledge to meet a diverse range of specialised needs. Care recipients and representatives are satisfied their specialised care needs are identified and managed appropriately.

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

The home demonstrates that care recipients are referred to a wide range of health specialists in accordance with their individual needs and preferences. Medical practitioners visit the home at regular intervals and care recipients can choose to retain their own doctor if they desire. Physiotherapy hours are extensive and a podiatrist visits regularly with a dietitian and speech pathologist available as needed. Staff assist care recipients to attend other health professionals and specialists in the community as required. Care recipients and representatives are satisfied with the range of health specialists available.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to support safe and correct medication management. Competency tested nursing staff administer medications and education and incident management processes ensure this is completed safely and correctly. The home has a process for assessing and monitoring those care recipients who wish to self-manage and administer any of their own medications. Processes exist for the ordering, delivery and disposal of medications and care recipients can choose to retain their own pharmacy services if they desire. Medications are stored safely and securely and in accordance with regulatory guidelines. Policies and procedures and current medication resources are readily accessible and guide staff practice. Care recipients and representatives are satisfied with how staff manage medication needs.

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

The home ensures all care recipients’ are as free as possible from pain. Care recipients are assessed for previous and current pain on entry and changes in pain status prompt staff to reassess and make referrals to appropriate health professionals. A variety of methods are utilised to help manage care recipients’ pain and these include the use of ‘as needed’ medication where appropriate. A physiotherapist provides a pain management program for care recipients assessed with chronic pain. Provision of additional pain management occurs through the palliative phase in consultation with local support services as required. Staff can describe care recipients’ pain needs and the way they assist with pain prevention and management. Care recipients and representatives are satisfied with the pain management strategies provided by the home.

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

Staff and management ensure the comfort and dignity of care recipients in their final phase of life. Consultation occurs between staff and care recipients or their representatives about the care recipients’ advanced care wishes and this forms the basis for care provided in the terminal phase. If required, staff access palliative care assistance through local support services. Spiritual and emotional support is available for the care recipient and their family if desired and a counsellor is available on staff if professional support is needed.

Representatives are supported to stay by their loved one’s side overnight if they desire with meals and refreshments offered. Care recipients and representatives interviewed and documentation indicated satisfaction with how staff respect and support individual beliefs and comfort levels during the palliative care process.

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

The home ensures care recipients receive adequate nourishment and hydration. Clinical systems prompt staff to identify and assess care recipients’ nutritional needs, preferences and the level of staff assistance required. Staff monitor care recipients’ weight regularly as indicated and guidelines prompt staff on how to manage any losses or gains. Referrals are made to a dietitian and speech pathologist as required. Assistive devices are available to help care recipients maintain their independence with eating and drinking. Care recipients were complimentary of the nutrition and hydration services provided by the home and stated staff support and assist them in accordance with their individual likes, wishes and needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

Staff assess and care for care recipients in a way that promotes optimal skin integrity in line with their general health. Staff assess care recipients’ skin integrity on entry, when care plans are reviewed and as health needs change. Barrier cream is applied and, if needed, pressure area care strategies are utilised to promote skin integrity. Staff assist care recipients to maintain their skin in a healthy state and a visiting podiatrist and hairdresser help them maintain their nails and hair. Monitoring of skin tears and wounds occurs and care is reflected on appropriate charts. Policies and procedures are available to guide staff in wound assessment and management and specialist care by a wound care consultant is available if

staff need further advice. Care recipients and representatives are satisfied with the home's approach to maintaining the skin integrity of care recipients.

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 and staff ensure care recipients' continence needs are managed effectively and with dignity. Staff assess the care recipients' continence needs on entry and as their needs change. Assessments take into consideration the staff assistance levels required and any continence aids needed. The home's approach to continence management encourages promotion of independence and dignity and education is provided on continence management. There is a dedicated continence nurse who oversees all continence care and the ordering and allocation of continence aids as appropriate. Care recipients stated their continence needs are met.

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

Staff and management ensure the needs of care recipients demonstrating challenging behaviours are managed effectively. Staff assess care recipients' behaviours and triggers when they move into the home. If necessary, staff obtain further information from representatives and previous caregivers to assist with care planning. Staff access external specialist support services if required and staff have access to education to assist in optimally managing any behaviours. Care recipients and representatives said they are happy with the way staff manage care recipients experiencing challenging behaviours when these occur.

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 and staff ensure care recipients achieve optimum levels of mobility and dexterity and maintain their independence. Nursing staff and a physiotherapist assess each care recipient's mobility and dexterity on entry to the home and develop a care plan. The care plan outlines any equipment or support needs and is re-evaluated regularly and as care recipients' needs change. There is an extensive physiotherapy program which includes exercise classes and rehabilitation post fall or hospitalisation which aids in optimum mobility and dexterity being achieved. Equipment such as wheelchairs and eating aids are available to assist care recipients with mobility and dexterity. Nursing staff assess care recipients for their risk of falling and implement falls prevention strategies with the assistance of the home's physiotherapist.

Care recipients and representatives said they are satisfied with the way staff support care recipients' mobility, dexterity and rehabilitation 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

Management and staff ensure care recipients oral and dental health is maintained. Staff assess each care recipient's oral and dental health on entry to the home and develop a care plan. The care plan details the degree of assistance care recipients require to maintain and manage their oral hygiene. Care recipients are supported to visit their preferred dentist or if necessary, staff arrange for a service to visit the home. The home has dental and mouth care supplies available for care recipients and additional mouth care is provided during the palliative phase. Toothbrushes are changed monthly. Care recipients and representatives said staff assist care recipients with mouth care as required and support their independence.

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

Staff and management manage a system for identifying and managing care recipients' sensory losses across all five senses. Nursing staff capture this information when a care recipient moves into the home and implement strategies to address any sensory losses the care recipient may experience. Regular reviews occur to ensure this information remains current. Staff organise appointments to relevant specialists as required and can arrange for services to visit the home. Care recipients and representatives said they are satisfied with the way staff identify and manage care recipient's sensory losses.

2.17 Sleep

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

Team's findings

The home meets this expected outcome

Nursing staff assess each care recipients' preferences and usual routine in relation to sleep and develop strategies to assist them achieve natural sleep patterns. Care recipients' preferred sleep, wake and nap times are noted and accommodated. Staff document care recipient preferences and care strategies in the care plan and evaluate this regularly to ensure it remains current. Staff use a variety of methods to promote sleep including settling routines, evening snacks and the use of any prescribed medication as required. Care recipients said they sleep 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

Management and staff actively pursue continuous improvement in relation to the care recipients’ lifestyle experiences. Feedback on the effectiveness of the program and ideas for improvement are from care recipient surveys, meetings and evaluation of activity participation levels. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements over the last 12 months relating to Standard 3 – Care recipients’ lifestyle include:

- Care recipients are actively encouraged to suggest new activities and recently requested the establishment of a library. Volunteers assisted care recipients to set up a lounge area and sourced donated books from the local library and the community. They have worked together to catalogue the books with colour coded stickers to identify a range of genres. Care recipients’ comments are positive to the new library room and usage of the area is high.
- Care recipients requested regular, informal catch-ups with the facility manager in addition to the formal monthly meetings. This has instigated a monthly morning tea get together where they can openly discuss their satisfaction with living experiences at the home and suggestions for improvements. The new forum has resulted in the implementation of a number of improvements, including replacing the rectangular dining tables with a round table design.

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

Policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 3 – Care recipient lifestyle includes:

- The home has appropriate documentation to record incidents of elder abuse and maintains a consolidated register for mandatory reporting matters.
- Information for care recipients on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and service agreements.
- Guardianship and powers of attorney information is on file.
- The home displays posters of the Charter of care recipients’ rights and responsibilities

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management demonstrated there are systems to ensure all relevant staff have appropriate knowledge and skills required to allow them to perform their roles effectively. Staff stated they are satisfied with the level of education available. Care recipients reported the home to be a safe environment in which to live and said staff respect their choices and treat them with respect. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 3 Care recipient lifestyle include:

- care recipients rights and responsibilities
- cultural and spiritual life
- elder abuse
- emotional support
- legal seminar
- leisure.

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

The organisation supports care recipients in adjusting to life in the home and on an ongoing basis. Assessment of care recipients' emotional support needs and preferences occur when care recipients move into the home and care plans are developed to meet their needs.

Review of care recipients' emotional support needs occurs on a regular basis by nursing and leisure and lifestyle staff and care plans are updated as required. Care recipients and representatives are provided with a handbook to assist their orientation to the home. Leisure and lifestyle staff run a one to one visiting program for care recipients and can access a councillor who visits the home two times a week. Care recipients and representatives confirmed their satisfaction with the initial and ongoing emotional support care recipients receive 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

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include an exercise program, freedom of movement within the home, care recipients going on recreation leave and supported to drive motor vehicles. The home welcomes visitors and maintains contact with a local schools and community groups. Care recipients and representatives are satisfied care recipients' independence is actively promoted.

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

Staff respect care recipients' right to privacy, dignity and confidentiality. Staff practices are governed by organisational policies and procedures which detail care recipients' rights to privacy and dignity. Staff describe appropriate practices to protect care recipients' privacy and dignity including the use of consent forms, displaying 'care in progress' signs on doors when assisting care recipients, implementing appropriate strategies for those with shared rooms and/or bathrooms,) knocking on doors before entering, not discussing private information in public areas and calling care recipients by their preferred name. Monitoring processes include stakeholder feedback and observation. Care recipients and representatives said staff respect care recipients' rights to privacy and dignity.

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. Leisure and lifestyle staff complete assessments on entry to the home and develop a care plan in consultation with care recipients and representatives. Staff regularly review activity care plans. The program includes a wide range of activities that are advertised through a weekly planner that is printed and distributed to all care recipients and is displayed on noticeboards. Management obtain feedback on the program via meetings, direct feedback, feedback forms, observations and reviewing participation records. Care recipients and representatives confirmed they are satisfied with the lifestyle program and confirm the support of care recipients to participate in a range of activities at the home.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

The organisation values and fosters individual interests, customs, beliefs and cultural and ethnic backgrounds. Staff identify care recipients' cultural and spiritual needs through the assessment process on entry to the home. There is provision for church services for care recipients at the home including regular nondenominational, Roman Catholic mass, visits from the lay people from the Catholic Church and bible group. There are special days held throughout the year and staff have access to culturally specific services via the internet to assist in meeting individual cultural needs as required. Care recipients and representatives are satisfied with the home's response to care recipients' cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

There are processes to promote care recipients' right to exercise choice and control over their lifestyle. Care recipients and representatives are encouraged to participate in the assessment process. The home holds regular meetings for care recipients and representatives and feedback (Cherry) forms are readily available. Management have an open door policy to ensure they are easily accessible if needed. Staff will support care recipients to manage their own financial affairs and the organisation has a petty cash system. There is a wide range of activities on offer and care recipients can choose their participation levels. Care recipients and representatives confirmed individual choices and decisions are encouraged, respected and supported by management and staff at the home.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The organisation has a system to ensure care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Care recipient information covers security of tenure and care recipients' rights and responsibilities. The facility manager or the admissions officer discusses entry requirements with care recipients and representatives. Any change of rooms will only occur after consultation with the care recipient and their representatives. Management can clarify and confirm care recipients' rights and responsibilities, security of tenure information and financial concerns on an ongoing basis as

required. Care recipients and representatives said care recipients have secure tenure within the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management and staff actively pursue continuous improvement to ensure care recipients live in a safe and comfortable environment. Evaluation of strategies and ideas for improvements are through feedback from care recipients, representatives and staff, maintenance requests, environmental audits and incident and infection data analysis. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements over the last 12 months relating to Standard 4 – Physical environment and safe systems include:

- An internal hazard report identified improvement opportunities in office areas to increase staff safety, comfort and equipment accessibility. Management consulted with the organisation and a work health and safety specialist to undertake risk assessments to advise on alternatives. This resulted in renovations and upgrading of the area including installation of more computer terminals and the purchase of ergonomic furniture. Staff report an improvement in their work environment.
- The organisation chose the home to trial an upgrade of lighting fixtures. This involved consulting with a specialist service and seeking feedback from care recipients following installation of different light fitting designs and illumination strengths. Care recipients report improved visibility and management said the project is a success with the more energy efficient lights resulting in reduced costs and less maintenance.

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

Management has systems to identify and ensure compliance with relevant regulations to provide a safe and comfortable environment for care recipients and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 4 – Physical environment and safe systems includes:

- Staff receive ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling.
- Chemicals are stored appropriately with accompanying material safety data sheets.
- The kitchen has a current food safety program and certifications by external authorities.
- Effective monitoring and maintenance of fire and safety regulations occurs.
- The home adheres to work health and safety policies.

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 demonstrated there are systems to ensure all staff have appropriate skills to allow them to perform their individual role effectively. Staff stated they are satisfied with the level of education available. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Recent and upcoming training opportunities relevant to Standard 4 Physical environment and safe systems include:

- electrical safety
- fire training catch up session – chief warden
- 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 and staff at the home are actively working to provide a safe and comfortable environment. Care recipients live in single, personalised rooms with a mix of individual or shared en-suite bathrooms. The home provides well maintained internal and external environments with appropriate signage and security features. Furnishings and equipment are consistent with care recipients' care and safety needs. Care recipients and visitors have access to a variety of private and communal areas to meet and refreshments are available.

Monitoring of safety and satisfaction with the environment is through surveys, audits and a preventative and corrective maintenance program. Policies and procedures guide staff practices and meet regulatory requirements. Care recipients and representatives are complimentary of the comfort and safety of the environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment to meet regulatory requirements. On commencement staff complete orientation that includes occupational health and safety. Policies and processes guide staff to understand their rights and responsibilities relating to work, health and safety and notices identify relevant members of the committee. Management monitor the effectiveness of its occupational health and safety procedures through inspections that are completed and by reviewing incident forms.

Management and relevant stakeholders discuss and address any occupational health and safety issues at regular work, health and safety meetings and staff meetings. The home ensures all equipment is subject to routine and preventative 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

There are effective systems for the detection, prevention and management of fire, security and other emergencies. Regular maintenance and servicing of fire equipment and alarm systems occurs. Evacuation boxes are available with a current list of care recipients noting their mobility

levels. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The home has keypad and closed circuit camera security systems and provides effective after hours' emergency measures. Visitors are required to sign a register on entry and exit. Staff attend mandatory fire and emergency training at orientation and annually thereafter. Care recipients receive relevant information in their information handbook, notices displayed in their rooms and at meetings. Staff are able to detail their actions in the event of an emergency evacuation and care recipients and representatives are satisfied with fire and security measures in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Staff collect data on care recipients' infections via the electronic care system and management analyse this information to identify any trends and interventions required. There are policies and procedures to manage infection outbreaks in the home. There are facilities and equipment for staff to use for hand hygiene and standard precautions as needed. An external body regularly audits the kitchen's food safety plan and there is a pest control program in the home. Appropriate contaminated waste bins, outbreak kits, personal protective equipment and sharps containers are available. Management monitor infection control in the home through scheduled audits. Staff complete hand washing competencies and education in relation to infection control practices.

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

Management has effective systems to enable the provision of catering, cleaning and laundry services that enhance care recipients' quality of life and the staff working environment. All food is prepared in a central kitchen and delivered directly to care recipients in the dining room or by a portable bain-marie. Monitoring mechanisms in the kitchen include external and internal audits and reports and daily record forms. The home has a four week menu that offers alternatives and changes every summer and winter season and is reviewed by a dietitian. Schedules ensure cleaning tasks are completed by cleaning staff and the team observed the living environment and care recipient rooms to be clean during the visit. All personal laundry and linen is completed in the main laundry and there are adequate linen supplies. All care recipients clothing is labelled and staff have access to a labelling machine. The home has a system to manage lost property. Staff and care recipients are satisfied with the home's catering, cleaning and laundry services.