

Aegis Balmoral

RACS ID: 7872

Approved provider: Balmoral Aged Care Group Pty Ltd

Home address: 29 Gardner Street COMO WA 6152

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| 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 14 December 2020.  We made our decision on 30 October 2017.  The audit was conducted on 03 October 2017 to 05 October 2017. 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.

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.

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 services and in the community.

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

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



Audit Report

Name of home: Aegis Balmoral

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# Introduction

This is the report of a Re-accreditation Audit from 03 October 2017 to 05 October 2017 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# 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 this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 03 October 2017 to 05 October 2017.

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.

# Details of home

Total number of allocated places: 213

Number of care recipients during audit: 130

Number of care recipients receiving high care during audit: 128

Special needs catered for: Persons living with dementia.

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients | 23 |
| Care staff | 17 |
| Catering staff | 4 |
| Chef manager | 1 |
| Cleaning and laundry staff | 4 |
| Clinical nurse managers | 3 |
| Registered and enrolled nurses | 4 |
| Facility manager | 1 |
| Maintenance officers | 2 |
| Leisure and lifestyle coordinator | 1 |
| Occupational therapist and physiotherapists | 3 |
| Clinical consultants | 2 |
| Administration staff | 2 |
| Therapy assistants | 5 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Personnel files | 6 |
| Care recipient files, assessments, observation charts and progress notes | 20 |
| Care recipient restraint authorisations | 5 |
| Medication charts and supporting information | 12 |
| Care recipient accommodation agreements and change of room records | 7 |

## Other documents reviewed

The team also reviewed:

* Accident, incidents and hazard reports
* Activity calendars, evaluation records, one-on-one visit lists and leisure interests survey
* Archive records
* Audits, surveys and action plans
* Care recipient handbook and information pack
* Clinical incident trending documents
* Competency assessments for motorised mobility aids
* Continuous improvement plan and comments and complaints file
* Corrective and preventative maintenance schedules and records, including electronic tagging, external contractor records including pest control and emergency equipment servicing data
* Diet choices, dietary requirements information and menus
* Electronic hazard and incident reporting records, and electronic mandatory reporting system
* Emergency procedures manual, log books and care recipient mobility list
* Equipment inventory
* External food safety audit report and local council inspection record, food safety program records and cleaning schedules
* Laundry and cleaners handbook, work instructions and clothing label system
* Medication management documentation
* Meeting minutes, email correspondence, message board, memoranda, handover sheets, communication books and diaries
* Outbreak management documentation and notification of infection records to public health unit
* Policies and procedures
* Professional registrations, police certificate, mandatory training and performance appraisal matrices
* Safety data sheets and hazardous substances register
* Staff handbook, job descriptions and duty statements
* Staff rosters and allocation records
* Training information, education planner, flyers, attendance records, evaluations and orientation records.

## Observations

The team observed the following:

* Access to internal/external complaints, advocacy information and secure suggestion boxes
* Activities and events in progress
* Display of relevant information including mission and core values statement, Charter of care recipients’ rights and responsibilities, and notification of re-accreditation visit displayed
* Equipment, supplies and archive storage areas
* Fire detection system, evacuation signs displayed and evacuation backpacks
* Interactions between staff and care recipients
* Living environment
* Meal and drinks services, and care recipients being assisted with their meals
* Medication administration and storage
* Outbreak and spill kits, and access to personal protective equipment
* Safe storage of chemicals and oxygen
* Short group observation in Leeds and Warwick lounge areas
* Visitor/contractor signing register.

# 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 services, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

There are systems and processes to identify, plan, implement and evaluate continuous improvement activities. Reporting and feedback mechanisms are available for staff and visitors to identify opportunities for improvement. Information from sources such as comments and complaints forms, audits, hazard/incident reports, surveys and meetings is recorded, analysed, actioned and feedback given to stakeholders as required. Improvements requiring ongoing action are added to the plan for continuous improvement and are evaluated for effectiveness. Staff and care recipients are provided with information regarding continuous improvement activities via meetings, the electronic messaging system and information posted in accessible areas throughout the home. Staff and care recipients/representatives confirmed they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

Recent examples of improvements in relation to Standard 1 Management systems, staffing and organisational development are described below.

* To meet staffing needs following expansion of the home, management wanted an efficient way to interview large quantities of care staff and select those with good communication and practical skills. The home trialled a task based recruiting system using existing staff and care recipients to create simulated care tasks and duties. Staff and care recipients were involved in the final selection of shortlisted staff. Management reported they were able to employ staff who had better skills and aptitude to work in the home using the task based method and care recipients enjoyed being involved in the recruitment process.
* Management identified the need to make site orientation for new staff more specific to the home. In response, a new program was developed to allow key staff at the home to discuss topics relevant to their area. Review of documentation showed staff feel the process enables new staff to become more familiar with their roles more quickly and increases new staff awareness of key personnel and their roles in the home.

### 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 all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from the relevant corporate committee, who updates policies as required. Membership of industry representative bodies and access to external consultants provides avenues for updates in relation to legislative amendments and changes. Management provides staff with information regarding changes through education, meetings and memoranda. The home monitors compliance through internal and external auditing programs and other feedback mechanisms. There are processes to monitor police certificates, professional registrations and working visas. Care recipients’ fees and charges are set according to legislation, and care recipients and representatives have access to external complaints processes. Care recipients and representatives reported they were informed of the re-accreditation audit via correspondence and signage within the home.

### 1.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identifies training needs through feedback and requests from staff, satisfaction surveys, audits, accident/incident reports, observation of work practices and performance appraisals. New staff attend corporate and site orientation and have buddy shifts, and the organisation uses specific software to schedule, record and monitor staff attendance at induction, mandatory training and site specific or optional training. Training is conducted in person, via electronic media and by self-directed learning through the corporate intranet. Representatives of the facility attend peak body conferences and disseminate the information through the home. Staff reported they have access to a variety of training and education opportunities.

Recent examples of education related to Standard 1 Management systems, staffing and organisational development are listed below.

* Accreditation staff roles and responsibilities
* Continuous improvement
* Electronic care system
* Electronic safety management system
* Teamwork.

### 1.4 Comments and complaints

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

#### Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure avenues for submitting anonymous feedback forms. The home displays information on internal and external complaints and advocacy services. Management advised the comment and complaint process is discussed with care recipients and their representatives on entering the home, at care recipient/representative meetings, and in newsletters and the handbook. Management actions all comments and complaints and provides feedback to the originator if requested. The home measures the effectiveness of the comments and complaints process via satisfaction surveys and general feedback. Staff advised they are informed about the home’s comments and complaints process during orientation, and they advocate on behalf of care recipients as required. Most care recipients reported they are aware of the feedback process and management is responsive to any comments or complaints they have. However, four of 16 respondents to the consumer experience interview advised that generally, managers and staff are approachable and they can speak with them directly. However, their concerns are not always escalated to the correct person and therefore not always resolved 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 organisation’s vision, mission statement, values and philosophy are consistently documented in care recipient and staff handbooks, and displayed within the home. Organisational charts are available to outline internal reporting requirements. Key standards are developed and reviewed to provide a framework for staff and management to work together to fulfil the organisation’s mission and achieve objectives.

### 1.6 Human resource management

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

#### Team's findings

The home meets this expected outcome

The home has access to appropriately skilled and qualified staff to ensure services are delivered in accordance with care recipients’ needs. The facility manager and clinical nurse managers review staffing levels based on care recipients’ care needs and feedback from stakeholders. The home uses formal processes to recruit and retain staff, as well as to monitor police certificates, any working visas and professional registrations. A ‘buddy’ program provides new staff with additional support from an experienced staff member. Staff performance is monitored via annual appraisals and feedback mechanisms such as surveys and audits. Electronic rostering systems ensure staff have the skills and knowledge required. Staff reported they generally have the time to complete their work otherwise would hand over to oncoming staff, and have the appropriate skills to conduct their roles effectively. While the majority of care recipients/representatives interviewed reported staff have the required skills and knowledge, two of 16 respondents to the consumer experience interview indicated they have to tell new staff how meet their care needs.

### 1.7 Inventory and equipment

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

#### Team's findings

The home meets this expected outcome

The home has adequate supplies of appropriate stock and equipment to enable the delivery of quality services. Electronic systems ensure stock control, rotation and ordering consistency meets the needs of the home. The home monitors the effectiveness of storage, condition and availability of goods and equipment via audits, inspections and reporting mechanisms. Corrective and preventative maintenance programs are directed by the organisation and conducted by the maintenance officers. Training is available for the appropriate use of electronic and mechanical equipment. Staff reported they generally have enough equipment and supplies to undertake their duties and repairs are made in a timely manner. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment to meet their needs.

### 1.8 Information systems

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

#### Team's findings

The home meets this expected outcome

The home has processes to facilitate the collection, analysis, storage, retrieval and archiving of information related to care and operational matters. The home and organisation have a schedule of meetings to ensure effective dissemination of information and provide a forum for raising opportunities for improvement, comments, complaints and suggestions. Electronic information is stored securely, password protected and backed up by the organisation. Standardised documents, policies and procedures are reviewed by the organisation and accessible via the internal webpage~~.~~ Key staff receive updates via memoranda, electronic messaging service, emails, through training and at meetings. Staff reported they have access to information relevant to their roles, attend regular meetings, and receive information via handovers, meetings, diaries and noticeboards. The majority of care recipients and representatives stated they have access to sufficient information appropriate to their needs. However, two of 16 respondents to the consumer experience interview advised staff do not always explain things to them and are not always told what is about to happen when staff enter their room.

### 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 ensures all externally sourced services are provided in a way that meets the home’s needs and quality of service. Established systems and processes assist in the purchasing of goods and services via a preferred suppliers list, and contract agreements describe the responsibilities of relevant parties. The quality of service is monitored annually through service records and feedback from stakeholders. Review of services is taken into consideration prior to renewing contracts. Care recipients, representatives and staff reported satisfaction with the quality of service they receive from external service providers.

## 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

In relation to Standard 2 Health and personal care, staff record care recipient accidents and incidents, and this information is collated monthly and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients’ physical and mental health.

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

* Physiotherapy staff identified an opportunity to improve care recipients’ balance by creating a balance class using a scheduled range of exercises and equipment. Staff report care recipients who attend the class have achieved an increased range of mobility and decreased the number of falls they sustain.
* To assist care recipients, representatives and staff to cope with the bereavement process following a care recipient’s death, the home has introduced a new farewell process. Following a care recipient death, staff and care recipients form an honour guard as the care recipient is taken from the home. Staff and care recipients sign a sympathy card to send to the bereaved family and a memorial service is held. Review of documentation showed feedback from staff, families and other care recipients has been positive.

### 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

Systems and processes identify and ensure the home achieves and maintains ongoing regulatory compliance in relation to care recipients’ health and personal care. Clinical staff oversee initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Internal and external audits ensure medication storage and administration complies with relevant guidelines. Corporate committees monitor any changes in legislation and alerts the home’s management and staff through the intranet, meetings or memoranda. The home has a policy and procedure for unexplained absences of care recipients. Care recipients and representatives reported care services are received in accordance with specified care service requirements.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Management and staff have the knowledge and skills to provide appropriate health and personal care to care recipients. Refer to expected outcome 1.3 Education and staff development for a description of the system.

Recent examples of education related to Standard 2 Health and personal care are listed below.

* Continence care
* Management of dysphagia and texture modified food and fluids
* Managing falls risk
* Pain management and palliative care
* Prevention of pressure areas.

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed through incident analysis, reviews and feedback. Changes in care needs are identified and documented and, where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. Care recipients and representatives interviewed stated they are satisfied with the clinical care being provided. However, two of 16 respondents to the consumer experience interview indicated they would like the medical practitioners to visit more frequently.

### 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 through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and allied health professionals, is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Registered nurses are available onsite 24 hours a day, seven days a week, to assess and oversee specific care requirements. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Management provides education for staff relating to specialised nursing care needs when required. Care recipients and representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 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 has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Two physiotherapists and an occupational therapist are available five days per week. Nursing and allied health staff and medical practitioners refer care recipients to services, such as podiatry, optometry, dentists, wound care providers, and palliative and mental health specialists. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 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 ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical practitioners prescribe and review medication orders and these are dispensed by the pharmacy service. There is a process to ensure adequate supplies of medications including those required urgently or after hours. The home has an imprest system that provides care recipients with timely access to medications. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. Registered nurses and medical practitioners assess and regularly review and monitor care recipients who self-administer medication. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Staff who administer or assist with medications receive education in relation to this. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a 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

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical practitioners and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are satisfied care recipients are as free as possible from pain. Four care recipients particularly mentioned the effectiveness of the 'power over pain' clinic in assisting them to effectively manage their pain.

### 2.9 Palliative care

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

#### Team's findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical practitioners, palliative care specialist teams and other health specialist services as required. Equipment to support the care recipient during the end stage of life is available. Care recipients and representatives expressed confidence, when required, staff would manage care recipients' palliative care needs competently, including the maintenance of their comfort and dignity. Representatives of care recipients who recently received end of life care were appreciative of the care provided in supporting the care recipient's needs and preferences.

### 2.10 Nutrition and hydration

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

#### Team's findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry to the home. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. The home provides staff assistance, equipment, special diets and nutritional supplements to support care recipients' nutrition and hydration. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. Care recipients are weighed monthly and weight loss/gain is monitored. A three-day food intake record is completed during the initial assessment period and when nutritional concerns are identified. Referral to medical practitioners, speech pathologist or dietician for investigation and treatment are initiated as necessary. Staff reported they have been provided with education to ensure they are able to safely assist care recipients with their meals and drinks, and demonstrated an understanding of care recipients' needs and preferences including the need for assistance, texture modified diets or specialised equipment. Care recipients and representatives interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 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 care requirements, preferences and special needs are assessed and identified in consultation with care recipients and/or representatives. Nursing staff determine care recipients at risk of developing pressure areas and document specific instructions to maintain skin integrity, such as positioning, the use of emollients and protective clothing. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. The clinical nurse managers oversee wound management and registered or enrolled nurses are responsible for wound treatments, completion of treatment records and documenting interventions. Referral processes to wound care specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care, and this includes a process for documenting and analysing incidents relating to skin integrity. Care recipients and representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipient’s continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Staff have access to a continence nurse advisor who attends the site on a regular basis to support care recipients’ continence management. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management, and this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients and representatives interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 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

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. Referrals to specialist services, including community older adult mental health teams are made in consultation with the medial practitioner and the care recipient’s representative. The home practices a minimal restraint policy, and where restraint is used it has been assessed, authorised and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis. The home's monitoring processes identify opportunities for improvement relating to behaviour management, and this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipient’s challenging behaviours and the home offers a secured environment for those care recipients who are at risk of wandering. Staff were observed using various strategies to effectively manage challenging behaviours whilst supporting the dignity of the care recipient. Care recipients and representatives stated staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team's findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Where a need is identified, referrals are made to medical practitioners and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. An accident and incident reporting system includes analysis of incidents to identify trends and implementation of strategies to reduce falls. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs including appropriate seating and other aids to assist care recipients to improve their independence. Associated programs including balance programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and, where necessary, referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Optometry services visit the home on a regular basis and care recipients are supported to attend external appointments to a provider of their choice. Staff use a range of communication strategies to interact with care recipients and assist care recipients with glasses and hearing aids as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipient’s needs. The activity program incorporates sensory stimulation such as massage, music, large print books, gardening and cooking. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient 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

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through initial assessment processes. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Strategies used to help care recipients’ sleep include offering food or a warm drink, massage, position change, relaxing music, pain management and appropriate continence management. The environment is optimised to ensure it supports natural sleep and minimises disruption. Staff identify and address barriers to natural sleep including pain, continence needs, hunger, lack of exercise and emotional state when planning care. Care recipients and representatives interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

## Standard 3 - Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system. In relation to care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Staff encourage and support care recipients and others to provide feedback and suggestions.

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

* During a care recipient survey, several care recipients requested more assistance to help them practice their Catholic faith. To better meet their spiritual needs, management purchased training material to enable therapy staff to conduct a rosary service. Review of documentation showed care recipients are enjoying attending the new weekly service.
* To encourage families to bring their children to the home, management has provided an indoor play area with toys and play equipment. Management reported more children are now attending the home. We observed care recipients and their families enjoying the area during the visit. Management reported they intend to provide an outdoor area for children as the home expands.

### 3.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Care recipients are informed about their rights and responsibilities in information provided to them on entering the home. Information updates are advised in writing and discussed at care recipient and representative meetings. The home provides each care recipient with an agreement outlining fees, level of care and services, and tenure arrangements. There are policies and procedures for the compulsory reporting of care recipient assault and unexplained absence. Staff are informed of changes in legislation relevant to care recipient lifestyle through the intranet, training, memoranda and meetings.

### 3.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for a description of the system.

Recent examples of education related to Standard 3 Care recipient lifestyle are listed below.

* Dignity in care
* Elder abuse and compulsory reporting
* Managing anxiety
* Person centred care
* Providing emotional support
* Therapy training.

### 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

Care recipients' emotional needs are identified when entering the home and on an ongoing basis. Processes to assist care recipients are provided with information prior to entering the home, support during the settling in period, involvement of family and significant others in collecting personal information and the life history about the care recipient, and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified needs, and concerns relating to emotional health are referred to appropriate support services where required. Information systems, such as noticeboards, newsletters and meetings, inform care recipients about what is happening at the home enabling them to raise issues and concerns. Care recipients are encouraged to personalise their living area and visitors including pets are encouraged. Staff were observed to show warmth, respect, empathy and understanding in their interactions with care recipients. The majority of care recipients and representatives are satisfied care recipients are supported when they enter the home and on an ongoing basis, including times of particular need.

### 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' needs and preferences are assessed on entering the home and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Strategies to promote care recipients' independence are documented in the care plan, evaluated and regularly reviewed to ensure they remain current and effective. Lifestyle, sensory, therapeutic and exercise programs are scheduled to assist care recipients’ functional abilities and promote independence. Appropriate equipment and assistive devices are available to support mobility, communication and sensory loss to ensure care recipients' independence is maximised. Staff could describe strategies to maintain care recipients' independence in accordance with individual abilities such as assisting to access community groups, maintain friendships and contact family and friends. Care recipients and representatives are generally satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the home. One respondent to the consumer experience interview advised they are not always encouraged to maintain their independence as they are rushed by staff during personal care and do not receive assistance to access the outdoors.

### 3.6 Privacy and dignity

This expected outcome requires that "each care recipient’s right to privacy, dignity and confidentiality is recognised and respected".

#### Team's findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entering the home and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented and this information is documented in the care plan. The living environment supports care recipients' need for personal space and there are areas available within the home where care recipients, relatives and friends can meet privately. Written consent is obtained from care recipients and/or their representatives to access personal information, display photographs and publish their names in newsletters. Staff have received education in relation to privacy, dignity and confidentiality and respect care recipient choices when addressing them by preferred names and requesting access to enter rooms. Care recipients and representatives confirmed staff generally treat everyone with respect, are satisfied their privacy is respected and staff ensure their dignity is maintained.

### 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' interests and activities of choice are identified on entering the home using an ‘about me’ and leisure and lifestyle assessment, and barriers to participation, past history, and cultural and spiritual needs are recognised and collected. This information is recorded on a leisure and occupational therapy care plan and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of physical, cognitive and sensory activities are available, that are reviewed and evaluated on a regular basis to ensure it continues to meet the needs and preferences of care recipients. Special events are celebrated and care recipient representatives are invited to attend. The activities program respects care recipients' varied needs and includes group, gender specific, one-on-one and community activities and care recipients are encouraged to have regular input into the program. Care recipients are generally satisfied with the activities provided and confirmed they are supported to participate in activities of interest to them. Three respondents to the consumer experience interview advised they would like more physical and cognitive activities to maintain their abilities.

### 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

Individual care recipient’s customs, beliefs, and cultural and ethnic backgrounds are identified on entering the home through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home has access to support services such as interpreters and community groups, and provision is made for the celebration of special days and events of significance. Care recipients have access to religious services at the home and cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. Staff support care recipients to attend and participate in activities and events of their choice within and outside the home. Care recipients and representatives confirmed care recipients' customs and beliefs are respected.

### 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

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entering the home and on an ongoing basis. Care recipients’ choices and preferences are identified and documented during the assessment process. The home assesses each care recipient’s ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. A variety of strategies are utilised to encourage care recipient participation in decision-making including care recipient meetings, comments/complaints mechanism, case conferences, surveys and feedback forms. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and staff respect their choices.

### 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

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges prior to and on entering the home. Information is available in different languages for those care recipients who are from culturally and linguistically diverse backgrounds. The care recipient's agreement is accompanied by an information package and handbook which outlines care recipients’ rights, responsibilities and feedback mechanisms. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. Any changes in room and/or location within the home are carried out in consultation with care recipients and/or their representative. Staff demonstrated an understanding of care recipients’ rights. Care recipients and representatives confirmed they are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 - Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

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

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

* Management identified an opportunity to improve hazard and incident reporting via a new electronic reporting system. This system has now replaced the old paper based reporting system. Staff are able to enter the relevant information onto portable electronic tablets. Management and maintenance staff reported they are now better able to track the reporting and actioning processes of incidents and hazards.
* To improve the dining experience for care recipients, management introduced a fine dining initiative. This includes more choice of food and allowing care recipients to attend the dining room for a cooked breakfast at a time of their choice. Management plans to fully evaluate the fine dining initiative at the end of November 2017 but early feedback from care recipients 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

The home has management systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency preparedness are routinely inspected and audited. Safety data sheets are stored with chemicals, and infection control guidelines are available. The home has a food safety program to provide staff guidance. Interviews with staff confirmed their knowledge of regulatory compliance requirements.

### 4.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

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

Recent examples of education related to Standard 4 Physical environment and safe systems are listed below.

* Excellence in dining
* Firewarden training
* Food safety training
* Manual handling
* Occupational health and safety
* Outbreak management and hand hygiene
* Safe management of chemicals.

### 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 provide a safe and comfortable secure environment consistent with care recipients’ needs. Single and double rooms include an ensuite and air conditioning and care recipients are encouraged to personalise their space with small items of furniture and mementos. There are areas inside and outside the building to enable care recipients to socialise with family and friends. Monthly audits are carried out to ensure the physical environment is safe and comfortable. Staff described the ways they ensure the safety of care recipients through specialised equipment, hazard reporting, and tagging and reporting of non-functioning equipment. The environment is well-maintained, clean, clutter and odour free withsufficient furniture to meet care recipients’ requirements. The majority of care recipients and representatives expressed their satisfaction with temperature, noise, safety and comfort of the living environment.

### 4.5 Occupational health and safety

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

#### Team’s findings

The home meets this expected outcome

Management and staff actively provide a safe working environment that meets regulatory requirements. Staff are oriented to their occupational health and safety responsibilities, and organisational safety policies and procedures guide and direct staff practice. Management and staff regularly assess the physical environment, report risks, identify potential and actual hazards, and trend and analyse accidents and incidents via the electronic hazard and incident reporting system. Staff receive information on their occupational health and safety responsibilities during orientation, general meetings and memoranda. Occupational safety and health resource staff and other staff described how they identify and report hazards and accidents and stated management is proactive in providing a safe working environment.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

The home has systems and processes to provide a safe environment and reduce the risk of emergencies, fire and safety breaches. Organisational fire, security and emergency procedures are available to staff, care recipients and visitors and inform them how to proceed in the event of an emergency. The building is equipped with a range of fire prevention and fighting equipment. Contracted services carry out routine inspections and the testing of fire systems. There is a sign-in/sign-out register at the front door/reception for visitors and contractors to the home. Access to the building is restricted after hours for the safety and security of staff and care recipients. Staff attend regular training relating to fire drills and other emergencies. Staff interviewed described procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported they feel confident staff would assist them during an emergency.

### 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 processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. The program is managed by senior clinical staff and incorporates a range of procedures and practices to ensure infections are identified, treated and contained. Staff and management follow required guidelines for reporting and management of notifiable infections. The home identifies opportunities for improvement through observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff are satisfied with the prevention and management of infection.

### 4.8 Catering, cleaning and laundry services

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

#### Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to catering, cleaning and laundry services on entering the home through assessment processes and consultation with the care recipient and their representatives. The menu has been reviewed by a dietitian, with input from care recipients and meals are freshly cooked on site. Personal laundry is labelled, laundered and returned promptly and a program of scheduled detail and spot cleaning occurs by a team of dedicated staff. Hospitality services provided are closely monitored and regularly reviewed based on feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed reported they readily have access to information about care recipient preferences and dietary requirements and receive feedback about services provided. Care recipients and representatives are satisfied the cleaning and laundry services meet their needs and make their stay more comfortable and are generally satisfied with the catering services. However, nine respondents to the consumer experience interview advised they only like the food some of the time as the meals require more flavour, variety, more attention to how meals are cooked and the presentation of meals could be improved.