



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Bethanie Geneff RACS ID: 7181

Approved Provider: The Bethanie Group Incorporated

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 10 November 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 4/23/2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 19 June 2015 to 19 January 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 10 November 2017

Accreditation expiry date 19 January 2019



Australian Government

Australian Aged Care Quality Agency

Bethanie Geneff

RACS ID 7181
39 Hertha Road
INNALOO WA 6018

Approved provider: The Bethanie Group Incorporated

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 19 June 2018.

We made our decision on 23 April 2015.

The audit was conducted on 18 March 2015 to 19 March 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development	
Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.	
Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care	
Principle: Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.	
Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle		
Principle:		
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Quality Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems		
Principle:		
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.		
Expected outcome		Quality Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



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Australian Aged Care Quality Agency

Audit Report

Bethanie Geneff 7181

Approved provider: The Bethanie Group Incorporated

Introduction

This is the report of a re-accreditation audit from 18 March 2015 to 19 March 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 18 March 2015 to 19 March 2015.

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

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

Assessment team

Team leader:	Tina (Christina) Merry
Team member:	Alison James

Approved provider details

Approved provider:	The Bethanie Group Incorporated
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Details of home

Name of home:	Bethanie Geneff
RACS ID:	7181

Total number of allocated places:	32
Number of care recipients during audit:	28
Number of care recipients receiving high care during audit:	21
Special needs catered for:	Nil specified

Street:	39 Hertha Road	State:	WA
City:	INNALOO	Postcode:	6018
Phone number:	08 6222 9550	Facsimile:	08 9222 9555
E-mail address:	joanne.douglas@bethanie.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Care recipients/representatives	7
General manager residential	1	Care staff	6
Clinical nurse	1	Maintenance staff	2
Clinical nurse specialist	1	Hospitality staff	3
Occupational therapist	1	Administration assistant	1
Physiotherapist	1	Occupational health and safety consultant	1
Therapy services manager	1	Infection control nurse	1

Sampled documents

	Number		Number
Care recipients' assessments, progress notes and care plans	6	Care recipient agreement documentation	4
Electronic medication profiles and signing sheets	6	Personnel files	5
Self-medicating authorisations	5	External service agreements	4

Other documents reviewed

The team also reviewed:

- Activity program and therapy statistics
- Agency staff induction records
- Archived files and register
- Audits and surveys
- Care recipients' information package
- Cleaning schedules
- Clinical indicator reports
- Comments and complaints
- Communications book and diary
- Diet summary sheets
- Electronic maintenance records and systems
- Emergency response plan
- Hazard reports
- Job descriptions and duty statements
- Meeting minutes, memoranda and newsletters

- Observation charts (application of heat packs, blood glucose monitoring, blood pressure, weights and bowel charts)
- Plan for continuous improvement
- Policies and procedures
- Register police certificates staff and volunteers
- Training records and evaluation.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information and secure suggestion box
- Activities calendar displayed and activities in progress
- Administration and storage of medications
- Charter of residents' rights and responsibilities displayed
- Chemical storage and safety data sheets
- Emergency exits and fire-fighting equipment, fire plan and location maps
- Equipment and supply storage areas (continence, equipment, medical supplies, paper products, linen and sharps disposal)
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Meal service
- Mission, vision and values displayed
- Noticeboards and displayed information
- Short group observation in dining room
- Spills and outbreak kits
- Wound care trolley.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home demonstrates a systematic, ongoing effort to raise performance across all four Accreditation Standards and is receptive to suggestions for improvement from staff, care recipients, representatives, and other stakeholders. Improvements are planned and implemented to meet clearly defined objectives and consideration is given, at an early stage, to how results will be measured and evaluated. Implementation is progressively reviewed to include the assessed benefit to care recipients and others and, where appropriate, policies and procedures are updated to ensure changes are incorporated into the way staff work at the home. Staff reported they are encouraged to contribute to improvement activities. Care recipients and representatives reported satisfaction with management's responsiveness to feedback.

Examples of current or recent improvement activities related to Standard 1 – Management systems, staffing and organisational development are described below.

- In order to manage the risk of stocks of cleaning materials and other consumables falling below acceptable levels, staff documented the items and quantities of stock which need to be maintained at the home. This initiative was evaluated by staff as being very useful, especially when staff usually responsible for the maintenance of supplies are on annual leave. This process has now been extended to ensure the home's medical consumable requirements are documented in a similar way and appropriate stocks maintained at all times.
- Management identified the area previously used for the storage of archival material did not offer sufficient protection against fire and/or damage from pests. A staff member researched alternate options and a decision was made to use an external service provider. All archived material was reviewed and relabelled using the purchased barcode system prior to removal from the home. The new system also ensures files with similar destruction dates are stored together. Archived material has recently been retrieved from the new storage facility demonstrating the system to be effective and reliable.

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 established systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. The organisation receives updates on legislative and regulatory changes from various government agencies and departments and from the industry groups to which it subscribes. This information is electronically relayed to the home and receipt acknowledged. Staff are advised of changes via electronic media, staff meetings, memoranda and education. Policies, procedures and other working documents are updated and there are mechanisms to ensure staff access current versions. Where appropriate, changes are discussed with care recipients and representatives and printed material updated as required. Management is supported by specialist corporate staff in their compliance activities and monitor compliance through regularly scheduled audits, surveys and the supervision of staff. The home demonstrates appropriate corrective actions are undertaken where non-compliance is identified. The organisation’s human resource department has implemented procedures to ensure all staff have a current police certificate on commencement and throughout their employment at 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 organisation ensures management and staff have appropriate knowledge and skills to perform their roles effectively through sound recruitment, orientation, performance monitoring and education processes. All staff attend a corporate induction prior to commencement of employment followed by a site specific occupational health and safety (OHS) induction. New staff complete online mandatory training units within their first three months of employment. Additional training opportunities are provided in response to the changing needs of care recipients, information collected from performance appraisals and the analyses of care recipient incident data. Staff attendance at training sessions is recorded and monitored. Training packages include set objectives and are evaluated for effectiveness. Care recipients and representatives stated care recipients feel confident in the knowledge and skills of staff at the home.

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

- Comments and complaints management
- Living the 6 signature behaviours
- Strategic direction overview.

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 provides information to care recipients and representatives about their access to internal and external complaints mechanisms at resident meetings, via the resident handbook and posters and pamphlets displayed throughout the home. A suggestion box is located in the reception area for secure delivery of the home's comments and complaints forms. Management investigates and, where appropriate, takes steps to remedy complaints in a timely manner and provide feedback to the originator. Complaints are logged, summarised and regularly reviewed to identify emerging trends and opportunities for improvement activities. The home regularly conducts a survey to determine care recipient and representative satisfaction with the management of complaints at the home. Staff reported they are aware of their advocacy role and offer assistance to care recipients who wish to make a comment or complaint. Care recipients and representatives reported they feel comfortable to voice their concerns.

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 mission, vision and values are published and are on display in the front foyer at the home. This information is included on the organisation's website and in information sent to potential new care recipients and representatives. New staff are provided with information about the organisation's mission, values and expected behaviours on commencement of employment with the organisation.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff to ensure care recipients receive services in accordance with their needs and preferences. The organisation has a human resource department which assists management in the recruitment and ongoing development of staff. Job descriptions and duty statements guide staff in the performance of their roles. The home has a performance development system which involves a formal performance development review, mandatory and other identified training, personal development, management of poor performance and recognition of achievements and innovation. Management regularly reviews the roster to ensure the adequacy of staff skills in relation to the changing care needs of care recipients and effective management of staff absenteeism. Care recipients and representatives reported their satisfaction with the skills knowledge and responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home maintains stocks of appropriate goods and equipment for quality service delivery. Equipment and other requirements are assessed annually as part of the budget process, and feedback from care recipients, representatives and staff is taken into account when making purchasing decisions. Assistance in purchasing equipment is provided by the procurement team at head office. This centralised process provides standardisation of equipment, assessment of quality, appropriateness and alignment of occupational health and safety requirements. The home's maintenance officer inspects and maintains equipment in accordance with established preventative and reactive maintenance programs, or where specified services are required, work is outsourced to preferred suppliers. Staff, care recipients and representatives reported they are satisfied with the quantity and quality of supplies and equipment.

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

There are effective information management systems at the home. Computer access is restricted by staff role and there is a backup system. Management receives electronic updates and communications and disseminates information to staff appropriate to their roles and responsibilities. Care recipient and staff files are stored securely with access limited to appropriate personnel. Information no longer actively used is indexed for ease of retrieval and stored securely. A meeting structure facilitates information dissemination throughout the organisation and information at the home is exchanged via memoranda, noticeboards, communication books and meetings. Care recipients and representatives are kept informed via newsletters and regular meetings. Care recipients and representatives reported they have access to information that enables them to make informed decisions about care recipients' care and lifestyle.

1.9 External services

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

Team's findings

The home meets this expected outcome

There are established systems and processes to ensure externally sourced services meet the needs and service quality goals of the home. The organisation has a procurement department and manager to oversee the development and monitoring of contracts and tenders. Managers and relevant staff are involved in the development of specifications, assessment of tenders and awarding of contracts. The organisation maintains a preferred supplier list that is used for the majority of non-contracted purchases. Suppliers are required to meet the organisation's requirement in relation to standards and pricing. Specialised allied health services including podiatry, dietary, speech pathologist and pharmaceutical services

are all provided by external providers. Staff, care recipients and their representatives stated they are satisfied with the quality of services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

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

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

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

- To ensure all care recipients identified as requiring nutritional supplements receive them, information has been added to the care recipient's medication profiles to remind staff to administer the supplement. The home now has documented evidence that supplements are being consistently given to care recipients and can more reliably evaluate the impact of supplements on their nutritional status.
- To increase staff awareness of the modified cutlery and crockery requirements of care recipients with limited dexterity and other needs, a staff member has photographed the appropriate meal setting for each care recipient and placed these in a file in the kitchen. This measure, combined with other mechanisms which advise staff of care recipients' needs and preferences, enhances the dining experience and optimises nutritional intake for all care recipients. Staff have reported to management they find the photographs to be very useful and are now aware of care recipients' specialised mealtime equipment.
- Following consultation with the care recipient, their representative and general practitioner, three care recipients identified as requiring short-term specialised treatment were assessed and treated by a priority response team. The care recipients were given intravenous antibiotics in the comfort of their own home and a visit to the hospital emergency department avoided. Care recipients and representatives provided feedback to management that it was good to be able to stay in their own home. Having established a link with the service, management reported they would use them again should the need arise.
- In order to ensure care recipients' sensory aids can be easily identified photographs have been taken of care recipients' sensory aids and are displayed in a folder for staff to access. Care recipients were also provided with containers for safe storage of hearing aids at night, and offered a denture marking service. When the photograph initiative was evaluated in February 2015 it was found to be so useful to staff in returning lost items to care recipients and the project was extended to include photographs of care recipients' valuables for those who wished to avail themselves of this service.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to health and personal care. A clinical nurse assesses care recipients’ clinical care needs and develops care plans to guide staff in the delivery of care recipients’ individual care requirements. Medication competent care staff administer prescribed medications and ensure they are stored safely and correctly. Relevant staff monitor and maintain professional registrations for currency. There are established policies and procedures for managing incidents requiring mandatory reporting.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

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

- Aged care specific first aid
- Dementia understanding the condition
- Dysphagia
- Falls prevention
- Mental health: defining dementia, depression and delirium
- Oral and dental
- Palliative: loss and grief
- Person centred care
- Stoma care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home uses a multidisciplinary approach to the provision of care that includes the general practitioner, clinical nurse, care staff, physiotherapist and occupational therapist to ensure care recipients receive appropriate clinical care. A range of validated assessments are undertaken for each care recipient on moving into the home, and a care plan is developed to

guide staff in the care needs of each care recipient. Care plans are reviewed six monthly or sooner if the need arises and further assessments are undertaken annually or when changes occur in care recipient needs. Staff ensure the continuity of care by discussing care recipients' changed needs at handover and via documentation. Care recipient incidents are reported and followed up by the clinical nurse, and via a monthly trend analysis to monitor the care provided. Staff reported they are encouraged and supported to attend training and education to maintain their knowledge and skills. Care recipients and representatives interviewed reported they are satisfied care recipients receive appropriate clinical care.

2.5 Specialised nursing care needs

This expected outcome requires that "care recipients' specialised nursing care needs are identified and met by appropriately qualified nursing staff".

Team's findings

The home meets this expected outcome

Registered nurses are responsible for the assessment, planning, monitoring and evaluation of care recipients' specialised nursing care needs. The registered nurse develops complex care plans that include recommendations from the general practitioner and other health professionals as appropriate. Registered nurses and other health professionals are contactable when required. Care recipients and representatives reported they are satisfied care recipients' specialised nursing care needs are identified and managed by appropriately qualified nursing staff.

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

Nursing staff refer care recipients to appropriate health specialists in accordance with care recipients' needs and preferences. A multidisciplinary team with input from the general practitioner contribute to each care recipient's assessments and identifies the need for input from other health professionals. Nursing staff refer care recipients both internally and externally of the organisation to other health professionals including a physiotherapist, dietician, occupational therapist, dentist, audiologist, optometrist, speech pathologist and mental health services. A podiatrist visits the home on a regular basis and attends to care recipients' needs. Nursing staff access information from other health professionals and implement changes to care recipients' care needs or medication regimes as directed. Care recipients and representatives reported they are satisfied with care recipients' access to other health professionals.

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 established processes for the safe administration, storage, documentation and disposal of medications. Medication competent staff assist care recipients who require support with their medications via a multi-dose blister packed administration system in

accordance with the general practitioner's instructions. The home has processes to access medications after hours. An accredited pharmacist reviews care recipients' medications and this information is made available to the general practitioner for their consideration. Medication audits are undertaken regularly and actioned accordingly. Medication incidents are reported, actioned and analysed monthly to identify any trends. Care recipients and representatives reported they are satisfied care recipients' medications are managed safely and correctly.

2.8 Pain management

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

Team's findings

The home meets this expected outcome

Staff assess each care recipient's pain management needs on moving into the home and on an ongoing basis. A multidisciplinary approach to manage care recipients' pain includes the general practitioner and other allied health professionals. Specific pain assessment tools in the identification of pain include non-verbal descriptors for care recipients with a speech or cognitive deficit. Care recipients' care plans include strategies to alleviate their pain. In addition to pain relief medication alternative therapies are used including heat packs, transcutaneous electrical nerve stimulation (TENS), gentle massage, wax baths and gentle exercise. Staff reported they refer to the clinical nurse if pain relief strategies are not effective. Care recipients and representatives reported they are satisfied care recipients' pain is managed effectively.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

The home's approach to palliative care ensures the comfort and dignity of terminally ill care recipients is maintained in accordance with their needs and preferences. On moving into the home, care recipients and their representatives are encouraged to complete an Advanced care plan, or if preferred, this can be completed at any time during residency. The home provides support to care recipients and their families during end of life care with input from the general practitioner, allied health staff and external palliative care services if required. The clinical nurse develops a specific care plan that guides staff with the personal care, pain and comfort management needs of the care recipient during the palliation. Care recipients and representatives reported they are confident that when the time arises, staff will manage care recipients' palliative care competently, including their privacy and dignity.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Staff assess each care recipient's nutrition and hydration needs on moving into the home and on an ongoing basis. Care recipients' cultural needs, likes and dislikes, allergies and special requirements are documented and communicated to relevant staff. Care recipients

are weighed on moving into the home and monthly thereafter, unless otherwise directed by the general practitioner or dietician. Care recipients identified as having significant weight loss are commenced on nutritional supplements, and if weight loss continues, referred to the dietician. Care recipients identified as having swallowing difficulties are referred to the speech pathologist, and texture modified meals and drinks are provided. Modified crockery and cutlery are available to assist care recipients maintain their independence. Care recipients and representatives reported they are satisfied care recipients receive adequate nutrition and hydration.

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

The home has processes to ensure staff identify and respond to care recipients’ skin integrity and associated health risks on moving into the home. The clinical nurse implements relevant treatments and interventions where they identify a care recipient has the potential for altered skin integrity. A range of equipment is available including pressure and air mattresses, pressure cushions, protective bandaging and the regular application of emollient creams. Staff report incidents of care recipients’ altered skin integrity, and a wound care assessment and treatment plan is commenced and reviewed regularly by the clinical nurse. The home has access to external wound care specialists if required. Staff reported they monitor care recipients’ skin integrity during personal care and report any concerns to the clinical nurse. Care recipients and representatives reported they are satisfied care recipients’ skin integrity is maintained and managed appropriately by the home.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has processes to identify, assess, monitor and manage care recipients’ continence needs on moving into the home and on an ongoing basis. Care recipients are supported to maintain their continence through a range of measures including appropriate continence aids, suitable equipment and scheduled toileting. Staff monitor care recipients’ bowel elimination and interventions are documented and evaluated. Urinary tract infections are monitored via the infection control log, and staff implement strategies as directed by the clinical nurse. A continence advisor is available to provide training, education and support in relation to appropriate continence aids. Staff reported they have sufficient time, equipment and training to manage care recipients’ continence needs effectively. Care recipients and representatives reported they are satisfied care recipients’ continence is managed effectively.

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

On moving into the home an assessment of each care recipient’s behaviours is undertaken. Care plans identify interventions to manage and minimise challenging behaviours. Staff consult with the general practitioner and refer care recipients to mental health services when required, and recommendations are included in the care recipient’s care plan and evaluated for effectiveness. Staff attend training on dementia and how to manage challenging behaviours, and staff described ways they meet the needs of care recipients who display challenging behaviours. Care recipients and representatives reported they are satisfied the needs of care recipients who display challenging behaviours are managed effectively.

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

On moving into the home, care recipients are assessed for their level of mobility, dexterity and falls risk by the clinical nurse, physiotherapist and occupational therapist. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s group and individual exercise and walking programs. Appropriate seating and other aids are available to assist with mobility, and modified crockery and cutlery is available to assist care recipients’ maintain their independence. Staff report and document care recipient falls, and staff respond to these at the time of the incident and analysed monthly to identify any trends. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to maintain 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 is assessed on moving into the home, annually and as required. Care plans identify the amount of assistance each care recipient requires to maintain their oral and dental hygiene. Care recipients are offered the opportunity of seeing the government dentist annually, or if preferred, a dentist of their choice. There is a process to ensure care recipients’ oral and dental equipment is changed on a regular basis. Staff interviewed reported ways they assist care recipients with their oral and dental care. Care recipients and representatives reported they are satisfied care recipients’ oral and dental health is maintained.

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

On moving into the home, qualified staff undertake assessments to identify each care recipient’s sensory losses in all five senses. Care plans include strategies to manage each care recipient’s sensory losses and maximise their independence and participation in activities of daily living. The home’s activity program includes tactile, sensory and auditory activities to stimulate the senses including concerts, craft, cooking and regular food tastings. Care recipients have access to external health professionals if required. Staff reported ways they assist care recipients to manage their sensory losses. Care recipients and representatives reported they are satisfied care recipients’ sensory losses are identified and managed effectively.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure care recipients are able to achieve natural sleep patterns. On moving into the home, a sleep assessment is conducted to identify each care recipient’s preferred time to settle, rise, nightly rituals and sleep disturbances. Staff record interventions to assist care recipients to achieve natural sleep patterns including, toileting, pain relief, extra blankets, drink or snack and night sedation if prescribed. Care recipients and representatives reported they are satisfied care recipients are able 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 information about the home’s continuous improvement systems and processes.

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

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

- An audit at the home identified the signage could be difficult for some people to read. Staff researched how best to use contrasting colours and new signs with a white background and black print were purchased to replace the existing carved wooden signs. Care recipients gave feedback at the residents’ meeting they were supportive of this strategy to assist care recipients to become familiar with the environment and independently access different areas of the home.
- Following an external audit, the home expanded the range of activities designed to maintain care recipients’ cognitive function. An ‘invitation only’ program was established to provide an opportunity for care recipients of similar cognitive ability, to socialise and converse with each other. Staff were consulted to identify care recipients with the same cognition level and events, including themed lunches, are scheduled for each group. Care recipients have provided positive feedback on these events at resident’s meetings and through the home’s feedback forms. Care recipients and representatives provided positive feedback on the weekly quiz circulated by the home, which staff have noted encourages care recipients to engage with their families and broader networks to complete the quiz.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle. Management provides information about care recipients’ rights and responsibilities in the agreement offered to care recipients or their representative prior to moving into the home. Information on external complaints mechanisms and advocacy services is available to care

recipients and representatives. Staff understand the regulatory guidelines for the reporting and management of elder abuse.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

- Manual handling aged care: bariatric focus
- Physio chi
- Tai chi
- Therapy assistant forums.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

Prior to moving into the home, care recipients or their representative are provided with an information pack that contains the resident information book. Care recipients' needs and preferences are discussed with the care recipient and their family, and care recipients are orientated to their room, surroundings and introduced to staff and other care recipients. Staff monitor and support care recipients, and the occupational therapist assesses each care recipient's emotional and social needs. Care plans include the holistic requirements of each care recipient including social and emotional well-being. Care recipients are encouraged to personalise their rooms with furniture, photographs and mementos from home, and family and friends are encouraged to visit regularly. Staff described ways they support care recipients and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients' emotional needs are met on moving into the home and on an ongoing basis.

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

The home has processes to ensure regular assessments of care recipients' needs to maintain their independence. On moving into the home, the occupational therapist undertakes an assessment to identify each care recipient's cognitive level and ability to

participate in activities of daily living. Care plans consider the sensory, mobility and cognitive ability of each care recipient when promoting independence. The home encourages care recipients to maintain friendships inside and outside of the home, regular social outings are organised and care recipients have access to a telephone and the internet. Staff described ways they assist care recipients to maintain their independence and participate in activities of daily living. Care recipients and representatives reported they are satisfied care recipients' are supported to maximise their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients right to privacy, dignity and confidentiality is recognised and respected. Care recipients' confidential information is stored securely and accessed only by authorised personnel. Care recipients and their visitors have access to small lounges, dining areas and gardens for privacy. Staff sign an affirmation of confidentiality upon employment at the home. Staff described ways they maintain care recipients' privacy, dignity and confidentiality and were observed interacting with care recipients in a respectful manner. Care recipients and representatives reported they are satisfied each care recipient's right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

There are processes to encourage and support care recipients to participate in a range of interests and activities of interest to them. On moving into the home, therapy staff gather information from the care recipient about their personal life and past and current interests, and a care plan is developed. The therapy program includes a range of activities for fine and gross motor skills, sensory and cognitive activities. Therapy staff incorporate special events and social outings in the program. Group activities are evaluated and care recipients' attendance and participation in activities is monitored and documented. Staff reported and were observed assisting care recipients to attend and participate in activities, and care recipients' refusal to attend activities is respected. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them.

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

On moving into the home, staff identify each care recipient's interests, customs, beliefs and cultural and ethnic backgrounds, and this information is included in their care plan. Care recipients have access to visiting religious personnel, community visitors, and staff access

additional multi-cultural information when required. Culturally significant events are celebrated including ANZAC day, Easter, Christmas, Remembrance Day and other days of significance to care recipients. Care recipients and representatives reported they are satisfied care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff support care recipients' individual choices and decisions. Resident/representative meetings, family case conferences, surveys and the home's continuous improvement program provide opportunities for feedback and participation in the services care recipients receive. Staff described ways they support care recipients to make choices and decisions including meals, clothing, choice to attend activities and time to attend to personal care. Care recipients and representatives reported care recipients are satisfied with the support provided by staff to enable them to make choices and decisions.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients have secure tenure within the home. Care recipients and their representative are provided with a care recipient information pack that includes the resident agreement prior to moving into the home. The agreement outlines the security of tenure, fees and charges, external complaints, advocacy information and the Charter of residents' rights and responsibilities. Care recipients and representatives have access to the external complaints and advocacy processes, and there is a secure suggestion box for anonymity. Care recipients and representatives access guardianship/administration if required. Care recipients and representatives reported 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

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

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

- To ensure all staff are well informed about safety in the workplace, management in consultation with the home’s elected occupational health and safety representatives, has produced a brochure designed to inform staff of the different aspects of safety. The brochure was distributed at the February 2015 staff meeting and is used as an additional resource for workplace inductions. The home plans to evaluate this initiative when it has been in operation for a few months.
- As there is no pan room, the home now uses disposable papier-mâché equipment to minimise the risk of infection to care recipients and staff. By using a fluid absorber tablet there is no fluid in the disposable urinal bottle, hence no spillage or smell. Staff have assisted care recipients to become familiar with the disposable equipment and a representative has provided feedback that their family member is now familiar with, and happy to use the disposable equipment. Staff reported the disposal products are very effective and useful for the collection of specimens. The incidence of infection at the home will continue to be monitored through established processes.

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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. Staff receive mandatory training in fire safety, and fire equipment is regularly inspected and tested. The home has a food safety program and regular audits are conducted by an external service provider. There are reporting mechanisms for incident and hazards and associated data is reviewed both at the home and at an organisational level. Management provides staff with appropriate personal protective equipment and safety data sheets are available where chemicals are stored and used.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems and processes.

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

- Chemical safety
- Food safety
- Mandatory manual handling training
- Occupational health and safety representative training.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

A safe and comfortable environment is provided to care recipients. Each care recipient's accommodation comprises a single room with ensuite bathroom and a small kitchenette. Care recipients are encouraged to individualise their room with small items of furniture and mementos brought from home. The internal walkways are fitted with handrails and provide access to comfortably furnished communal areas and external courtyards and gardens. Temperature and noise levels are managed to the satisfaction of care recipients and representatives. Care recipients and representatives take part in regular surveys to determine their level of satisfaction with the living environment and to identify areas for improvement. Care recipients and representatives reported care recipients feel safe and comfortable in the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The home has an established safety management system to ensure compliance with occupational health and safety (OHS). The organisational structure supports and encourages safe work practices by clearly defining roles and responsibilities in relation to OHS and providing training and information to staff at orientation and on an ongoing basis. A consultative approach between management, OHS representatives and employees occurs to address issues identified and to minimise safety and health risks. Accidents and incidents are recorded and investigated with a plan of action implemented to reduce exposure to risks. Regular audits are conducted and the results reviewed by management. Staff reported they

are aware of safety management processes through training and meetings, and 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 established processes to guide, respond and reduce the risk of fire, other emergencies and security breaches. Training in these areas is mandatory for staff and is updated every two years. Automatic fire detection systems are installed and are regularly tested and monitored. A security firm is contracted to provide security services to the home, including nightly patrols and response to duress alarms and other calls for assistance. Environmental audits are conducted to confirm corridors and exits are kept free from clutter. Site maps and copies of the emergency plans are strategically located throughout the home to assist staff and emergency services in evacuating the home. Care recipients reported feeling safe in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The organisation has effective systems and processes to guide practice and responses in relation to infection control. A care worker, supported by a corporate infection control consultant, provides a central point of responsibility for the infection control program at the home. Management accesses information on community outbreaks and has contingency plans to manage an outbreak at the home. Care recipients' individual susceptibility to infection is assessed and specific infections managed appropriately. Data is collated on the incidence of infection at the home and analysed to identify opportunities for improvement in infection prevention and control. Staff receive infection control education on commencement of employment and on an ongoing basis, and their practice is monitored via supervision and audits. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an outbreak

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way which enhances care recipients' quality of life. Meals are prepared in a central kitchen using a fresh cook approach. There is a four weekly rotating menu and care recipient feedback is invited when new menus are being planned and informally throughout the year. Catering staff are informed of care recipients' dietary needs and preferences and updated when these change. The dining experience is enhanced through sensory stimulation in a pleasant environment. Cleaning is conducted in accordance with schedules and guidelines, and the environment is regularly monitored to ensure it is clean, comfortable and the risk of infection minimised. All staff take responsibility for cleaning

ad hoc spills to maintain care recipient safety and comfort. The home provides an onsite laundry service for care recipients' clothing and has measures to minimise lost items. Linen is laundered by an external service provider and the home monitors the quality of this service. Care recipients and representatives reported care recipients are satisfied with the hospitality services provided.