



Australian Government

Australian Aged Care Quality Agency

McNamara Lodge

RACS ID 7259
41 Portrush Parade
MEADOW SPRINGS WA 6210

**Approved provider: Australian Flying Corps & Royal Australian Air Force Association
(WA Div) Inc**

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 29 January 2020.

We made our decision on 06 December 2016.

The audit was conducted on 08 November 2016 to 09 November 2016. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

McNamara Lodge 7259

**Approved provider: Australian Flying Corps & Royal Australian Air Force Association
(WA Div) Inc**

Introduction

This is the report of a re-accreditation audit from 08 November 2016 to 09 November 2016 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 08 November 2016 to 09 November 2016.

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

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

Assessment team

Team leader:	Alison James
Team members:	Ben (Benedict) Carroll Jenny Pike

Approved provider details

Approved provider:	Australian Flying Corps & Royal Australian Air Force Association (WA Div) Inc
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Details of home

Name of home:	McNamara Lodge
RACS ID:	7259

Total number of allocated places:	96
Number of care recipients during audit:	94
Number of care recipients receiving high care during audit:	82
Special needs catered for:	Nil specified

Street:	41 Portrush Parade
City:	MEADOW SPRINGS
State:	WA
Postcode:	6210
Phone number:	08 9582 5300
Facsimile:	08 9582 5330
E-mail address:	enquiries@raafawa.org.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Clinical care coordinator	1
Senior human resource advisor	1
Registered nurses	3
Care staff	10
Hospitality staff	4
Domestic staff	3
Therapy staff	4
Administration officers	2
Maintenance officer	1
Care recipients/representatives	16

Sampled documents

Category	Number
Care recipient assessments, care plans and progress notes	8
Wound care assessments and treatment plans	4
Care recipient agreements	3
Personnel files	7
Medication charts	8
Authorisation to self-medicate	16
External service agreements and records	3

Other documents reviewed

The team also reviewed:

- Audits, accident/incident and hazard reports, occupational health and safety risk reports, and workplace inspection records
- Care recipient and staff information handbooks

- Clinical indicator records, reports and analyses, email communication from pharmacy regarding medication audits, matrix to track medication incidents and medication incident tracker form
- Comments and complaints records and trending of received compliments and complaints
- Continuous improvement plan and logs
- Emergency response manual, evacuation list and fire safety equipment maintenance reports
- Food safe and hospitality cleaning schedules, appliance temperature records, menus and cleaning signing sheets
- Job descriptions and duty statements
- Mandatory reporting records including infectious diseases notification
- Meeting minutes, memoranda and signing sheets, newsletters, case conference register, communication diaries and handover sheets
- Observation charts (bowels, blood glucose levels, weights, blood pressure and vital signs)
- Policies and procedures
- Preventative maintenance schedule and corrective maintenance records
- Referrals to other health professionals
- Register for drugs of addiction
- Rosters and staff communication book
- Therapy statistics, activity planner and physiotherapy treatment guides
- Training attendance sheets, calendars and evaluations, matrix to monitor currency of police certificates, professional registrations, and performance appraisals, and orientation records.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information and secure suggestion box
- Activity calendar displayed and activities in progress
- Administration and storage of medications
- Archiving areas and archive records
- Cleaning in progress, access to safety data sheets and secure storage of chemicals

- 'Education on the go' board
- Equipment and supply storage areas (continence aids, personal care items, linen, mobility equipment, clinical supplies and sharps waste management)
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Meals and morning/afternoon tea in process with staff assisting care recipients
- Return container for unlabelled or package damaged medication
- Short group observation during afternoon activity
- Symbols on care recipients doors to mark participation in 'falling star' program.

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

There are systems and processes to identify improvement opportunities and monitor performance against the Accreditation Standards. A range of audits, care recipient and staff surveys, feedback forms, meetings, hazard and incident data are used to identify improvements. Feedback forms are accessed by care recipients, their representatives, staff and visitors to make suggestions and record ideas for improvement. Audit results and feedback are recorded within a quality improvement register, actioned and analysed for trends and opportunities to improve systems and processes. Evaluations of improvements are undertaken by gathering feedback, undertaking audits and monitoring incident data against desired outcomes. Staff confirmed they are able to make suggestions and provide feedback to improve care and services. Care recipients and representatives are generally satisfied management acknowledge and respond to their feedback and suggestions.

Recent improvements undertaken or in progress relating to Standard 1 – Management systems, staffing and organisational development are described below.

- Following an internal review of the education program, the facility manager arranged for more non-mandatory training sessions such as dysphagia and wound care management to be delivered by local external providers. The management team reported, where possible, the home uses local organisations rather than corporate office trainers to educate staff. Staff endorsed this initiative, stating the use of experienced professional specialists makes these sessions more interesting and informative.
- In an effort to determine the effectiveness of internal communications at the home, staff memoranda are released with a signing sheet. We observed memoranda are now stored in a folder located in the staff room. The management team reported the introduction of a signing sheet with each memorandum makes it easier to identify staff who do not read internal communications. Staff interviewed reported the centralisation of memoranda makes it easier to review internal communication if they have been absent.

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 and processes to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines across the Accreditation Standards. The organisation receives updates on legislative and regulatory changes from government agencies and peak bodies. Key personnel are notified of changes and relevant information is provided to staff via meetings and memoranda. Regular audits are planned and undertaken to monitor compliance with legislation and regulations. There is a system to monitor police certificates for new and existing staff, volunteers and, where applicable, external contractors. Care recipients and representatives have access to information regarding the Aged care complaints commissioner and were informed of the re-accreditation audit via individual letters.

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 has processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. New staff are required to undertake a corporate orientation program, site induction and work alongside a mentor on commencement of employment to introduce them to their role and the home. The organisation provides a range of mandatory and elective training, based on the needs of each role. Management monitors the ongoing skills and knowledge of staff via observations, performance appraisals and incidents. Staff confirmed they are encouraged to attend a range of training and education to maintain their skills and knowledge and can request further training to upskill to other roles. Care recipients and representatives are satisfied staff are knowledgeable and have the skills to perform their roles.

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

- Electronic care system training
- Information security
- Management training – human resource systems
- Management workshops
- Mandatory reporting
- Policies and procedures – overview and access
- Support to staff completing tertiary nursing qualifications.

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

Care recipients and their representatives have access to internal and external complaints mechanisms. Information regarding complaints mechanisms and advocacy services is displayed in the home and outlined in the care recipient handbook. Comments and complaints are a standing agenda item at care recipient/representative meetings. Feedback and complaints are able to be submitted verbally, within surveys, and via meetings and forms. Feedback is acknowledged, logged, actioned, collated and analysed for trends to identify opportunities for improvement. Information relating to external complaints mechanisms is accessible and staff and/or interpreters are available to assist non-English speaking care recipients. Care recipients and representatives reported they are generally encouraged to

make comments or raise complaints and feel their feedback is responded to 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 mission statement, vision and values and commitment to quality are recorded in care recipient and staff handbooks. The organisation's mission statement, vision and values are displayed in the home. All such documents have consistent content.

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

There are appropriately skilled and qualified staff employed at the home to ensure care and services are delivered according to care recipients' needs. There is a process of recruitment and selection to support the retention of appropriate staff. New staff are orientated and undertake a site and corporate induction that outlines the home's and organisation's processes. Job descriptions and duty statements are available to guide staff as to their role expectations. Staff skills and knowledge are maintained through mandatory and elective training, specific to their role and care recipient needs. Rosters and staffing allocations are reviewed and amended to support the changing needs of care recipients. Staff receive feedback on their performance via planned reviews. Casual or temporary staff are used to cover leave as required. Staff confirmed they are satisfied with the time allocated to complete their tasks. Care recipients and representatives are satisfied with the manner in which care and services are delivered by the home.

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 stocks and equipment to enable the delivery of quality care and services. Administrative, hospitality and clinical staff, in consultation with the management team, are responsible for the ordering and control of stock to ensure sufficient supplies are available. There is a planned and responsive maintenance program, and equipment is checked, repaired, serviced or replaced by the organisation's maintenance team and/or external service providers. Staff trial the use of new equipment prior to purchase and are provided with training or instructions to use equipment safely and correctly. Staff, care

recipients and representatives are satisfied repairs occur in a timely manner and requests for additional goods or equipment are provided. Care recipients and representatives confirm appropriate goods and equipment are provided by the home and are available to meet the needs of care recipients.

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 systems and processes to support effective information management. Policies and procedures to guide management and staff are accessible and updated in response to changes. Care recipients and representatives are provided with information within handbooks, brochures, care recipient agreements, meetings, care conferences and newsletters. Staff have access to a variety of information sources including handovers, care plans, communication books, meetings, memoranda and noticeboards. Employment and external contracts contain information relating to occupational health and safety practices. All confidential information is stored securely and electronic information is backed-up daily to an offsite location. Electronic information is password protected. Archived information is registered, stored securely on site and can be easily retrieved. Information is received from the collection and analysis of audits, surveys and clinical data. Management and staff confirmed they have access to appropriate information to help them perform their roles. Care recipients and representatives reported they have access to relevant information that is communicated timely and appropriately.

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

External contractors and services are provided in a manner that meets the home's needs and service quality goals. The facility manager is assisted by key staff in overseeing external service agreements and contractors. The service agreement outlines the expectations of the organisation relating to performance and service delivery. The home maintains a list of contractors and preferred suppliers, and the quality of goods and service is monitored prior to renewal of agreements. Staff, care recipients and representatives are satisfied with the level of service provided by external 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

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 report information and monitoring occurs related to care recipient falls, skin and pressure injuries, medication incidents, behaviour responses, restraints and unexplained absences of care recipients, and this information is collated, analysed for trends and reported at meetings. Care recipients and their representatives are invited to undertake care conferences and feedback is used to improve care and services. Care recipients and staff are satisfied the organisation uses their feedback to improve care recipients' physical and mental health.

Examples of improvement activities completed or in progress in the last 12 months related to Standard 2 – Health and personal care are described below.

- Identifying an opportunity to improve palliative care, the facility manager has engaged an external consultancy service. The management team reported the consultancy service is available to provide support to staff and family, and will work in collaboration with the general practitioner to deliver appropriate care to the care recipient. While the home is not actively seeking feedback from family members, it considers any unsolicited feedback provided. Initial written feedback from staff and representatives is positive.
- Acting on a recommendation from their physiotherapist, the home implemented a 'falling star' program. Under the program, the physiotherapist and clinical staff meet each month to review care provided to care recipients with poor mobility and at risk of falling. We reviewed the October 2016 falls team meeting minutes and observed the home monitors the effectiveness of strategies developed for participating care recipients. This is a new initiative which the home will evaluate by tracking the number of fall related incidents each month.

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 systems and processes for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipients’ health and personal care. Care recipients are assessed and provided with care and services by appropriately qualified staff. The home maintains a medication system whereby medication is administered and stored safely and correctly. Professional registrations and qualifications for nursing and allied health employees are monitored and maintained for currency for all professional positions.

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 an overview of the system.

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

- Conditions that increase older people’s risk of falling
- Management of constipation
- Oral health
- Pain, bladder and bowels
- Palliative care
- Responding to behaviours
- The importance of touch
- Urinary tract infections and catheters
- Wound 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 team approach including the general practitioner, registered nurse, physiotherapist, occupational therapist and care staff to ensure care recipients receive appropriate clinical care. On moving into the home, a range of validated assessments are undertaken for each care recipient, and a care plan is developed that outlines the care requirements of each care recipient. Care plans are reviewed six monthly and further assessments are undertaken annually or earlier if changes occur. Staff ensure continuity of care by discussing care recipients’ changed needs at handover and via documentation. Staff report care recipient incidents and accidents to the registered nurse who follows up at the time of the incident. The management team analyse clinical incidents monthly to identify any trends. Staff reported they are encouraged and supported to attend training and education to maintain their knowledge and skills. Care recipients and representatives reported they are generally 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 assessing, implementing, monitoring and evaluating care recipients’ specialised nursing care needs. When required, the registered nurse develops a complex health care plan that includes recommendations from the general practitioner and other health professionals when appropriate. Specialised nursing care needs include oxygen management, diabetes management, catheter care and challenging behaviours. Registered nurses are onsite at all times to provide assistance and support to the staff. Care staff reported the registered nurses are accessible and responsive when required. Care recipients and representatives reported they are satisfied care recipients’ specialised nursing care needs are identified and managed by appropriately qualified 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 the care recipients’ needs and preferences. A multidisciplinary team including the general practitioner contribute to each care recipient’s assessments and identify the need for input from other health professionals. Care recipients are referred to internal and external health professionals including a physiotherapist, occupational therapist, speech pathologist, dietician and mental health services. Nursing staff access information from other health professionals and update care plans and medication regimes as directed. A podiatrist attends the home on a six weekly

basis to attend to the foot care needs of care recipients. Care recipients and representatives reported they are satisfied care recipients are referred to appropriate health professionals in accordance with their needs and preferences.

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 systems and processes to ensure medications are managed safely and correctly. Medication competent staff assist care recipients with medications using a multi-dose blister pack administration system as per the general practitioner’s instructions. Registered staff assess care recipients prior to the administration of ‘as required’ (PRN) medications which are then evaluated for effectiveness. An accredited pharmacist reviews care recipients’ medications on a two yearly basis and this information is available for the general practitioners for their consideration. Medication audits are undertaken on a regular basis and actioned accordingly. Staff reported they document medication incidents which are actioned at the time by the registered nurse 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

Registered nurses assess each care recipient’s pain management needs on moving into the home and on an ongoing basis. A multidisciplinary approach is used to manage care recipients’ pain including the general practitioner and allied health professionals. Specific pain assessment tools are used to identify pain including verbal and non-verbal descriptors for care recipients identified as having a speech or cognitive deficit. Care recipients’ care plans include strategies to manage their pain. In addition to pain management medications, the home uses a variety of alternative therapies including heat packs, massage, gentle exercise, repositioning and hydrotherapy. Care staff were able to describe how care recipients with a cognitive/speech deficit demonstrate pain which is reported to the registered nurse if strategies are not effective. Care recipients and representatives reported they are satisfied care recipients’ pain is identified and managed appropriately.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients are maintained in accordance with their needs and preferences. On moving into the home, or at any time during their residence, care recipients and/or their representatives are encouraged to complete an end of life preferences form. When required, the registered nurse develops a comprehensive palliative care plan that guides staff in the personal care, pain and comfort management needs of the care recipient during the terminal phase. The home provides support to care recipients and their loved ones during the palliative phase, and staff access external palliative care specialists when required. Care recipients and representatives reported they feel confident, when the time arises, staff will manage care recipients’ palliation 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

Each care recipient’s nutrition and hydration status is assessed on moving into the home and on an ongoing basis. Care recipient’s cultural needs, allergies, preferences, likes/dislikes and specialised dietary requirements are identified and this information is communicated to the appropriate staff. Care recipients are weighed on moving into the home and monthly thereafter unless otherwise directed by the registered nurse, dietician or general practitioner. Care recipients identified as having significant weight loss when identified as being at risk, are reviewed by the registered nurse to ensure there are no oral/dental or other issues prior to being commenced on nutritional supplements. If further weight loss occurs, care recipients are referred to the dietician for further interventions. Texture modified meals and drinks are provided for care recipients identified as having swallowing difficulties, and nursing staff refer care recipients to the speech pathologist if required. Staff were observed assisting care recipients with meals and drinks when required. 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 risks on moving into the home. The registered nurse implements appropriate strategies and treatments where they identify a care recipient has the potential for altered skin integrity. A range of equipment is used to maintain care recipients’ skin integrity including

regular repositioning, pressure and air-flow mattresses, pressure cushions, protective bandaging and the regular application of emollient creams. Staff report incidents of altered skin integrity to the registered nurse who commences a wound assessment, treatment plan and reviews the wound on a regular basis. Nursing staff access wound care specialists when required. Staff reported they monitor care recipients' skin integrity when undertaking personal care and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients' skin integrity is managed and maintained appropriately.

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, manage and monitor care recipients' continence needs effectively on moving into the home and on an ongoing basis. A variety of methods are used to maintain care recipients' continence including regular toileting, appropriate equipment and suitable continence aids. Bowel management strategies include daily monitoring, and interventions include high fibre diet, adequate fluids and medication. Infections are identified, managed and analysed monthly to identify any trends. The home liaises with an external consultant to assist with the management of care recipients' continence needs and provide support, training and education to the staff. Staff reported they have adequate time, appropriate supplies and training to manage care recipients' continence needs effectively.

Care recipients and representatives reported they are satisfied care recipients' continence needs are 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

Behaviour assessments are undertaken for each care recipient on moving into the home to identify possible triggers for challenging behaviours. Care plans include strategies to manage care recipients who display challenging behaviours. Staff consult with the general practitioner and representatives prior to referring care recipients to mental health services, and recommendations are included in the care recipient's care plan. Staff attend training on the management of challenging behaviours and dementia care. Staff described strategies they use to 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

Optimum levels of mobility and dexterity are being achieved for care recipients. When care recipients move into the home, the allied health team assess each care recipient’s level of mobility, dexterity and falls risk. Care plans are developed to guide staff on transfer and mobility interventions. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s exercise and activity programs that include both group and individual sessions. Appropriate seating and other aids are available to assist care recipients to maintain their mobility and to improve independent movement. Staff report, document and respond to care recipient falls, and care recipients are reviewed by the registered nurse prior to transfer. The physiotherapist implements additional strategies to reduce further falls including protective or assistive equipment, positioning of furniture, appropriate sensor mats and the inclusion of the ‘falling star’ program. Care recipients and representatives reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility and dexterity and encourage independence.

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 and on an ongoing basis. Care plans outline the amount of assistance each care recipient requires to maintain their oral and dental hygiene. Care recipients are referred to a local dentist or general practitioner if further treatment is required. There are processes to ensure oral and dental equipment is changed on a seasonal or as needs basis. Staff described ways they assist care recipients to maintain their oral and dental health. 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, an assessment is undertaken for each care recipient to identify any sensory losses. Care plans identify strategies to manage each care recipient’s sensory losses and maximise their independence and participation with activities of daily living. The home’s activity program includes sensory, tactile and auditory activities to stimulate the senses including cooking, sing-a-longs, reading group, gardening and craft. Additional lighting, large print books, large number phones, talking clocks and talking books are also available or accessible by staff. Referrals to the appropriate health professionals are provided when 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, each care recipient undergoes an assessment that identifies preferred times for settling and rising, nightly routines and sleep disturbances. Staff record interventions to assist care recipients to re-settle including a warm drink or snack, reassurance, extra blankets, toileting, pain relief and, if prescribed, night sedation. 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 an overview of the home’s continuous improvement systems and processes.

In relation to Standard 3 – Care recipient lifestyle, care recipient and representative meetings and surveys are used to gather feedback and suggestions. Feedback and observations are regularly recorded and evaluated from lifestyle and care activities. Staff can contribute to improvements to care recipient lifestyle through feedback forms, training and networking with external health providers. The home encourages care recipients and their representatives to provide feedback and suggestions in relation to lifestyle.

Examples of improvement activities in progress or completed in the last 12 months relating to Standard 3 – Care recipient lifestyle are described below.

- Following a suggestion from the occupational therapist, the home has created a relaxation room (‘the snoozelen room’) for care recipients living with dementia. We observed the room is painted in soft colours and has filtered lights. Management team reported staff have received training to use the room and record the effectiveness of the relaxation room in calming care recipients. We reviewed the relevant behavioural form and noted nine care recipients have used the room since it was implemented in late August 2016.
- Upon receipt of a feedback form completed by a therapy staff member, the home has expanded its activity program to include more external activities and independent activities in the late afternoon. The facility manager reported new activities include visits to the local cinema, the performance arts centre and visits from local wine and cheese producers. We reviewed June and August 2016 resident meeting minutes and noted care recipients had provided positive feedback relating to the changes.

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

There are systems and processes at the home assist to identify relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle. The

home provides each care recipient with an agreement that outlines fees and tenure arrangements. A copy of the Charter of care recipients' rights and responsibilities is provided to care recipients and representatives in the care recipients' agreements. There are processes to identify and undertake reporting requirements for reportable assaults and unexplained absences. Management and staff confirmed how they identify reportable incidents and reporting requirements as per the legislation and home's policies.

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 provide appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for an overview of the system.

Examples of education and training completed relating to Standard 3 – Care recipient lifestyle are documented below.

- An explanation of occupational therapy
- Cultural diversity in ageing
- Elder abuse
- Engaging and managing care recipients with dementia
- Music in dementia
- Use of therapy resources.

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

Each care recipient receives support in adjusting to life in the new environment on moving into the home and on an ongoing basis. Prior to moving into the home, care recipients and their representatives receive information about the home and services offered. On moving into the home, care recipients' needs and preferences are discussed and staff orientate them to their room and the environment. Therapy staff reported they provide support to new care recipients by introducing themselves, giving them an activity planner and generally making them feel welcome. Staff reported care recipients are encouraged to personalise their rooms, to join in activities at the home and in the community, and families are encouraged to visit as often as possible. Care recipients and representatives stated staff are welcoming and they are satisfied with the emotional support they provide.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. The allied health team assess and review care recipients' level of ability to participate in the activities of daily living. Specific equipment to maximise care recipients' independence is provided as needs are identified. Care plans direct staff regarding the level of assistance required and, where appropriate, care recipients are prompted and encouraged to maintain their independence. Therapy programs support care recipients' participation in community activities and support care recipients to attend regular outings to local shopping centres and other places of interest. Staff reported they encourage and assist care recipients to maintain their independence, and advised they assist care recipients when they are going on social leave or on a special outing with family. Care recipients and representatives stated they are satisfied with care recipients' independence and participation in the life of the community.

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

The right to privacy, dignity and confidentiality of care recipients is recognised and respected. Care recipients' right to privacy is reflected in the care recipient agreement, privacy policy and information booklet. Accommodation is in single rooms with an ensuite bathroom, and small lounges and outdoor seating are available to enable care recipients to meet with family and visitors. Staff demonstrated an understanding of their responsibilities regarding the confidentiality of care recipient information. Care recipients and representatives reported staff are respectful of care recipients' dignity, and they are confident their private information is managed effectively.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. The care recipient and their family are encouraged to complete information about the care recipient's personal life history prior to or on moving into the home, and use this information to develop the activities program. The allied health team conduct assessments of care recipients and develop care plans to guide staff to encourage care

recipient participation in activities of interest or of therapeutic benefit to them. The activity program is offered five days a week with therapy staff available 7.00am to 7.00pm.

The activities program includes a range of cognitive, gross motor, physical and social group activities as well as special and cultural events. Therapy staff and volunteers provide individual activities for care recipients who are unable or who choose not to participate in group activities. Care recipients and representatives reported they are satisfied with the range of activities available to care recipients and have a number of avenues to provide feedback including at regular meetings, completing feedback forms or providing direct feedback to therapy staff at the end of an activity.

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 interests, customs, beliefs and cultural and ethnic backgrounds of care recipients are valued and fostered. Care recipients are encouraged and supported to maintain cultural, linguistic and religious customs and traditions. Information on care recipients' cultural and spiritual backgrounds are recorded when they move into the home and they are supported in observing significant personal events. Cultural activities include cultural theme days and other days of significance to care recipients. Staff advised they can access pastoral care at care recipients' request and have access to multicultural information and interpreter services as required. Care recipients and representatives reported they are satisfied care recipients' customs, beliefs and cultural needs are valued.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Each care recipient or representative participates in decisions about the services care recipients receive to exercise choice and control over care recipients' lifestyle. Care recipients are consulted when care plans are developed with care conferences held to provide the care recipient and their representatives an opportunity to express their views, and to participate in decisions about care and services. Care recipients and representatives have the opportunity to provide feedback through the home's continuous improvement program and care recipient/representative meetings. Staff reported they respect care recipients' choice not to participate in activities and events and seek ongoing feedback about activities of interest to them. Care recipients and representatives reported satisfaction with the opportunities care recipients have to make choices and decisions regarding their care and lifestyle.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. An information package is provided to care recipients and representatives prior to moving into the home that advises them of the care and services provided. An agreement is signed that includes details of their rights and responsibilities, accommodation services, termination of agreement and security of tenure. Management consults with care recipients and representatives prior to room transfers within the home. Care recipients and representatives reported they have sufficient information regarding the care recipients' rights and responsibilities, and care recipients feel their tenure is secure.

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 an overview of the home’s continuous improvement systems and processes.

In relation to Standard 4 – Physical environment and safe systems, management and staff undertake environmental inspections, audits and report incidents and hazards. Those reports are collated, analysed for potential trends that require actions for improvement and recorded within a quality register. Staff, care recipients and representatives are encouraged to provide feedback regarding the environment. Mandatory and toolbox training is provided to staff to maintain their skills and knowledge relating to safety. Care recipients and representatives reported they are satisfied the home provides a safe and comfortable environment and their feedback and suggestions about the living environment are considered.

Improvements undertaken or in progress in relation to Standard 4 – Physical environment and safe systems are described below.

- When it was identified the carpet in the reception and activity areas required replacing, tiles were installed instead. The management team reported these are easier to maintain and clean, and decreases the risk of infections spreading. New furniture was purchased for the reception area, with the occupational therapist selecting items suitable for care recipients with reduced mobility. We noted the home received favourable written feedback from care recipients and representatives regarding the renovations and we observed multiple care recipients using the furniture in the reception area throughout the visit.
- Following the report of a staff accident in a shower recess, the home has introduced the use of a non-slip solution into its maintenance program. The maintenance officer reported shower recesses are treated with the solution when a room becomes vacant, or when cleaning or care staff suggest a fresh application is required. The maintenance officer stated feedback received from cleaning and care staff has been positive regarding the introduction of this procedure.

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

Systems and processes identify and ensure ongoing compliance with regulations and legislation relating to the home’s physical environment and safe systems. Staff undertake mandatory training relating to fire and emergency procedures and external contractors regularly check the home’s fire systems. There is a food safety program and staff complete training relating to safe food handling. Workplace inspections are carried out, and education relating to workplace safety is provided to maintain a safe living and working environment.

There are reporting mechanisms in use for accidents, incidents and hazards ensuring these are investigated and actioned. Staff have access to personal protective equipment and safety data sheets for chemicals used within the home. When applicable, infection outbreaks are reported and health guidelines followed to minimise the spread of infection.

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 to the physical environment and safe systems. For information regarding the home’s systems, refer to expected outcome 1.3 Education and staff development.

Examples of education and training completed relating to Standard 4 – Physical environment and safe systems are documented below.

- Fire drill practice
- Food safe handling
- Handling and storage of chemicals
- Incident reporting
- Infection control
- Manual handling
- Occupational health and safety.

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 living environment is provided that enables access to clean, safe and well maintained communal areas and private indoor and outdoor areas. A program of planned and responsive cleaning and maintenance occurs to maintain the safety and comfort of the environment. The home promotes the use of minimal restraints. Inspections of the environment are regularly undertaken and replacement of equipment occurs as required.

Equipment is trialled and purchased to suit the needs of care recipients. Staff ensure call bells are accessible to care recipients. The environment is clutter free and equipment is stored safely and is readily available to staff. The temperature of the building is controlled to ensure care recipients' comfort levels are maintained. Staff demonstrated practices which ensure the safety and comfort of care recipients such as the dimming of night lights and night checks. Care recipients and representative are satisfied the living environment is safe, clean, comfortable and meets their needs.

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 actively works to provide a safe working environment that meets regulatory requirements. Trained workplace safety representatives are available to support staff and undertake inspections that monitor the safety of the workplace. Occupational health and safety policies are accessible and provided to staff at orientation and through ongoing training. Information and outcomes of audits, inspections, incidents and hazards are discussed at handovers, staff meetings and staff are consulted in relation to changes in work practices and processes. Staff described how they report safety concerns within the home and are satisfied the work environment is safe.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide an environment and safe systems of work to minimise fire, security and emergency risks. Procedures covering fire and other emergencies are available to staff, care recipients and visitors. The building is equipped with a range of fire prevention and fire-fighting equipment including extinguishers, blankets and sprinklers.

Approved independent professionals carry out regular inspections and testing of fire systems. A schedule is maintained to ensure regular tagging and testing of all electrical equipment is undertaken. The home has a designated smoking area for care recipients and staff. Emergency exits are clearly marked throughout the home. Staff attend fire and evacuation training and drills, and an evacuation list of care recipient information is reviewed monthly or as required. Staff described procedures to be followed in the event of a fire or other emergencies. Care recipients and representatives reported they feel safe and secure within the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has systems to support an effective infection control program. The clinical care coordinator oversees the infection control program and described the processes to identify, manage and minimise infection and outbreaks. Information on outbreak management and infection rates is communicated to staff, and regular training provided through the annual mandatory training program and regular tool box sessions. The clinical care coordinator monitors infections and the use of medical treatment for analysis and trending. There are care recipient and staff vaccination programs to minimise infections. A range of single use items, personal protective equipment, hand washing and sanitising stations are available. Staff could describe actions to minimise infection transmission, respond in the event of an outbreak and confirmed they have sufficient equipment for effective infection control.

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 to care recipients in a way that enhances their quality of life. Care recipients have a choice of meals, drinks and snacks from a seasonal four-weekly menu that caters for a range of specialised and modified diets. Regular audits of the food safety program are undertaken by the local council to ensure food is provided in a safe manner. Staff undertake safe food handling training. Cleaning schedules and duty lists identify the cleaning

duties, and safety data sheets for chemicals are accessible to staff. All personal laundry and flat linen are laundered onsite and delivered to care recipients by staff throughout the week. Personal items are labelled and there is a process to retrieve and return missing items. Hospitality services are monitored for quality via feedback, audits and surveys. Staff reported they have adequate time and equipment to provide catering, cleaning and laundry services. Care recipients and representatives reported satisfaction with the hospitality provided by catering, cleaning and laundry staff.