

Mirridong

RACS ID: 3439

Approved provider: Japara Aged Care Services Pty Ltd

Home address: 92-100 McIvor Road BENDIGO VIC 3550

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 05 June 2021.  We made our decision on 18 April 2018.  The audit was conducted on 14 March 2018 to 15 March 2018. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

## Standard 1: Management systems, staffing and organisational development

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Mirridong

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# Introduction

This is the report of a Re-accreditation Audit from 14 March 2018 to 15 March 2018 submitted to the Quality Agency.

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

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

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

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

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

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 14 March 2018 to 15 March 2018.

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.

# Details of home

Total number of allocated places: 90

Number of care recipients during audit: 82

Number of care recipients receiving high care during audit: 80

Special needs catered for: Memory support wing

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients | 23 |
| Representatives | 12 |
| Facility manager | 1 |
| Quality managers (regional) | 2 |
| Senior administration admissions | 1 |
| Administration officer | 1 |
| Clinical care coordinator | 1 |
| Registered nurses | 3 |
| Enrolled nurses | 1 |
| Care staff | 6 |
| Lifestyle staff | 2 |
| Chef | 1 |
| Catering staff | 2 |
| Assistant regional hospitality manager | 1 |
| Cleaning supervisor | 1 |
| Cleaning staff | 2 |
| Laundry staff | 1 |
| Regional maintenance manager | 1 |
| Maintenance officer | 1 |
| Physiotherapist | 2 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ files | 9 |
| Medication charts | 10 |
| Personnel files | 7 |

## Other documents reviewed

The team also reviewed:

* Activity calendar
* Agency staff usage report
* Approved supplier list
* Audit documentation
* Call bell audits
* Care recipients’ information directory
* Catering and dietary management documents
* Cleaning and ad hoc cleaning documentation
* Clinical communication books
* Comments and complaints documentation
* Compulsory reporting documentation
* Continuous improvement plan
* Corrective and preventative maintenance documentation
* Duty lists and position descriptions
* External contracts and associated documentation
* Fire and emergency management procedures
* Fire and essential services maintenance and testing records
* Fire evacuation lists
* Food safety program and associated audits
* Incidents reports and trend analysis
* Infection control management documents
* Infection outbreak report
* Legislative information
* Lifestyle documentation
* Maintenance and hazard reporting folders
* Meeting schedule and meeting minutes
* Memoranda
* Nursing registration records
* Orientation and induction records
* Palliative care forms
* Pest records
* Police certificate monitoring records
* Policies and procedures
* Recruitment folder
* Regulatory compliance folder
* Residential agreements
* Rosters and allocation sheets
* Safety data sheets
* Satisfaction surveys
* Self-assessment
* Specialist nursing care records
* Staff education records
* Staff handbook
* Surveys
* Training needs analysis
* Weight management records
* Work health and safety documentation
* Wound care folder.

## Observations

The team observed the following:

* Activities in progress
* Charter of care recipients’ rights and responsibilities – residential care displayed
* Cleaners’ rooms and chemical storage areas
* Clinical supplies
* Confidential information storage and archive room
* Dining room and meal service
* Egress routes
* Equipment and supply storage areas
* External and internal feedback mechanisms and advocacy brochures
* Fire equipment
* Food forum meeting in progress
* Generator
* Interactions between staff and care recipients
* Kitchen
* Laundry and associated equipment
* Living environment
* Medication administration and storage
* Noticeboards and information displays
* Outbreak and spills management kits
* Personal protective equipment and usage
* Re-accreditation notices displayed
* Short group observation in Katherine Rose wing
* Staff room information boards
* Statements of strategic intent
* Waste management systems.

# Assessment information

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

## Standard 1 – Management systems, staffing and organisational development

### Principle:

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

### 1.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on corrective action requests that feed onto the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* In response to a suggestion by a member of staff to improve access to information by families, management installed additional Perspex holders at the visitor sign in area. The holders carry a range of information from internal documentation, including survey results and the activity calendar, to external publications, such as falls prevention literature and dementia resources. Management said they have received positive feedback families who feel better informed and equipped.
* Corporate management initiated a review of the benchmarking and quality documentation all homes in the group reports on each month. This was carried out with the input of managers and senior staff in each home. New reporting formats were introduced that are easier to compile and significantly reduce preparation time. Management said the reports are user-friendly and provide more meaningful trend analysis.

### 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 with support from the larger organisation has an effective system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. Management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, management takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Examples of regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

* Confidential documentation is stored securely.
* Information regarding external complaint mechanisms is communicated to care recipients and representatives.
* Management has a system to undertake self-assessment.
* Processes ensure all relevant individuals including volunteers have a current police certificate check and statutory declaration.
* Stakeholders were advised of the reaccreditation audit as prescribed.

### 1.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

The home's processes generally support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, their position, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored although the process to address non-attendance is generally effective. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles and consumer experience interview responses affirm they feel staff know what they are doing. Staff are satisfied with the education and training provided. Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* continuous improvement
* incident reporting
* reporting a problem
* use of equipment – camera basics, syringe driver, kitchen blender.

### 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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients are supported to access these mechanisms and facilities are available to enable the submission of confidential complaints. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. The effectiveness of the comments and complaints system is monitored and evaluated. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients and their representatives interviewed have an awareness of the complaints mechanisms available to them, however they are only generally satisfied their concerns are addressed in a timely or appropriate manner. Two of fifteen consumer experience interviewees elected the option staff only ‘sometimes’ follow up when they raise things with them.

### 1.5 Planning and leadership

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

#### Team’s findings

The home meets this expected outcome

The organisation has documented the home's vision, mission, values and commitment to quality. This information is displayed within the home and communicated through care recipient information directory and the staff handbook.

### 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 generally effective systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs. There are generally effective processes to address planned and unplanned leave. Not all staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Almost a third of care recipients and representatives interviews indicated varying degrees of dissatisfaction with the ongoing use of agency staff, shifts not being filled and staff responsiveness to requests for help.

### 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 processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff, care recipients and representatives interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home.

### 1.8 Information systems

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

#### Team’s findings

The home meets this expected outcome

Management and the larger organisation have systems to provide all stakeholders with access to current and accurate information. Staff, care recipients, representatives and others receive information through orientation packages, policies, procedures, electronic mail, memoranda, notices, meetings and care records as appropriate. The home uses a hard copy clinical management system and numerous other electronic programs to maintain information systems. There is a schedule for the monitoring and review of policies and procedures to ensure they are providing relevant and up to date information. Confidential information is stored securely and there is a well-organised archiving system. Various meeting forums and care consultations assist care recipients and representatives to make informed decisions regarding care recipients’ care and lifestyle. Management collect and analyse performance indicator data to identify potential risks and improvement opportunities. Staff are satisfied they receive appropriate and sufficient information to support their roles and responsibilities. Care recipients and representatives confirm they have access to a variety of information although two consumer experience report respondents said staff only ‘sometimes’ explain things to them.

### 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

Through the support of the larger organisation, the home has mechanisms to identify external service needs and quality goals. The organisation’s expectations in relation to service and quality is specified and communicated to the external providers. The organisation has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients, representatives and staff interviewed stated they are satisfied with the quality of externally sourced services.

## 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 systems to identify and implement improvements. Recent examples of improvements in Standard 2 Health and personal care are:

* From May to November 2017 a falls awareness and prevention program was implemented at the home targeting staff, care recipients, families and other visitors. Analysis of falls benchmarking data by the organisation’s ‘Zero harm committee’ triggered the program. As part of the programme, audits of falls occurred; handover sheets were updated to flag high falls risks; and, education and information was provided to staff, care recipients and families. The falls focus resulted in a substantial reduction in falls and management observe a greater awareness in staff of preventing falls.
* Management at Mirridong identified that a general practitioner onsite would encourage clinical relationships, promote prompt clinical attention and allow care recipients to be reviewed in a private space. Following discussions with a local general practitioner, agreement was reached to run a clinic at a regular time and day each week. The clinic includes a weekly clinical debrief between the doctor and senior registered nurses, and includes advice and education. Management said positives since the introduction of the clinic include: prevention of at least one transfer to hospital and unnecessary investigations; better access and consultation during the end stage of life; and, that care recipients report they like going to the clinic instead of the doctor coming to them saying it feels normal to be able to make their own appointment.

### 2.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Examples of regulatory compliance relating to Standard 2 Health and personal care include:

* Management monitor and ensure the currency of all nursing registrations is maintained.
* Registered nurses undertake and oversee care planning and specialised nursing care.
* Medication management, administration and storage occurs in accordance with legislative requirements.
* Management have a policy and procedure for unexplained absences of a care recipient including the requirement to notify all relevant authorities.

### 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include:

* ‘Looking at low vision’ through Vision Australia
* how to manage aggressive behaviours
* oral and dental care
* palliative care
* wound management.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

Care recipients receive clinical care that is appropriate to their individual needs and preferences. Nursing staff use pre entry information and initial assessments to generate an interim care plan, which directs staff practice until the assessment and care plan process is complete. Care plans detail care recipients’ needs and preferences, include applicable care interventions and are consistent with handover information and staff feedback. Registered nurses review care plans monthly and as required. Health specialists and medical practitioners attend the home regularly and staff incorporate outcomes of visits into care plans. Progress notes verify observations by staff and show timely follow up of any issues. Care plan consultation with care recipients and/or representatives occurs during the monthly ‘resident of the day’ review. Management offer staff regular clinical education opportunities to maintain and update skills. Audits, clinical data, incident reporting, feedback information and care plans reviews monitor for effectiveness. Care recipients and representatives interviewed are on the whole satisfied staff are meeting care recipients’ health care needs, although one consumer experience report interview felt this occurs some of the time.

### 2.5 Specialised nursing care needs

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

#### Team’s findings

The home meets this expected outcome

Care recipients have their specialised nursing care needs identified, planned and provided by appropriately qualified nursing staff. Registered nurses manage specialised nursing care completing assessments, developing care plans and evaluating care. Care plans describe specific needs and instructions to manage care. There are procedures and guidelines available to assist staff in the management of specialised nursing care and observations confirmed sufficient resources and equipment are available. Staff have access to health specialists to assist with complex care needs, incorporating referral outcomes into the care plan and review process. The education program provides staff with the opportunity to develop and maintain their specialised skills and knowledge. Monitoring of specialised nursing care occurs through care plan reviews, audits and feedback from care recipients. Care recipients and representatives are satisfied with the specialist care provided for care recipients.

### 2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

#### Team’s findings

The home meets this expected outcome

Care recipients can access health specialists according to their needs and preferences. Processes ensure staff identify care recipients referral needs, provide assistance to access specialists and facilitate urgent treatments and referrals. Health specialists such as physiotherapists, optometrists and podiatrists visit the home regularly. Additional specialist services are available on a referral basis and staff assist recipients to attend external appointments. Files contain details of health specialists’ consultations and subsequent updates to care planning. Audits and care reviews monitor outcomes of referrals. Care recipients and representatives are satisfied with the access care recipients have to other health and related specialists.

### 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

### Registered and enrolled nurses administer medications in accordance with legislative guidelines and the organisation’s medication policy and procedures. Medication chart information, assessments and care plans include care recipients’ swallowing and cognitive abilities, specialised needs, allergies and assistance required to take medication. Protocols exist for care recipients who wish to self-manage all or part of their medications. Medications are stored and managed within legislative guidelines and there are procedures to maintain supply and to dispose of unnecessary medication. An accredited pharmacist reviews care recipients’ medication regimes regularly. Staff record medication incidents and investigate causes to minimise the chance of reoccurrence. Staff displayed understanding of the medication management system, policies and procedures. Care recipients and representatives expressed general approval of the medication system saying there are times when medication delivery is late.

### 2.8 Pain management

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

#### Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Initial and ongoing assessments identify care recipients’ past and current pain experiences and preferred treatments. Staff complete assessments and charting for continuing pain and use this information to develop pain management care plans. Assessment tools include consideration for care recipients who are unable to verbalise their pain. The physiotherapist conducts regular pain clinics providing care recipients with therapeutic pain relieving care. Staff have access to education and clinical resources to assist their understanding of effective pain management. Management monitors pain management outcomes through care reviews, audits and care recipient feedback. Care recipients and their representatives are satisfied with the care provided for the management of pain.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Nursing staff complete assessments with the care recipient and/or representative to identify end of life care wishes and this information is documented in a palliative care form. Nursing staff review and adjust care recipient treatments during the palliative stage and monitor for the effectiveness of care through feedback, audits and care reviews. If required external palliative care services and other health specialists provide support and treatment, ensuring care recipients’ receive optimal care. Staff described their role in the provision of end of life care including consideration of care recipients’ preferences, dignity, comfort and spiritual care. Care recipients and representatives are satisfied with the spiritual and palliative care opportunities available for care recipients.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Staff complete nutritional and hydration health assessments identifying care recipients’ specialised dietary needs, allergies preferences, clinical and cultural needs. Nursing staff develop a care plan, communicate dietary information to the kitchen and there is a process to ensure catering information remains current. The home monitors care recipients for adequate nutrition and hydration through the regular checking of care recipients’ weight. Staff implement weight management strategies according to the organisational weight management protocols of recording food intake for three days, high-energy foods and if required a referral to a specialist service such as dietitian or speech therapist. We observed care recipients eating their meals in a relaxed and sociable environment. Care recipients and representatives provided mix feedback about satisfaction with the meals. The consumer experience report showed sixty nine percent of care recipients liked the food ‘most of the time’ or ‘always’ and thirty one percent indicated they enjoyed the meals ‘some of the time’ or ‘never’. About a third of representative feedback and additional general care recipient interviews highlighted a degree of dissatisfaction with food ranging from quality to presentation. Management said they are aware of this dissatisfaction and they are implementing planned food service improvements, including conducting food focus meetings.

### 2.11 Skin care

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

#### Team’s findings

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. The initial skin assessment identifies care recipients at risk and staff develop care plan outlining management strategies such as appropriate hygiene care, using skin lotions, specific hygiene care, regular position changes, limb protectors and safe manual handling. Progress notes reflect the monitoring of care recipients’ skin integrity and staff confirm the use of resources to address care recipients’ skin issues including air beds, repositioning and pressure reliving aids. Registered nurses complete wound care plans, attend to care and evaluate the effectiveness of treatments. Reporting and review of skin incidents occurs. Staff confirmed sufficient supplies of wound care products and availability of education resources for skin care management. Audits, stakeholder consultation, incident and care plan reviews monitor the effectiveness of care. Care recipients and representatives are satisfied care recipients receive appropriate skin care consistent with their general health.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Care recipients receive continence care that is appropriate to their needs and preferences. Processes include initial and ongoing continence assessments, care planning and regular reviews. Care planning includes identifying individual needs and preferences, establishing toileting patterns, dietary needs, medication strategies and the use of the appropriate aids. Care plan reviews occur every month and evaluation includes monitoring of aid use and obtaining feedback to ensure strategies remain effective. Staff said they have access to sufficient resources to meet care recipients’ needs and demonstrated knowledge of care recipients’ individual requirements. Nutrition plans include dietary measures for effective bowel management. Staff monitor for infections implementing appropriate management strategies. Care recipients and representatives are satisfied care recipients’ continence is managed effectively and discreetly, although some feedback highlighted the impact on meeting their toileting needs when call bell response times are delayed.

### 2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

#### Team’s findings

The home meets this expected outcome

The home has a system to manage care recipients’ responsive behaviour. Behaviour charting identifies the type of behaviour, triggers and strategies used to prevent or manage behaviours. Nursing staff review the charts and complete assessments to determine effective interventions and use this information to develop care plans. Staff review care plans every month and reassessment occurs if there is an increase or change in responsive behaviours. Staff consult with behavioural management specialists, dementia response teams and advisory groups as required. The home has a designated memory support unit for care recipients experiencing severe cognitive impairment. All care recipients are encouraged to participate in the activities program and can access a range of living spaces for relaxation and changes of environment. Staff gave examples of successful management strategies including enabling care recipients to wake when they are ready and then take advantage of an extended breakfast time. Management and key staff monitor for effectiveness through education sessions, care review processes, incident data analysis, audits and stakeholder feedback. Care recipients and representatives are satisfied with how staff meet the needs of care recipients who display responsive behaviours.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team’s findings

The home meets this expected outcome

Care recipients have access to care and equipment to achieve optimum levels of mobility and dexterity. Nursing and physiotherapy staff assesses care recipients’ needs relating to mobility and dexterity and develop a care plan to optimise mobility and dexterity skills and minimise risks. Care plans include strategies for safe mobility and transfers, identify manual handling risks and include details of special requirements and mobility aids. There is an effective process for the identification of fall risks and review of care recipients’ fall incidents. Appropriate mechanical transfer equipment and mobile chairs are available and staff participate in education for manual handling and safe transfer techniques. Care recipients and representatives are satisfied with the care provided to enable care recipients to achieve 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 receive oral and dental care appropriate to their individual needs and preferences. Staff complete initial and ongoing assessments developing an oral health care plan. Care plans include oral and dental needs, preferences and details of individual care required. Staff refer care recipients to medical practitioners and dental services for treatment of oral and dental conditions. Dietary plans enable care recipients to have a modified diet to compensate for dental impairment. The home has processes to ensure staff check and replace dental hygiene equipment with toothbrushes changed seasonally. Care recipients and representatives said staff usually provide assistance for care recipients to maintain their oral and dental care.

### 2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

#### Team’s findings

The home meets this expected outcome

Care processes address the identification and management of care recipients’ sensory loss. Assessments inform the care plan of care recipients’ needs for vision, hearing, language and communication, taste, tactile experiences and sensation. Care plans include any identified deficits and supportive interventions such as care of assistive devices and individualised strategies to optimise sensory function. Staff notify the medical practitioner of any concerns and referral to specialists such as audiologists and optometrists occurs. The environment is uncluttered with adequate signage and the lifestyle program includes a variety of tactile and sensory stimulation activities. Care recipients and their representatives are satisfied with the management of care recipients’ sensory needs.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. The assessment process identifies care recipients’ usual sleep patterns and preferences for day and night rest. Care plans contain individual preferences and care evaluation occurs from staff observations and care recipients’ feedback. Staff gave examples of care recipients’ routines including preferred settling times, continence care, warm drinks, snacks, reassurance and pain relief. Progress notes confirm staff provide interventions to assist care recipients to settle if they are disturbed during the night. Care recipients and representatives are satisfied with the care and assistance provided to care recipients to help them achieve natural sleep.

## 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 systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* Drawing on contemporary practice and observations of care recipients’ habits, management trialled a no waking of care recipients initiative in the memory support wing. Extensive review of existing processes and education for staff preceded implementation of the project, which at its core enables care recipients to rise according to their natural waking patterns. Processes were introduced to serve breakfast from 7am to 11am each morning and to extend breakfast options to include, for example, a pot of porridge. Management and staff spoke very positively about how the initiative has improved the quality of life of care recipients and gave specific examples benefits that include increased food intake and socialisation, a reduction in falls and a more settled environment.
* Management identified the opportunity to seek a suitable way to honour the memory of care recipients who have passed away. Following consultation with care recipients and staff, a memorial space in the main reception area was decided on. Management said care recipients, families and staff expressed delight in being able to reminisce and remember their friend or relative. Relatives feel reassured that respect to the deceased is honoured.

### 3.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Regulatory compliance at the home relating to Standard 3 Care recipient lifestyle includes:

* Care recipients and/or their representatives receive a residential agreement upon entry which outlines obligations, rights, services, responsibilities and fees.
* The Charter of care recipients' rights and responsibilities - residential care is displayed.
* The home demonstrates its obligations to meet privacy legislation.
* There are policies and procedures available in relation to privacy and confidentiality of care recipient and staff information.

### 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

* cultural diversity
* dementia care
* grief and loss
* privacy and dignity.

### 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 and on an ongoing basis. Administration staff provide an informative orientation tour and entry information outlining details of care, services and lifestyle choices available. Nursing and lifestyle staff complete a range of entry assessments capturing social and emotional histories and use this information to develop care plans detailing care recipients’ individual preferences, emotional triggers and supporting strategies. Staff support care recipients to personalise their rooms to create a homelike atmosphere. Regular care plan reviews identify any changes and lifestyle staff spend individual time with care recipient providing ongoing support to adjust to life in the home. While most care recipients interviewed agreed there are staff they can talk to when sad or worried, three care recipients responded neutrally saying they would speak with family if they felt the need. Care recipients and representatives said staff are caring and supportive.

### 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 receive support to achieve optimal independence, maintain friendships, family connections and community links. Assessment and care planning processes identify and plan for care recipients’ individual needs and preferences in relation to independence. Care recipients have opportunities to maintain financial independence, vote in elections and continue relationships with community groups and visitors. Exercise and falls prevention programs and use of mobility aids assist care recipients with improving and maintaining their mobility. Specialised equipment, aids and utensils encourage independence and audits ensure the environment is free of hazards. Staff provided examples for maximising care recipients’ independence and we observed care recipients using a range of mobility aids with staff assistance. Seventy-five percent of care recipients interviewed as part of the consumer experience report ‘agreed’ or ‘strongly agreed’ they are encouraged to as much as possible for themselves, however two care recipients responded neutrally and two care recipients felt they were not encouraged 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

Each care recipient’s right to privacy, dignity and confidentiality is recognised and respected. Management informs staff of their obligations at orientation and privacy information is included in employment and education programs, staff handbook and privacy brochures. Staff complete assessments identifying care recipients’ personal care, privacy and dignity preferences and include this information in the care plan. Care plans record care recipients’ wishes, preferences and files include consent for the use of health records and publication of identifying information. Files are stored securely, electronic information is password protected, handover occurs discreetly and care recipients can request a lock for their room. Areas around the home including the courtyards are available for private gatherings with family and friends. While most of care recipients interviewed as part of the consumer experience report said staff treated them with respect ‘always’ or ‘most of the time’, one care recipient said this happens only ‘some of the time’.

### 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 range of activities of interest to them. Lifestyle profiles describe past and current interests, preferences for social interaction, community and family links. In consultation with the care recipient and/or representative, lifestyle staff use this information to develop a care plan incorporating goals, preferences and strategies to meet care recipients’ social, emotional and lifestyle needs. Noticeboards display the activities scheduled each day, which include outings, individual contacts, tactile and sensory sessions, visiting entertainers and daily interactive music sessions with scope for classical music lovers. Lifestyle staff maintain records of participation, review care plans regularly and spend time with individual care recipients to ensure no one feels lonely or isolated. Management and staff monitor for effectiveness responding to the changing needs of care recipients, levels of participation, feedback, surveys, and discussion at meetings. Care recipients and representatives are satisfied with the encouragement and support staff provide to care recipients to participate in the program.

### 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

Care recipients’ cultural and spiritual preferences are valued and fostered. Initial assessments and care plans document care recipients’ preferences including celebratory days, beliefs, religious choices, cultural preferences and palliative care wishes. Various religious denominations hold services and community groups and volunteers visit regularly. Cultural days and occasions of significance to care recipients are celebrated and staff help with the organisation of personal and family events. Staff have access to cultural resources and participate in regular audits and care reviews to verify care is meeting care recipients’ spiritual and cultural needs. Care recipients said they are satisfied with the support provided to meet their cultural and spiritual needs.

### 3.9 Choice and decision-making

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

#### Team’s findings

The home meets this expected outcome

Management and staff support care recipients to exercise choice and decision making in the care, lifestyle and hospitality services they receive while not infringing on the rights of others. Care recipients and representatives receive information about care recipients’ rights to exercise choice and control over lifestyle and care, advocacy services and other feedback mechanisms on entry and through various formats during their time at the home. Care recipients and/or representatives participate in choice and decision making through care plan reviews, meetings, surveys and informal contacts with management and staff. Care plans detail care recipients' choices in relation to activities of daily living, lifestyle activities and hospitality services. Authorised power of attorney and guardianship information is on file. Management monitors staff practices to ensure care and services delivered are in line with the choices and preference of care recipients. While care recipients and representatives are generally satisfied staff acknowledge and respect the preferences and choices of care recipients, some feedback indicated the inconsistent replacement of unplanned leave and ongoing use of agency staffing results in a task focussed workforce which diminishes care recipients’ ability to have their choices and preferences met.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team’s findings

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. This is also formalised through the residential agreement signed at the time of entry. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed 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 systems to identify and implement improvements. Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* Stakeholders found the older Katherine Rose wing visually unappealing, dated and unhomelike. The organisation’s management implemented an action plan to improve the environment of the wing. This included installing new flooring in the kitchen and dining room, repainting the wing, establishment of a sensory garden and the purchase of new furnishings and new crockery. A key outcome of the process was to create an environment that promotes family interactions. Feedback from visitors has been positive.
* As part of the refurbishment program for Katherine Rose wing, new comfort chairs were purchased that fit under the dining table. This now enables care recipients who remain in these chairs during meal times to feel part of the meal experience.
* In response to recommendations flowing from a communique of the coronial court, new lifting equipment was purchased and sling size directives were implemented. Additional training for staff and individual sling size assessments were conducted by the physiotherapist. Management said benefits of the change have included a reduction in risk of manual handling injury and improvement in the control of infection.

### 4.2 Regulatory compliance

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

#### Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Examples of regulatory compliance relating to Standard 4 Physical environment and safe systems include:

* There is a system to ensure compliance with fire safety regulations.
* There are infection control policies and a system for managing and reporting outbreaks.
* Chemicals are stored appropriately with staff access to material safety data sheets.
* Staff adhere to work health and safety policies.
* The kitchen has a current food safety program and current certification by external authorities.

### 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

The home has a system to monitor the knowledge and skills of staff and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

* 10 common myths about heat waves
* bullying and harassment
* bus safety
* chemical handling and safety
* living environment and falls.

### 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

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Care recipients and representatives interviewed generally and as part of the consumer experience report said they are satisfied the living environment is safe and comfortable.

### 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

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide 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

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. There are processes to promote the awareness of care recipients about what they should do on hearing an alarm. Care recipients said they feel safe and secure in the home.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

The home has an effective infection control program. Management ensures all staff participate in initial and ongoing education for infection control strategies and hand hygiene. Personal protective equipment and sanitising gel is available and the home has information and resources for managing infectious outbreaks. The food safety program, cleaning schedules and laundry practices follow infection control guidelines and there are services for the removal of sharps, infectious waste and for pest control. Auditing processes assist with the overall monitoring of the infection control program and the home benchmarks infection data with other organisational homes. The organisation promotes vaccination programs for care recipients and staff. Staff gave examples of infection control principles used in daily practice and demonstrated understanding of the infection control processes at the home.

### 4.8 Catering, cleaning and laundry services

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

#### Team’s findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and invite feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Care recipients and representatives interviewed for the consumer experience report, and generally, provided mixed feedback about meals. Care recipients and representatives are satisfied with cleaning and laundry services.