

Moran Sylvania

RACS ID: 0964

Approved provider: Moran Australia (Residential Aged Care) Pty Limited

Home address: 29 Sylvania Road Sylvania NSW 2224

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| Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 21 March 2021.The assessment team found that the home did not meet three expected outcomes. However, the Quality Agency decision-maker found the home to meet two of these three expected outcomes based on comprehensive and up-to-date information supplied by the approved provider.We made our decision on 25 January 2018.The audit was conducted on 12 December 2017 to 14 December 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home’s progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the ‘Most recent decision concerning performance against the Accreditation Standards’ listed below.

# Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted assessment contacts. Our latest decision on 09 April 2018 concerning the home’s performance against the Accreditation Standards is listed below.

## 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

### Principles:

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: Moran Sylvania

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# Introduction

This is the report of a Re-accreditation Audit from 12 December 2017 to 14 December 2017 submitted to the Quality Agency.

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

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

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

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

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

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

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

* 41 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

### 1.4 Comments and complaints

### 1.6 Human resource management

### 3.6 Privacy and dignity

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 12 December 2017 to 14 December 2017.

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

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

# Details of home

Total number of allocated places: 172

Number of care recipients during audit: 137

Number of care recipients receiving high care during audit: 137

Special needs catered for: Dementia

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Administrator | 2 |
| Care recipients | 28  |
| Care service employees | 1 |
| Care staff  | 3 |
| Catering staff | 1 |
| Chef | 1 |
| Cleaning staff | 4 |
| Clinical Services Manager | 1 |
| Chief executive officer  | 1 |
| Registered nurses | 3 |
| Director Operations | 1 |
| Educator | 1 |
| Lifestyle officer | 1 |
| Maintenance manager | 1 |
| Manager | 1 |
| Quality Co-Ordinator | 1 |
| Quality Risk Manager | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Incidents | 4 |
| Medication charts | 12 |
| Care recipients' files | 11 |

## Other documents reviewed

The team also reviewed:

* Activities calendar - December 2017
* Admin folder
* Clinical care documentation: accident/incidents, allied health reports, assessments, advance care directives, behaviour monitoring, bowel, care plans, case conferences, diabetic management with medical officer’s directives and blood glucose level parameters, blood glucose level monitoring documentation, handover document, medical officers notes, observation charting, pain charting, pathology reports, specialists reports, weight monitoring records and wound charts
* Clinical indicators 2017
* Complaints/concerns folder
* Compliments folder
* Compulsory reporting consolidated register 2017
* Compulsory reporting manual
* Continuous improvement action plans folder
* Continuous improvement documentation
* Cultural and spiritual care plans
* Daily cold preparation forms
* Daily staffing strategy
* Education calendars and documentation
* Emergency and evacuation folder and emergency plan
* EPC meeting minutes
* Facility maintenance sheet
* Feedback forms
* General consent form template
* Hot and warm water daily records and check sheets
* Incident and accident reports
* Infection control flowcharts
* Information booklet
* Kitchen documentation and monitoring records
* Laundry priorities and laundry safety
* Leisure and lifestyle participation records
* Leisure and recreational care plans
* Lifestyle profile template
* Maintenance requests
* Medication management: medication charts, medication incident reports, medication refrigerator monitoring records, nurse initiated medication form, schedule eight drugs of addiction registers
* Menu daily tick sheets
* Newsletters and other publications
* NSW Safeworks elevator certificate
* Outbreak management documentation
* Personal life history booklet template
* Pest sighting register
* Police and statutory declaration register
* Policies and procedures
* Pre Admission pack
* Preventative maintenance checklist
* Relatives survey email
* Resident dietary preference sheets
* Resident handbook
* Residential agreement
* Social and emotional care plans
* Staff engagement review
* Staff replacement matrix
* Sylvania email newsletter - December 2017
* Workplace Health and Safety

## Observations

The team observed the following:

* Activities in progress
* Catering area
* Charter of care recipients rights and responsibilities on display
* Cleaning in progress
* Colour coded equipment
* External garden setting in dementia specific unit
* Fine dining and lounge room (Level 4)
* Firefighting equipment
* Heat seal labelling machine
* Hydrotherapy pool
* Kitchen
* Laundry environment
* Living environment - External
* Medication administration and schedule 8 medication process
* Mission and values statement on display
* Noticeboard poster advising of visit
* Outbreak resources
* Safe chemical and oxygen storage
* Safety data sheets (SDS)
* Self help cafe
* Sylvania Club dining, lounge and patio space

# 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 and staff. Improvement activities are documented on the plan for continuous improvement. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives and staff 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:

A review by management identified the need to improve the ACFI process and improve care outcomes for care recipients. In May 2017 the home introduced the role of care planning coordinator. This role oversees the care planning process, assessments and drives the care plan. The home spoke with care recipients and representatives seeking feedback on how to improve the transition into aged care. The home implemented the feedback and introduced a new process where life history, what aged care looks like to them and hopes for the future are identified prior to the care recipients admission. Case conferencing is conducted prior to the admission and approximately one month later. All new care recipients and representatives have participated in case conferences with the exception of one due to distance and timing issues. Feedback from participants has been positive. Staff engagement with care recipients has increased as they know the care recipient prior to entry.

### 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 a system to identify relevant legislation, regulatory requirements and guidelines. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, representatives and staff as appropriate. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1 Management systems, management are aware of the regulatory responsibilities and have a system to effectively manage police certificates and the requirement to provide advice to care recipients and their representatives about re-accreditation site audits.

### 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 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, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. Generally, care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles. 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:

* Electronic information systems training
* Orientation and induction training
* ACFI training
* Effective communication training
* Elder abuse training

### 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 does not meet this expected outcome

The home does not have processes in place to ensure care recipients, representatives and others can access complaint mechanisms without fear of reprisal. Care recipients and representatives stated they don’t raise any comments or complaints because it wouldn’t be heard or resolved, they fear for the direct outcome on them or staff and complaints that have previously been lodged have not been acknowledged.

### 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, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents.

### 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 does not meet this expected outcome

The home is unable to demonstrate they have adequate numbers of skilled staff to deliver services in line with the homes philosophy and objectives. Care recipients and representatives stated they often have to wait too long for staff to answer their call bells and when staff do they are rushed and dismissive. They also stated that staff and management communication needed improvement at the home and stated staff lack warmth, compassion and don’t appear to care. Interviews with management and review of documentation including, staff complaints, care recipient and representative complaints and the compulsory reporting documentation does not demonstrate that staff behaviour has been appropriately managed on all occasions and that care recipient and representatives have been impacted by these behaviours.

### 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 stock 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

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed stated they are satisfied they have access to current and accurate information. Care recipients and representatives interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

### 1.9 External services

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has formal agreements with numerous external service providers which are corporately managed at their head office. 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:

In early 2017 and following an ACFI review the management team initiated a pain management review for care recipients. On completion, the home introduced the Wellness Centre in June 2017. The wellness centre includes; daily gym program, heat pack therapy, physio/massage therapy and where necessary alternative pain relief options. A regular exercise program has been introduced and there has been the creation of a social introduction area which allows care recipients to communicate together after their exercise. Walking programs have been introduced and hydro therapy is now available in the pool for care recipients who have consent from their medical team. For care recipients who are not mobile the home has introduced a passive program which focuses on sensory improvement using touch. Evaluation has occurred and care recipients are more social and some have achieved rehabilitation. Observations have indicated there is an increase of care recipient moods and there is a wait list to join the wellness centre by care recipients. The home is now looking to introduce more daily sessions.

### 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. Relevant to Standard 2 Health and personal care, management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

### 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:

Medication management training

Catheter care training

Continence aid training

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

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

### 2.5 Specialised nursing care needs

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

#### Team's findings

The home meets this expected outcome

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

### 2.6 Other health and related services

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients and representatives interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions. Care recipients and representatives said they are very satisfied with the way staff meet their health care needs.

### 2.7 Medication management

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. A medication advisory committee provides advice on the home's medication management system and a pharmacist regularly conducts medication reviews for individual care recipients. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. There is a process to ensure adequate supplies of medications including those required urgently or after hours. Documented medication orders provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. The home's monitoring processes include reviews of the medication management system and analysis of medication incident data. Opportunities for improvement in relation to the medication management system are identified and addressed. Staff who administer or assist with medications receive education in relation to this. There are processes to support the safe administration of nurse-initiated medications. Care recipients and representatives interviewed are satisfied medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

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

#### Team's findings

The home meets this expected outcome

Care recipients' pain is identified through assessment processes on entry to the home and as needs change. Care recipient pain is monitored by the registered nurse.

Specific assessment tools are available for care recipients who are able to verbalise their pain and for care recipients not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers involved in the management of care recipients' pain. Allied health staff assist with pain management as required through means, such as heat therapy, massage, and transcutaneous electrical nerve stimulation therapy, exercise and gym programs. Staff monitor care recipient's pain and record the use and effects of interventions and strategies for pain relief. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients and representatives interviewed are satisfied care recipients are as free as possible from pain.

### 2.9 Palliative care

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

#### Team's findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Equipment to support the care recipient during the end stage of life is available. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients and representatives interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 2.10 Nutrition and hydration

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

#### Team's findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Care recipients are weighed as required and weight loss/gain is monitored with referral to medical practitioners or allied health for investigation and treatment as necessary. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients and representatives interviewed are satisfied care recipients’ nutrition and hydration requirements are met.

### 2.11 Skin care

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

#### Team's findings

The home meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. The registered nurses oversee wound management and are responsible for complex wound treatments, completion of treatment records, and documenting interventions. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices, pressure area care and safe manual handling techniques. Care recipients and representatives interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team's findings

The home meets this expected outcome

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

### 2.13 Behavioural management

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

#### Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies to manage challenging behaviours are identified and documented in the care plans and are regularly evaluated to ensure they remain effective. The care manager advised physical restraint is not used at the home. Where PRN (use when necessary) chemical restraint is used it has been assessed, authorised by their medical officer and is monitored to ensure safe and appropriate use. Restraint authorisation is reviewed on a regular basis and in consultation with families. Staff were observed using various strategies to effectively manage challenging behaviours whilst supporting the dignity of the care recipient. The home's monitoring processes identify opportunities for improvement relating to behaviour management; this includes the collection and analysis of behavioural incident data. Staff have an understanding of how to manage individual care recipients' challenging behaviours, including those care recipients who are at risk of wandering. Care recipients were observed to be calm and relaxed; the environment supported the comfort of the care recipients. Care recipients and representatives interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team's findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative. The home employs two physiotherapists five days a week. On entry to the home a physiotherapist completes mobility and falls risk assessments for each care recipient. Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Care recipients were observed in the wellness centre and seemed to be enjoying the exercise programs delivered by appropriately skilled staff, consistent with their care plans. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. A visiting dental service visits the home and provides care recipients with denture care. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients and representatives interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 2.16 Sensory loss

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

#### Team's findings

The home meets this expected outcome

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The activity program incorporates sensory stimulation such as massage, music, large print books, gardening and cooking. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Management and staff ensure the referral of care recipients to health professionals such as optometrists and audiologists as required. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients and representatives interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 2.17 Sleep

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

#### Team's findings

The home meets this expected outcome

Care recipients' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Each care recipient has their own room which provides privacy and a quiet environment to promote undisturbed sleep. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients and representatives interviewed are satisfied support is provided to care recipients and how they are assisted to achieve natural sleep patterns.

## Standard 3 - Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements. Recent examples of improvements in Standard 3 Care recipient lifestyle are:

On completion of renovations in early 2017, there was a large empty space left on level three of the home. Management approached care recipients and asked them what they would like to do with the space. Care recipients suggested a pool and table tennis table which was later purchased. Care recipients contributed to the design of the area by selecting art work and furniture. This area has since proven to be highly popular and successful with numerous care recipients playing pool and table tennis. Those care recipients unable or not willing to physically participate still attend the sessions to observe and cheer on others.

### 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. Relevant to Standard 3 Care recipient lifestyle, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

### 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:

Promoting health and wellness training

Privacy and dignity training

Person centred activities training

### 3.4 Emotional support

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

#### Team's findings

The home meets this expected outcome

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need and concerns relating to emotional health are referred to appropriate support services if required. The home's monitoring processes, including feedback and care reviews identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. A care recipient advised when they needed assistance with emotional support there was no suitable staff member with whom to discuss her issues. They said the home needs to have someone available to speak to if care recipients have an issue. However, generally care recipients and representatives interviewed are satisfied they are supported on entry to the home and on an ongoing basis including times of personal crisis.

### 3.5 Independence

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

#### Team's findings

The home meets this expected outcome

Care recipients' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes including feedback, environmental and care reviews identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. Care recipients and representatives interviewed are satisfied with the information and assistance provided to care recipients to achieve independence, maintain friendships and participate in the community within and outside the home.

### 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 does not meet this expected outcome

Each care recipient’s right to privacy and dignity is not recognised and respected. Care recipients stated that they have to wait too long for their call bells to be answered delaying personal care assistance and causing their dignity to be negatively affected. Staff have their breaks at the same time so there is not enough staff to attend to call bells in a timely manner. Sufficient time is not provided in delivering personal care and staff are rushed, do not attend to all aspects required to meet each care recipient’s personal and clinical care needs and are dismissive. Some staff are not competent, lack experience and are still learning their roles. Staff do not consistently ask permission to enter care recipients’ rooms. Other care recipients are not monitored sufficiently and enter other care recipients’ rooms without permission. There are not effective complaints mechanisms in place to address concerns relating to the preservation of care recipients’ privacy and dignity.

### 3.7 Leisure interests and activities

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

#### Team's findings

The home meets this expected outcome

Care recipients' interests and activities of choice are identified on entry. Barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. Care recipients expressed high level satisfaction with activities and confirm they are supported to participate in activities of interests to them.

### 3.8 Cultural and spiritual life

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

#### Team's findings

The home meets this expected outcome

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home has access to support services such as interpreters and community groups and provision is made for the observation of special days. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in activities of their choice. Care recipients and representatives interviewed confirmed care recipients’ customs and beliefs are respected.

### 3.9 Choice and decision making

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

#### Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team's findings

The home meets this expected outcome

On entry to the home, care recipients and representatives are provided with information about; care recipients' rights and responsibilities, terms and conditions of tenure, limitations to care provision within the home, fees, charges and information about complaints. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or representatives. 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:

* In October 2017, a new Workplace Health and Safety (WHS) Committee was created. This was due to significant staff changes and to re-energise the concepts of WHS within the workplace. The new committee implemented ‘hazard week’. This concept was to alert, remind and encourage care recipients, representatives and staff to WHS and ensure they report any identified hazards. During hazard week care recipients were encouraged to record any hazards or suggestions and provide them to the WHS committee. The home kept a register of identified hazards and how these were rectified. The care recipient response was very positive and the week was so successful that it will become an annual event.

### 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. Relevant to Standard 4 environment and safe systems, management are aware of the regulatory responsibilities in relation to work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### 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 members 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:

* Fire and evacuation training
* WHS and manual handling training
* Food safety training
* Infection control training

### 4.4 Living environment

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

#### Team's findings

The home meets this expected outcome

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 expressed high level satisfaction with the living environment and that it 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 workplace 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 including 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. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm and 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 processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Care recipients, representatives and staff interviewed are satisfied with the prevention and management of infections.

### 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 representatives. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes staff monitoring and feedback from care recipients and representatives. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. Mostly, care recipients and representatives interviewed are satisfied the hospitality services meet their needs. One care recipient stated that the food is disgusting and staff need to work on the presentation of food. Two other care recipients stated the food is good some of the time.