

Regis Tiwi Gardens

RACS ID: 6997

Approved provider: Regis Aged Care Pty Ltd - SA

Home address: 11 Creswell Street TIWI NT 0810

Decision made on: 21 November 2017

Decision: An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the period of accreditation for Regis Tiwi Gardens. The period of accreditation of the service will be 7 December 2017 to 7 December 2018.

Accreditation expiry: 7 December 2018

Number of expected 44 out of 44

outcomes met:

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

A re-accreditation audit was conducted at this service on 12 September 2017 to 14 September 2017. The assessment team’s report is attached.

Following the audit, an authorised delegate of the CEO of the Australian Aged Care Quality Agency made a decision on 19 October 2017 to re-accredit this service with an accreditation expiry date of 7 December 2020.

Under section 2.69 of the *Quality Agency Principles 2013,* the decision was reconsidered under ‘CEO’s own initiative’. Following reconsideration, the accreditation expiry date of the service will now be 7 December 2018.

The Quality Agency will continue to monitor the performance of the service 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: Regis Tiwi Gardens

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# Introduction

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

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

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

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

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

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

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

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 12 September 2017 to 14 September 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: 135

Number of care recipients during audit: 123

Number of care recipients receiving high care during audit: 123

Special needs catered for: Memory support unit

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients | 19 |
| Representatives | 7 |
| Facility manager | 1 |
| Operations manager | 1 |
| Assistant Manager | 1 |
| Organisational quality and compliance management  | 2 |
| Clinical manager/support team | 3 |
| Quality and compliance team | 2 |
| Clinical support team manager QLD/NSW/NT | 1 |
| Registered nurses | 3 |
| Care staff | 7 |
| Lifestyle staff | 2 |
| Chef manager/chef | 2 |
| Catering staff | 2 |
| Cleaning staff | 3 |
| Laundry staff | 2 |
| State maintenance supervisor and officers | 4 |
| Physiotherapist | 1 |
| Nurse advisor | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' files | 20 |
| Incidents | 14 |
| Medication charts | 11 |
| Personnel files | 2 |

## Other documents reviewed

The team also reviewed:

* Activities program
* Activity calendar
* Activity evaluation records
* Allied health referrals and reports
* Annual test and tag records
* Approved supplier list
* Audits
* Buddy shift log
* Call bell reports and audits
* Care recipient information pack
* Care recipient respite information pack
* Catering records, food safety plan and certification
* Certification and skill detail - mandatory
* Chemical register
* Cleaning records
* Clinical assessments, plans and reviews
* Clinical charting and reportable parameters
* Clinical data analysis and trending
* Comments and complaints forms
* Consolidated log and associated documentation
* Continuous improvement documentation
* Corporate orientation workbook
* Corrective and preventative maintenance documentation
* Criminal history certificate records
* Defect notices for equipment
* Duty statements and work instructions
* Emergency and disaster management response procedures
* External service evaluations
* Feedback model
* Fire inspection, testing and maintenance records
* Infection reports and outbreak data/reports
* Incident reports
* Lifestyle assessments, care plans and reviews
* Maintenance folders
* Mandatory and core training spreadsheet
* Medication records including drugs of addiction registers
* Meeting minutes - Care recipients
* Meeting minutes - Staff
* New Employee & Volunteer information & Variation form
* Nutritional assessments, dietary requirements, preference sheets and menus
* Orientation guide
* Performance management process
* Personnel files
* Privacy policy
* Professional registration records
* Recruitment - Clinical Support Specialist
* Recruitment advertising
* Register of archives records and destruction
* Resident of the day schedule and weekly progress note reviews
* Resident relative survey
* Residential Care and Accommodation Agreement
* Respite Care Agreement
* Safety data sheets
* Safety equipment service records
* Social cultural and spiritual care plans and denomination lists
* Staff education records
* Staff files
* Staff pocket guide
* Statutory declarations
* Training information/attendance records/evaluations
* Visa checks
* Work Health & Safety documentation
* Work Orders
* Wound care documentation.

## Observations

The team observed the following:

* Activities program on display
* Advocacy information on display
* Archive room
* Cafe
* Charter of care recipients rights and responsibilities-residential on display
* Cleaning in progress
* Colour coded equipment in use
* Dining experience
* Equipment and supplies
* Evacuation signs and diagrams
* Feedback mechanisms - External and internal
* Fire indicator panel
* Hairdresser in attendance
* Hand hygiene gel and washing facilities
* Interactions between staff, care recipients and representatives
* Internal lift access
* Kitchen and food storage
* Laundry in operation
* Living environment - External and internal
* Lunch and beverage services
* Medication storage and administration
* Mission and values statement on display
* Mobility aids and equipment in use
* Notice boards – Staff and care recipients
* Noticeboard poster advising of visit
* Nurse call systems
* Offices
* Outbreak kits
* Palliative care resources
* Safety data sheets (SDS)
* Security systems
* Short group observation
* Wound dressing trolleys and stocks.

# 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, and 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 the plan for continuous improvement. Management uses a range of monitoring processes such as audits, surveys and feedback 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:

* As part of a larger 'Spirit project' encouraging positive staff performance, improving communication and culture and showing appreciation to staff, a 'Smile Award' has been introduced. Raffle tickets are given to staff observed by management to be performing their duties in a positive manner. A raffle ticket draw is held at monthly staff meetings and prizes are awarded. To date a television and $300 dollars have been won by staff members. Feedback received indicates staff appreciate the acknowledgement of their efforts when they receive a raffle ticket and look forward to the prize draw.
* In response to an external audit, and to assist in the identification of training attendance, a 'Training Matrix' tool has been implemented to record staff attendance at training and toolbox sessions. The tool records individual attendance, and provides a summary report indicating percentage attendances across various identified staff groups. The summary report is provided to staff and discussed at meetings. Evaluation of the tool indicates management has increased ability to monitor staff attendance and provide feedback to staff at performance appraisals and during meetings.
* In order to improve orientation and induction processes at the home, a three day ‘on boarding’ process has been implemented. Key staff were identified and provided training in 'getting the foundations right' to provide the process to new staff. An ‘on boarding’ checklist has been introduced providing a guide for training to be undertaken over a number of shifts with a nominated buddy. The checklist includes tasks to be signed off by the new staff member and their buddy. Feedback provided includes comments by staff including: ‘'it helps to build relationships between new employee and colleagues", "it introduces the new employee to their role" and "it provides information about policies and procedures and the organisation’s culture and values".
* In order to understand how the changes made by management over the past three months have affected staff a people and culture survey was conducted with staff at the home. A Regis surveyor from outside the home conducted the survey on site with staff. 82 staff were surveyed and questions regarding training, confidence in skills and knowledge, support and role expectations were considered. Evaluation of the survey results indicates staff report feeling positive about the changes that have been made. Staff reported they now enjoy coming to work, the home is more organised and they feel proud of the care provided to the care recipients.

### 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, and for monitoring these in relation to the Accreditation Standards. 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, 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. Relevant to Standard 1, Management are aware of the regulatory responsibilities in relation to police certificates and the requirement to provide advice to care recipients and their representatives about re-accreditation site audits; there are processes to ensure these responsibilities are met.

### 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. Care recipients and representatives interviewed are satisfied staff have the knowledge and skills to perform their roles, and 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:

* Above and below the line
* Orientation and ‘on boarding’ new staff
* Regis audit processes
* Teamwork and communication.

### 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 and others are supported to access both internal and external feedback systems. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. 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. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients, their representatives and other interested people interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these processes. One of 26 care recipients/representatives was not satisfied with the home’s response to their complaints.

### 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 and is on display throughout the home.

### 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 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 induction and orientation 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 and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. Two of twenty-six care recipients and representatives interviewed said they feel the facility is not well run, as occasionally staff appear to be busy or require further training. One of nineteen care recipients was not happy with the previous recruitment process.

**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. There is a system in place to ensure extra supplies are available during cyclone season. 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 are specified and communicated to the external providers. The home 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:

* In order to increase efficiency, a visiting medical officer (MO) process was implemented. With numerous medical officers attending the home at various times/days of the week, clinical staff were finding it difficult to complete their duties due to unscheduled interruptions. A meeting was held with MOs, management and clinical staff and an agreement reached for MOs to attend scheduled visits at specified times on one day per week. Additional hours were allocated for a Registered Nurse to be rostered to assist the MOs. Training in the responsibilities of the role was provided to RNs and a duty list guide for the role created. Feedback from clinical staff shows that the Enrolled and Registered nurses are better able to complete their duties and updates to care information by MOs are completed in a timely manner.
* The home's physiotherapist has implemented a seated yoga class for care recipients in order to improve mobility and flexibility and assist with pain management. An invitation was put out for care recipients to attend free yoga sessions held at the home. The initial class was attended by 17 care recipients and numbers have increased steadily since. Care recipient feedback includes: 'the exercise is nice and slow, good for sore back and helps with pain', 'I really enjoyed it', 'very good and relaxing', 'just wonderful, breathing and relaxing'. Pain assessments indicate pain has been resolved for some care recipients, mobility has improved and the use of pain relieving medications has decreased for others.

### 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, 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:

* Completing wound care per the wound care assessment
* Continence management
* Cytotoxic management
* Delirium screening
* Scabies education.

### 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 systems in place 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. Formal care consultations occur annually in response to changes in health status and on request of care recipient/representatives. Individual care plans are developed by registered nurses 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. Clinical managers review care recipient progress note entries on a weekly basis to ensure any changes in health status requiring care plan updates occur in a timely manner. Where changes in care needs are identified, registered nurses review the need for referrals to medical officers or health professionals. Staff provide care consistent with individual care plans. Care recipients and representatives interviewed stated they are satisfied improvements in clinical care have occurred. One of 26 care recipients/ representatives indicated they would like formal care consultations on a more regular basis and management will remind care recipients/representatives at meetings of the option to have consultations on request.

**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. Weekly reviews are documented by the clinical managers to ensure any changes in care have been included in care plans and appropriate referrals have occurred. Staff confirm knowledge of individual care recipient needs and that appropriate equipment is available and in working order. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients and representatives interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 2.6 Other health and related services

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. 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.

### 2.7 Medication management

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. 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. Care recipients and representatives interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner.

### 2.8 Pain management

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

#### Team's findings

The home meets this expected outcome

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

### 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 policies and procedures in place to assist in identifying and managing care recipients' individual palliative care needs and preferences. Nursing staff encourage and support care recipients or their representatives to document end of life wishes, formal assessments are completed and end of life pathways implemented. 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. Staff follow end of life plans and respect any changes, which may be requested. The home has received letters of thanks for the care and support provided during end of life.

### 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. 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. 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 visiting wound consultant is available to assess and review wounds in a timely manner. Additional support to manage and prevent wounds is provided by the home's physiotherapy staff and visiting dietitian. 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 now document stage 1 pressure injuries to ensure interventions to minimise deterioration occurs. 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

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. 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 conscientious 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 and confirm staff attend to calls for assistance in a timely manner.

### 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 responsive behaviours are identified and documented in the care plan and are regularly evaluated to ensure they remain effective. Management reviews all behavioural incidents to ensure appropriate actions occur including reviewing of mandatory reporting requirements. Staff have an understanding of how to manage individual care recipients' responsive behaviours, including those care recipients who are at risk of wandering. We observed staff intervening and providing care in a positive and consistent manner to care recipients with complex behaviours. 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. 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. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients and representatives interviewed are satisfied with the support provided for achieving optimum levels of mobility and dexterity.

### 2.15 Oral and dental care

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

#### Team's findings

The home meets this expected outcome

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. 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 generally 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 internal or external appointments 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. Lifestyle programs include the use of sensory equipment, sensory room and activities tailored to meet the needs of the care recipients experiencing sensory loss. 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. 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 they are assisted to settle at night and rise at preferred times.

## 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:

* A national initiative across all Regis sites has seen the introduction of a robotic seal at the home. The seal is utilised for one-to-one interaction for care recipients experiencing agitation or isolation. Staff received training in the use of the seal, which was introduced to care recipients through the home's newsletter. The seal has been utilised for 12 care recipients to date over 38 episodes of agitation, restlessness and withdrawal. Recording of the use of the seal, along with analysis of behavioural outcomes indicates a reduction in restlessness, episodes of physical aggression have been noted to have decreased with some care recipients, and an improvement has been noted in social interaction between participating care recipients.
* An initiative titled 'Health Strong Leisure and Lifestyle Library' has been introduced at the home. A range of activity boxes are borrowed from the Regis library providing items for use over a one-month basis. The box contents are theme based and include 'Celebrating diversity', 'Puppetry 2: Australian Animals', 'Camera Club - Let's Capture It' and 'Inspiring Emotion: Capturing Laughter'. Each activity is accompanied by documentation providing guidance for staff in the appropriate conduct of the activity, the intended purpose and outcomes for care recipients. Items needed for the activity, such as puppets and cameras, are also included. Evaluation of the program indicates care recipients enjoy the different activities and look forward to the next one arriving.

### 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, 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:

* Dementia interactive
* Independence, choice and decision making
* PARO (robotic seal) training
* Privacy, dignity and respect
* Sensory room.

### 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; concerns relating to emotional health are referred to appropriate support services. 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. Care recipients and representatives interviewed are satisfied care recipients are supported on entry to the home and on an ongoing basis, including times of personal crisis. Five of 19 care recipients have never been in a situation to warrant talking to staff in relation to how they feel.

**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, and 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. Two of 19 care recipients were not sure if they are encouraged to do as much as possible for themselves.

**3.6 Privacy and dignity**

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

#### Team's findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. Care recipients and representatives interviewed said staff treat everyone with respect and feel their information is secure.

### 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 and representatives interviewed are satisfied 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 lives 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 lives are 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 recipient’s 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 and representatives interviewed 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

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. 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. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. 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:

* Management identified the environment for care recipients in the memory support unit could be improved with the introduction of self-initiated interactive activities and improvements to the general environment. Feedback was sought from medical officers, a psycho geriatrician, and family members to identify appropriate themes to be included in the renovations. Sensory and fiddle boards were created and placed on tables around the area, garden beds were installed and care recipients planted flowers in them. A small engine was affixed to a worktable and spanners attached to the table by chains provided for care recipients to tinker with. A de-commissioned lawn mower has been placed in the courtyard garden area and a sandpit on a stand located in another courtyard decorated in a beach theme. Murals were placed on walls and an interactive projector installed. Evaluation through feedback indicates the area is more welcoming for care recipients and families. Staff said there has been a significant reduction in behaviour-initiated incidents in the area as care recipients are noted to be more engaged with their environment.
* Management identified the provision of laundry services could be improved by bringing them in house. The home purchased three industrial washing machines and three industrial dryers, sufficient supplies of linens and a labelling machine. An extra laundry services staff member was employed and services initiated covering seven days per week. Each care recipient is able to have his or her laundry attended to on any day, with washing, drying, folding and returning of washing occurring in the same day. The home now also launders all linens on site. Evaluation of the services indicates care recipients are happy to have their washing done on site, there is less loss of personal clothing items occurring and staff advise that they no longer run low on linens as they are replenished daily.

### 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, 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:

* Chemical awareness
* Fire and emergency management
* Food safety
* Infection control
* Snake management.

### 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 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 is a cyclone plan and the home has cyclone shelter areas. Care recipients and representatives interviewed are aware of what they should do on hearing an alarm to 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 infection control program in place to guide staff practice, minimise infections and manage outbreaks. Preventative measures used to minimise infection include staff training, a food safety program, cleaning programs, vaccination programs, a pest control program, waste management and laundry processes. Care recipients' infections are referred to medical officers for review and treatment. Care recipients with a history of infections or increased risk have interventions documented on care plans to minimise or manage reoccurrence. Clinical managers now complete a monthly analysis of infection data, monitor interventions and review staff practice. Where trends are identified, education is provided to relevant staff. Outbreak protocols are in place and staff are provided with training in recognising infections and their responsibilities including reporting of notifiable diseases. The home has a current food safety plan and complies with relevant legislation. Temperature monitoring of food is documented and appropriate storage and handling of food products occurs. Laundry and cleaning staff are documenting completion of cleaning tasks and were observed using colour coded cleaning systems and personal protective equipment. Handwashing facilities and hand sanitisers are located throughout the home and were observed to be used by staff. Staff interviewed confirmed that infection control has been highlighted at recent meetings and that they attend relevant education. Care recipients and representatives interviewed are generally satisfied with how the home identifies and manages infections when they occur.

### 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. Catering, cleaning and laundry staff were knowledgeable about individual care recipient preferences and receive information relevant to their roles in a timely manner. Catering processes include monitoring of food safety programs and documentation and observations confirm food handling processes are followed. Cleaning staff follow documented cleaning programs, receive relevant training and are provided with appropriate equipment to complete their duties. Laundry services are 'in house' with staff using commercial machines to attend to dirty laundry. An ironing service is available on request. Care recipients and representatives interviewed are satisfied the hospitality services meet their needs and that they have the opportunity to provide feedback on these services.