

Royal Freemasons - Flora Hill

RACS ID: 3966

Approved provider: Royal Freemasons Ltd

Home address: 64 Somerville Street, Flora Hill BENDIGO VIC 3550

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| Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 03 March 2021.  We made our decision on 04 January 2018.  The audit was conducted on 28 November 2017 to 30 November 2017. The assessment team’s report is attached.  The assessment team found that the home did not meet 1.6 Human resource management and 3.7 Leisure interests and activities. However, the Quality Agency decision-maker found the home to meet these outcomes based on comprehensive and up-to-date information supplied by the approved provider. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Royal Freemasons - Flora Hill

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# Introduction

This is the report of a Re-accreditation Audit from 28 November 2017 to 30 November 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:

* 42 expected outcomes

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

* 1.6 Human resource management
* 3.7 Leisure interests and activities

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 28 November 2017 to 30 November 2017.

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

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

# Details of home

Total number of allocated places: 66

Number of care recipients during audit: 51

Number of care recipients receiving high care during audit: 49

Special needs catered for: Memory support unit

# Audit trail

The assessment team spent 3 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Business manager residential | 1 |
| Senior manager quality and innovation | 1 |
| Facility manager | 1 |
| Senior manager customer experience | 1 |
| Coordinator – support services risk, safety and training | 1 |
| Manager – support services contracts and procurement | 1 |
| Manager - support services buildings and maintenance | 1 |
| Manager of human resources | 1 |
| Facility maintenance officer | 1 |
| Quality coordinator | 1 |
| Care recipients | 12 |
| Representatives | 3 |
| Lifestyle coordinator | 1 |
| Chef | 1 |
| Laundry staff | 1 |
| Cleaning staff | 3 |
| Registered and enrolled nurses | 5 |
| Care staff | 4 |
| Administration staff | 1 |
| Allied health | 2 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients' clinical files | 6 |
| Medication charts | 6 |
| Care recipient lifestyle files | 6 |
| Improvement logs | 6 |
| Incident and hazard forms | 6 |
| Complaints/suggestions | 4 |

## Other documents reviewed

The team also reviewed:

* Activities program, participation and evaluation records
* Audit schedules and audits
* Bed pole assessments
* Building certification
* Business continuity plan
* Care recipient accommodation agreements
* Care recipient dietary requirements
* Care recipient information kit
* Care recipient newsletter
* Care recipient survey
* Cleaning list
* Clinical assessments, charting, care plans and progress notes
* Comments, complaint and suggestion register
* Confidentiality agreements
* Continuous improvement plans
* Data, trends and statistics
* Drugs of dependence register
* Education calendars, attendance records and competencies
* Essential safety measures certification and manual
* Fire and emergency equipment log books and procedure manual
* Gap analysis documentation
* Handover documentation
* Human resource documentation, rosters and personnel files
* Incident and hazard reports and register
* Infection and clinical data reports
* Maintenance work orders
* Mandatory reporting folder, register and incidents
* Medication refrigerator temperature charts
* Meeting minutes, memoranda and emails
* Menus
* Notice of 24 hour pastoral care access
* Organisation chart
* Police certificate, statutory declaration and professional registration data
* Policies and procedures
* Preventative maintenance schedule
* Privacy and confidentiality consent form and information
* Reactive maintenance work orders
* Social cultural and spiritual care plans and denomination lists
* Third party food safe certification, report and action plan
* Vaccination records
* Vision, values and mission statements.

## Observations

The team observed the following:

* Activities in progress
* Call bell system
* Cleaning in progress, trolleys and store room
* Colour coded cleaning equipment
* Equipment, supplies and storage areas
* Evacuation egresses, signs and diagrams
* Fire and emergency equipment
* Infection control equipment
* Interactions between staff and care recipients
* Information brochures
* Internal and external living environment
* Meal and beverage services
* Medication administration and storage
* Notice boards and notices
* Noticeboard poster advising of visit
* Pets
* Safe chemical and oxygen storage
* Short observation in the dining room
* Spill kits
* Suggestion box.

# Assessment information

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

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

### Principle:

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

### 1.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

The continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Management uses a range of monitoring processes such as audits and quality indicators to monitor the performance of the home's quality management systems. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. The new approved provider, Royal Freemasons commenced on 1 August 2017. Quality staff completed a gap audit across all 44 expected outcomes in October 2017, which identified issues across all Accreditation Standards. Facility management have logged items for actioning on the home’s continuous improvement plan. The organisation continues to implement initiatives to improve the quality of care and services.

A recent example of an improvement in Standard 1 Management systems, staffing and organisational development are:

* Executive management identified that wireless internet access and computers for staff use was limited. During the building refurbishment an improved wireless internet system was fitted and 12 new computers were made available to care staff. Staff have been provided with an organisational email. This has resulted in increased computer access for staff and improved communication.

### 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.

Examples of responsiveness to regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include:

* Management provided information to care recipients and their representatives about the re-accreditation audit.
* Management has systems for maintaining current police certification for staff, volunteers and external contractors.
* Professional registrations are monitored and recorded on an annual basis.
* There is a process to record, archive and dispose of confidential documents.

### 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:

* Bullying and harassment
* Incident reporting
* Royal Freemasons’ intranet and portal
* Online staff induction program.

### 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 these mechanisms. 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. The results of the consumer experience report shows a majority of care recipients said staff follow up when they raise things with them most of the time or all of the time. A small proportion responded that issues were followed up some of the time and said there were times when issues raised had not been addressed. 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.

### 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

Management cannot demonstrate they maintain a sufficient number of appropriately skilled staff to meet the needs of care recipients. Staffing levels are not adjusted in accordance with increases in care recipient occupancy and changing acuity. Care recipients’ needs are not consistently responded to in a timely manner. The number of lifestyle staff employed is insufficient, impacting on the provision of the activity program and care recipients’ lifestyle needs. Short term and long term vacancies are not regularly replaced across all departments. Fourteen staff are dissatisfied with the staffing levels especially in the memory support unit. Care recipients and representatives expressed dissatisfaction with the numbers and level of staffing. Results of the consumer experience report show a small proportion of care recipients interviewed said they disagree or a feel neutral regarding whether the place is well run.

However, the results of the consumer experience report also shows care recipients are satisfied with the level of respect shown by staff most of the time or all of the time and care recipients and representatives agree or strongly agree the staff know what they are doing.

### 1.7 Inventory and equipment

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

#### Team's findings

The home meets this expected outcome

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

### 1.8 Information systems

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

#### Team's findings

The home meets this expected outcome

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 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:

* Management identified accessing palliative care services and subsequent equipment in regional areas can be limited at times. As a result a syringe driver was purchased as part of the provision of care recipient end of life care. Staff were provided with training in its use. Management said the device has provided enhanced support, and in particular symptom management during a care recipient’s end of life.
* A review of staff skills identified staff had not participated in comprehensive medication management training for some time. Consequently, two one day training sessions were offered to staff. Management reported positive attendance and results for care recipients.

### 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:

* There is safe and secure storage of care recipient medications.
* Registered nurses supervise the provision of clinical and specialised nursing care according to relevant legislation and care recipient needs.
* Documented policies and procedures guide staff in their approach to reporting care recipient unexplained absence.

### 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:

* Continence
* Behaviour management
* Nutrition and hydration
* Textured modified diets
* Falls management.

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to ensure care recipients generally 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. 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 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 generally 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. 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 generally processes to ensure catering and other staff have information about care recipient nutrition and hydration needs which are generally effective. 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 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

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 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 generally identified and documented in the care plan and are regularly evaluated to ensure they remain effective. The home practices a minimal restraint policy; however we noted the restraint recommended for one care recipient has not been authorised and monitored to ensure safe and appropriate use. Management ceased the use of this restraint during the visit. 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 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 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 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. 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. 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 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.

A recent example of an improvement in Standard 3 Care recipient lifestyle is:

* In line with Royal Freemasons’ approach in seeking care recipient and representative feedback, the home has increased care recipient forums and introduced a meeting schedule. The schedule outlines an increase in forums, including a monthly care recipient forum and a six monthly food focus forum. These forums are in addition to care recipient and representative meetings which are also conducted six monthly.

**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:

* Documented policies and procedures guide staff in their approach to reporting instances of elder abuse. There is a consolidated register of compulsory reporting and education and monitoring is ongoing to ensure it is maintained as required.
* Care recipients and their representatives are provided with information regarding care recipients’ rights and responsibilities and security of tenure.
* There are documented guidelines and procedures to ensure care recipients’ privacy and confidentiality is maintained.

### 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:

* Elder abuse and compulsory reporting
* Dementia 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 or concerns relating to emotional health are referred to the appropriate service. Management is currently planning how the organisation can support the LGBTI community. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. The results of the consumer experience reports shows the majority of care recipients agreed or strongly agreed in their responses when asked if they are feeling a bit sad or worried there are staff to talk to. One care recipient responded neutrally as they rely on family to meet this need. One care recipient strongly disagreed as they felt staff would not have the time to talk. 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.

### 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.

### 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 does not meet this expected outcome

Management cannot demonstrate care recipients are encouraged and supported to participate in a wide range of activities of interest to them. Not all care recipients, representatives and staff are satisfied there are sufficient activities for care recipients. Staffing levels have not been adjusted in accordance with the opening of the 10 bed memory support unit which currently accommodates seven care recipients. The home has been operating without a lifestyle assistant since June 2017 which has impacted on the memory support unit and the provision of bus outings. While a program of activities is available to care recipients of the main home, care recipients of the memory support unit do not have a separate program and are therefore required to attend the general program. Representatives and staff said this rarely occurs as there is insufficient staff to transport care recipients to and from the activity area. We observed that care recipients in the memory support unit were not engaged in meaningful activities. The lifestyle department does not have a budget to purchase items for care recipients.

### 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 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 generally considered, in the facilitation of leisure activities, however not all care recipients who request to attend spiritual activities, have been recorded as attending. 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, however care recipient showering preferences are not always taken into consideration. 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. While the majority of care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their choices, a number of care recipients reported that they are not satisfied with choices in relation to personal care. A small proportion of care recipients and representatives interviewed for the consumer experience report also stated that staff explained things to them some of the time. Management stated they will action the feedback.

### 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:

* The home has undergone a major building refurbishment and enhancement to the internal and external living environment. Care recipients and representatives were encouraged to participate in the choice of furniture, window coverings and flooring for the new areas. New public area air-conditioning was also fitted. Stakeholders are satisfied with the improvements.
* A gap analysis audit identified that equipment used to prevent and manage infectious outbreaks could be enhanced. As a result, dissolvable laundry bags were purchased and implemented; infectious outbreak management kits reviewed and updated using Royal Freemason guidelines and an additional five staff hand wash stations fitted throughout the building. The initiatives have resulted in improved equipment and facilities to prevent and manage infections.
* Royal Freemasons’ have introduced free influenza vaccinations for staff. As a result a contractor was engaged to provide this service to those identifying as wanting a vaccination. A limited number of staff accepted the offer, as they had already previously sought a vaccination at their own expense. Free, annual influenza vaccinations for all staff will continue to be offered in the future.

### 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 physical environment and safe systems, management are aware of the regulatory responsibilities in relation to:

* Management provide a proactive workplace health and safety program.
* Chemicals are stored safely and safety data sheets are easily accessible via up to date electronic storage.
* The building complies with relevant regulatory requirements.
* A food safety program is current and complies with legislation.

### 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:

* Infection control
* Food handling safety
* Emergency procedures
* Work, health and safety.

### 4.4 Living environment

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

#### Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including 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 generally 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. An extension including an additional twenty beds was completed in July 2017. Care recipient feedback relating to the original part of the home included their rooms are hot in summer due to not having air conditioning in bedrooms. Management advised the organisation plans to install air conditioning in this area. Future plans also include landscaping the gardens around the perimeter of the home. Issues with the call bell system were rectified during the visit. Care recipients who use bed poles have a risk assessment completed by the physiotherapist. Monitoring of care recipients’ safety when bed poles are in use was commenced during the reaccreditation audit and management stated they will consult with care recipients/representatives around the risks of their use. Care recipients and representatives interviewed are satisfied the living environment is safe and generally 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. However, management said that prior to October 2017 staff were not routinely completing staff incident forms in line with the home’s policy. We observed this has been addressed. 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 however, during tours of the building we noted a ‘silenced’ light illuminated on the fire panel and a number of sprinkler protection caps dislodged from the ceiling. Management arranged for a contractor to attend and rectify the issues. 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. 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 generally 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 their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they have access to information about care recipient preferences and receive feedback about services provided. Care recipients and representatives said items of clothing have gone missing. Management stated the laundry processes are under review. The results of the consumer experience report shows the majority of care recipients like the food most of the time or always. A small number of care recipients said they liked the food some of the time, in particular they have issues around the evening meals. Management stated they will action the feedback, including implementing a summer menu, offering two hot meal choices at lunch by the end of December 2017 and establishing a food focus forum.