

St Leigh Private Nursing Home

RACS ID: 4127

Approved provider: Autumn Care Pty Ltd

Home address: 33 Bay Road SANDRINGHAM VIC 3191

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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 06 June 2020.We made our decision on 07 April 2017.The audit was conducted on 14 March 2017 to 15 March 2017. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical

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: St Leigh Private Nursing Home

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# Introduction

This is the report of a Re-accreditation Audit from 14 March 2017 to 15 March 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:

* All 44 expected outcomes.

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 14 March 2017 to 15 March 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: 52

Number of care recipients during audit: 41

Number of care recipients receiving high care during audit: 41

Special needs catered for: None identified.

# Audit trail

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

## Interviews

| Position title | Number |
| --- | --- |
| Director of nursing  | 1 |
| Administration manager  | 1 |
| Clinical care coordinator/registered nurse | 1 |
| Executive and site - Quality and education managers  | 2 |
| Executive and site lifestyle coordinators  | 2 |
| Executive office manager  | 1 |
| Registered nurses  | 1 |
| Care staff  | 4 |
| External health services provider | 1 |
| Care recipients/representatives | 9 |
| Catering staff | 2 |
| Cleaning staff | 1 |
| Laundry staff | 1 |
| Maintenance contactor | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipients’ clinical files | 5 |
| Care recipients’ lifestyle files | 5 |
| Medication charts | 7 |
| Care recipients’ administration files | 5 |
| Personnel files | 5 |

## Other documents reviewed

The team also reviewed:

* Activities program and participation records
* Archive register
* Audits
* Care recipients surveys
* Catering documentation including temperature logs, cleaning schedules and menus
* Cleaning schedules
* Clinical forms and charts including ‘resident’ of the day schedule, complex care directives, care consultations, holistic care evaluation, restraint assessments, risk assessments and wound management log and reports
* Compulsory reporting register
* Consent forms
* Current evacuation list of care recipients
* Education and staff development program, attendance records, summary, compulsory matrix, evaluations and calendar
* Emergency procedures manual, evacuation plans, essential safety measures monitoring and maintenance documentation and related documentation
* Equipment and stock lists and utilisation review report
* Feedback documentation
* Food safety program
* Handover sheets
* Incident and infection control reports, surveillance register, data and analysis
* Infection register
* Medication assessment management plan
* Meeting schedule and minutes
* ‘My life story’ and ‘Things that make my day’ documentation
* Occupational health and safety policies and related documentation
* Orientation flip charts and related documentation for care recipients, staff and contractors
* Pest management records
* Plan for continuous improvement and corrective action reports
* Police certificates, statutory declarations, visa and professional registration monitoring documentation
* Policies, procedures and flow charts
* Position descriptions and duty lists
* Reactive and preventative maintenance programs and related documentation
* ‘Resident’ survey
* Resource folders for care recipients from a non-English speaking background
* Safety data sheets and hazardous substances register
* Self-assessment
* Staff information pack and hand book for care recipients
* Staff roster
* The organisation’s vision, mission, values and guiding principles
* Workplace satisfaction surveys/analysis.

## Observations

The team observed the following:

* Activities in progress, including visit by Delta dog, the activities program displayed and related resources
* Archive area
* Chemical storage, spill kits including blood spills
* Cleaning in progress, cleaning trolley, secure cleaners room
* Equipment, supply and chemical storage areas
* Interactions between staff, care recipients and representatives
* Internal and external living environments
* Kitchen, catering storage and preparation areas
* Laundry
* Meal and refreshment services in progress, assistance to care recipients and menu displayed
* Medication system electronic tablets
* Medications storage and administration
* Noticeboards and information displays
* Notification to stakeholders of reaccreditation audit on display
* Outbreak kit
* Palliative care kit
* Short group observation during a morning activity
* The ‘Charter of care recipients’ rights and responsibilities – residential care’ displayed
* The organisation's vision, mission, values and guiding principles displayed
* Waste systems including sharps containers.

# 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 organisation actively pursues continuous improvement. A schedule of internal and external audits and surveys guide management assessment of the home’s level of performance against the Accreditation Standards. Identification of additional improvement opportunities occur through a variety of established processes which include informal and formal stakeholder feedback, scheduled stakeholder meetings, the monitoring of audit results, performance indicators and management observation. Corrective action reports and the plan for continuous improvement document actions and support the monitoring of progress towards desired outcomes. Established informal and formal processes guide evaluation and management keep stakeholders informed through a range of communication strategies. Care recipients, representatives and staff feel comfortable in providing feedback and suggestions.

Examples of recent improvements undertaken in relation to Standard 1 Management systems, staffing and organisational development include:

* Following feedback from attendees of the Alzheimer’s Australia education program ‘Virtual dementia experience’, the executive and site management implemented large print name badges. The first name of each staff member is printed in a large, bold font and their role is written out in full. Feedback from care recipients and representatives has been positive as the badges allow them to more easily identify staff and their designation.
* In response to feedback received through the staff satisfaction survey, management identified an opportunity to enhance recognition of staff performance. A staff incentive program was implemented in 2016 to ensure that on a monthly basis, management identify staff who make a positive impact on a care recipient’s life. Votes by stakeholders are made anonymously and the home’s management team voted for an outstanding staff member each month. At the end of the year at the staff Christmas lunch, the staff member with the most votes received a certificate, a prize of their choice up to a pre-set value and had their name engraved on a plaque displayed in the staff room. Staff qualifying of the second and third places received a certificate and movie tickets. Staff were thrilled by the recognition they received for enhancing the quality of care recipients’ lives. Given the success of the inaugural program, management stated it will continue.
* Management implemented a new system to enhance the efficiency of the communication to each of the doctors attending the home. The previously used clip board, that contained messages for all doctors, was replaced with a clip board for each doctor. The running sheet attached to each clip board is faxed to each doctor to alert them of the actions required. Doctors take their clip board with them on their rounds and the running sheet is cleared at the conclusion of each visit when all signed forms are filed accordingly. Management stated doctors are very happy they have a dedicated clip board that is easy to access when they arrive.
* To further enhance monitoring of wound management, the incident report identification number relating to a skin tear is now noted on the wound management chart. Management is satisfied this ability to cross reference incidents of impaired skin integrity will be beneficial to the analysis of wound management practices. A formal evaluation is planned.

### 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 organisation has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Organisational management monitor legislative and regulatory changes and information received from government, a legislative update service and professional associations. Established processes ensure the communication of this information to relevant staff through the home’s manager and formal policies and procedures are updated as required. Communication strategies employed by management include, regular stakeholder meetings, education sessions, noticeboard displays and memoranda. Management and staff demonstrated awareness of their obligations in relation to regulatory compliance.

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

* A documentation system ensures the monitoring of current professional registrations.
* Confidential documents are stored securely and destroyed as scheduled.
* Information about internal and external complaints mechanisms and advocacy services are readily available.
* Management follows an established process to ensure all staff, volunteers and appropriate service contractors have current police checks, statutory declarations and appropriate credentials.
* Management notified all stakeholders of the re-accreditation audit within the required timeframe.

### 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

Organisational management have a planned education and training system to ensure all staff have appropriate knowledge and skills to perform their roles effectively. The training calendar is site-specific and relates to observations, audit results, requests and current care recipients’ identified needs. There is an annual mandatory training program and management ensure staff attendance. Staff are advised of education opportunities through an education calendar and via verbal and written reminders. Training is conducted using self-directed learning, face to face and through on-line competencies. Recruitment processes require applicants to meet a range of skills and there are educational requirements dependent upon the role and responsibilities. New employees complete an orientation program and undertake appropriate competencies. Management monitor attendance at training, evaluate sessions and record the types of training conducted. Staff are satisfied with the education available to them. Care recipients and representatives are satisfied staff have appropriate knowledge and skills.

Examples of education and training provided in relation to Standard 1 Management systems, staffing and organisational development include:

* accreditation
* ACFI
* continuous improvement
* how to record minutes.

### 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

Each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms. Information about internal and external feedback mechanisms is included in orientation programs and stakeholder information. Information outlining external complaints and advocacy services is readily available within the home. A range of established informal and formal communication processes are used by management to engage all stakeholders in the provision of feedback. These strategies include management being available to receive and reply to feedback and their scheduled attendance at stakeholder meetings. Staff and family members support care recipients who are less able to express their feedback independently. Monitoring of actions to address identified issues occurs through the continuous improvement system. Care recipients, representatives and staff are comfortable in using established feedback mechanisms.

### 1.5 Planning and leadership

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

#### Team’s findings

The home meets this expected outcome

The organisation’s vision, mission, values and guiding principles and commitment to continuous improvement underpins the work practices of all stakeholders. These statements and the ‘Charter of care recipients’ rights and responsibilities – residential care’ are displayed within the home and reinforced through a range of established communication processes.

### 1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service’s philosophy and objectives".

#### Team’s findings

The home meets this expected outcome

There are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with these standards and the residential care service’s vision, mission, values and guiding principles. An established organisational system guides the recruitment, selection and orientation of new staff. Position descriptions, duty lists, the staff information pack, mandatory training, orientation and ‘buddy’ shifts define the role related responsibilities of new staff. Management monitor staff rosters to ensure the maintenance of appropriate personnel levels. Registered nurses are on duty to support care on all shifts. To support continuity of care, internal staffing resources are used where possible to fill vacant shifts. Staff are satisfied with the current staffing levels and the support provided by management to address identified issues. Care recipients and representatives expressed satisfaction with the quality and timeliness of staff support.

### 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

Management ensure stocks of appropriate goods and equipment for quality care and service delivery are available. Staff monitor stock levels, order from preferred suppliers and ensure the rotation of stock. Management review and update the variety and quantity of supplies and equipment to reflect the changing needs of care recipients. Goods are stored appropriately in secure areas and there is an asset register to identify equipment and cleaning and maintenance programs to ensure equipment remains in good repair or is replaced as necessary. There are processes to ensure staff are educated in the safe and effective use of new products and equipment. Staff, care recipients and representatives are satisfied with the quantity and quality of supplies and equipment available.

### 1.8 Information systems

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

#### Team’s findings

The home meets this expected outcome

Management and staff demonstrate there are effective information management systems. The care documentation system consists of assessment forms, care plans, charts and progress notes which provide management and staff with the relevant information required to deliver care and services. Policies and procedures ensure effective coordination of processes. Management collect, collate and analyse key information to identify potential risks and improvement opportunities. Confidential information is stored securely, computer systems are password protected and management have a system for archiving and destroying documentation. Management provide stakeholders with relevant handbooks and use discussions, consultations, handovers, education opportunities, meetings and noticeboards to convey information. Stakeholders are satisfied with access to information and with communication processes.

### 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

There is a system to ensure all externally sourced services meet the residential care service’s needs and service quality goals. Management are supported through the organisation’s centralised system which sources preferred external service providers and maintains related contracts. Established processes ensures legislative requirements, including those for police certification, current licenses and insurance requirements are met. Staff have access to the contact details of approved service providers. Monitoring and evaluation of the quality of service provided by suppliers occurs through observation, informal and formal stakeholder feedback and quality activities. Organisational management regularly review the quality of service provided by external service providers. Care recipients, representatives and staff are satisfied with the quality of services provided by external service providers.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across all aspects of care recipients’ health and personal care. Care recipients and representatives are satisfied with the quality and timeliness of care provided at the home. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken in relation to Standard 2 Health and personal care include:

* A contingency plan was developed to ensure that in the event of a failure of the electronic medication management system (Medsig), consistent medication administration processes are maintained. ‘Medication administration (Medsig contingency)’ stickers were developed and are used in the event of the system’s failure. We observed use of the pink coloured stickers. The documentation tool has been included in the medication management procedure and the relevant policy and procure manual has been updated accordingly. Management and staff are satisfied with the clarity of content and the ease of identification of this information in the progress notes.
* An oxygen management care plan was developed and implemented in response to the identification of the need to guide staff management of oxygen for a new care recipient. The form has been included in the policy and procedure manual and staff were provided with education about oxygen administration. Management and staff are satisfied the clarity of instructions respond to care recipient’s needs and preferences and guides the management of oxygen equipment, including the posting of appropriate signage on the door of relevant care recipients’ rooms.
* Management and staff are satisfied the trial of a non-sorbolene based moisturising/barrier cream range has demonstrated positive benefits to the management of care recipients’ skin integrity. As a result, the products will be made available to all care recipients.
* Management identified the benefits of undertaking a more systematic approach to the management of the medication imprest system. The imprest cupboard was audited and medication within the same class allocated to specific shelves, the shelves were clearly labelled and a new documentation system, based on the format of the Drugs of Addiction record books, was implemented. Management and staff are satisfied the management and auditing of the medication imprest system, in accordance with the drugs and poisons legislation, has improved.

### 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

Management has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include the following:

* A current Drugs and Poisons License is maintained in relation to the home’s medication imprest system.
* A documented medication management system guides staff compliance with policy and legislative requirements relating to medication management and storage.
* A documented system guides staff in the prevention and management of the unexplained absence of a care recipient.
* Appropriately qualified and trained staff plan, monitor and undertake care provision.

### 2.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Management 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 information about management’s education and staff development systems and processes.

Examples of education and training provided in relation to Standard 2 Health and personal care include:

* clinical competency suite which includes oxygen management, catheter care, enteral feeding, blood glucose levels, blood pressure recording, medications, syringe driver
* common medications that effect cognition
* EpiPen training
* managing diabetes in residential aged care
* pressure care.

### 2.4 Clinical care

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

#### Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients receive clinical care appropriate to their needs and preferences. Assessments, care plans, progress note entries, charting of clinical observations and the handover process inform management and staff of individual care recipient needs and requirements. There is a regular review process to assess care recipients and monitor the effectiveness of care provided. Appropriately qualified and experienced staff provide care, document clinical incidents and increased monitoring occurs when needed. Medical and allied health personnel review care recipients as required and there is ongoing consultation with care recipients and representatives regarding care recipients’ conditions and care. Care recipients are satisfied with care provided and said any episodes of ill-health or incidents are responded to quickly and representatives are informed as required.

### 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

There are processes to ensure the appropriate identification and management of care recipients’ specialised nursing care needs. Registered nurses oversee the complex care needs of care recipients. Care plans reflect the assessment and consultation process and include instructions, parameters and equipment required. There is adequate equipment and supplies to meet the specialised needs of care recipients and there is access to specialists and external health care services if required. Policies and procedures support staff and management provide staff education in areas of the complex care needs. Care recipients and representatives are satisfied with the specialised care provided.

### 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

There is a system to ensure care recipients are referred to appropriate health specialists in accordance with care recipients’ needs and preferences. Medical practitioners, physiotherapists and a podiatrist provide regular services at the home. Care recipients have access to other services such as medical specialists, dietitian, speech pathologist, mobile hospital services, palliative care, auditory, vision, wound management and behaviour management services through referral or private arrangements. Management and staff provide support for care recipients to attend external appointments. Management monitor the provision of other health and related services through care plan reviews, care consultations, feedback, audits and meetings. Care recipients are satisfied referrals to health and related services occur in line with their needs and wishes.

### 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

There is a system to ensure care recipients’ medication is managed safely and correctly. Medication is securely stored according to legislative requirements and staff practice is guided by the home’s medication policies and procedures. There is a process to ensure adequate supply and safe disposal of medication. An electronic medication management system is in use and the home has an imprest system to access out of hours, urgently required medications. Staff record the effect of any as needed medication in progress notes and a list of nurse initiated medications is available. Management monitor medication administration through regular checks, audits, competency evaluations, incident analysis, meetings and feedback mechanisms. An external pharmacist reviews care recipients’ medications and the medication advisory committee meets regularly to discuss issues, policies and improvements. Care recipients and representatives are satisfied with medication management.

### 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

All care recipients are as free as possible from pain. Staff assess care recipients’ verbal, non-verbal and behavioural indications of pain using observation, pain monitoring, discussion and assessments and implement appropriate strategies. Medical practitioners review care recipients as required to manage their pain. Strategies used to assist care recipients to maintain their comfort levels include medication, massage, heat packs, diversional activities and repositioning. The physiotherapist assists with pain management as needed. Staff monitor care recipients’ pain and record the use and effects of interventions and strategies used to relieve pain. Management monitor staff education needs to ensure the effective management of care recipients’ pain. Care recipients and representatives are satisfied with staff assistance to relieve care recipients’ 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

There is a system to ensure the comfort and dignity of terminally ill care recipients. Staff commence the process of advanced care planning with care recipients and representatives when they move into the home or when appropriate. Resources and education are available to guide staff practice regarding the provision of palliative care. Care recipients have access to external palliative care services for consultative support of symptom management and cultural and spiritual support if requested. Management review and evaluate the palliative care process through care plan reviews, care discussions and feedback. Staff support care recipients and representatives during palliative stages and provide for the comfort and dignity of terminally ill care recipients.

### 2.10 Nutrition and hydration

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

#### Team’s findings

The home meets this expected outcome

There are processes to ensure care recipients receive adequate nourishment and hydration. Staff consult with care recipients and representatives to identify and assess each care recipient’s nutritional, cultural needs and preferences and to establish the level and type of assistance required. Staff monitor care recipients’ weights and follow policies and procedures to manage any weight loss or gain. Nutritional supplements and individualised strategies are provided as required. Catering staff maintain current documentation of preferences, allergies, specialised diets, texture modified diets and fluid needs. Aids assist care recipients’ independence and where needed, staff provide assistance during meals. Care recipients and representatives are satisfied with the quality and variety of food and beverages provided.

### 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

There are processes to promote care recipients’ skin integrity consistent with their overall health. Staff assess care recipients’ skin integrity to identify risks which may impair their skin integrity. Care plans outline strategies to prevent skin breakdown including the application of moisturisers and the use of protective devices and pressure relieving equipment. Staff assist care recipients with ambulation, position changes when needed and manage skin tears and wounds. Education and resources support the effective management of wounds. Management monitor and evaluate the effectiveness of skin care and injury prevention and monitor and trend the incidence of skin integrity and pressure injury incidents. Care recipients are satisfied with the staff’s approach to maintaining their 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

Management have a system to ensure the effective management of care recipients’ continence. Staff complete continence assessments and identify the level of assistance necessary and continence aids required and develop individualised care plans. Care plans are reviewed regularly and care recipients’ continence is reassessed when required. Effective continence management is maintained through care plan reviews, feedback, audits and infection data. Continence aids are stored discreetly and staff said sufficient supplies are kept and they attend education in relation to continence management. While assisting care recipients with continence management staff support them to maintain their dignity and independence. Care recipients are satisfied their continence needs are met and aids are provided as necessary.

### 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

There is a system to ensure the needs of care recipients with challenging behaviours are managed effectively. Staff assess care recipients’ behavioural needs when they move into the home and identify medical, emotional and cognitive reasons for challenging behaviour. Care plans are developed in consultation with care recipients, representatives, staff and medical practitioners and inform staff of behaviours displayed, triggers and strategies to manage episodes. Care plans and assessments are regularly reviewed. There is a process for referring care recipients to behaviour management advisory services if required. Staff record behaviour incidents and management analyse data to ensure interventions remain appropriate and effective. Effective behaviour management is maintained through monitoring behaviour charting, feedback, care plan reviews, audits and analysis of incident data. Care recipients and representatives are satisfied with the staff approach to managing care recipients with challenging behaviours.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team’s findings

The home meets this expected outcome

### Management has a system to ensure all care recipients achieve optimum levels of mobility and dexterity. Staff and the physiotherapist complete falls risk, mobility, strength and transferring assessments when care recipients move into the home and develop individualised care plans. Management provide care recipients with mobility and dexterity aids if required and appropriate mechanical lifting equipment and dexterity aids such as adaptive cutlery and crockery are available. Staff follow policies and procedures when incidents occur where care recipients have fallen, regularly review these incidents and develop strategies to minimise future falls. Staff said they have training in manual handling at orientation, annually and when required. Care recipients and representatives are satisfied care recipients are supported to achieve their maximum 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

### There are processes to assist and maintain care recipients’ optimal oral and dental health. Staff assess care recipients’ oral and dental needs and preferences. Staff assist care recipients with brushing teeth, denture and oral care as needed and issues identified are reported to the care recipient’s medical practitioner. Dental and speech pathology appointments are arranged and facilitated as required. Specific strategies are formulated for care recipients with swallowing difficulties, which include texture modified diets, aids and assistance with meals. Care recipients are satisfied with the home’s approach to managing their oral and dental care.

### 2.16 Sensory loss

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

#### Team’s findings

The home meets this expected outcome

### Management has a system to ensure staff identify and effectively manage care recipients’ sensory losses. Staff complete sensory assessments for each care recipient and develop care plans that identify deficits and support needs. Staff use a range of communication strategies when interacting with care recipients and assist with the application of glasses and hearing aids if needed. There are well-lit, comfortable and safe living areas for care recipients to move around safely. Care recipients and representatives are satisfied with the management of sensory loss for care recipients.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Sleep assessments are completed when care recipients enter the home and care plans provide preferred settling routines, sleep patterns and rising times. Staff promote an environment conducive to comfort and sleep and use medication and non-medication interventions such as supper, reading or hot beverages to facilitate sleep. Care plans are reviewed regularly and when care recipients’ needs change. Care recipients said it is quiet at night and they are able to achieve restful sleep.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### Team’s findings

The home meets this expected outcome

The organisation actively pursues continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Care recipients expressed satisfaction with the support provided to them to enhance control over their lives. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress, that relate to Standard 3 Care recipient lifestyle include:

* In response to a suggestion made by male care recipients at a ‘resident’ and relatives meeting, more specific activities were made available for men living at the home. The external activity provider of the mobile ‘The Boy’s Toys Program’ was engaged to provide a program which includes physical, cognitive and social based activities that enhance the wellbeing of men. Resembling a men’s shed, attendees participate in activities that include reminiscing, assembling items, painting, gardening, music and gentle sport. The introduction of this program has been successful and formal positive feedback has been received from the family of a care recipient. Evaluation is ongoing.
* In response to a suggestion made by the Director of Nursing, a carer support group has been established. Family members of care recipients meet quarterly in a caring environment that supports them with the grieving process associated with residential care placement and their loss of companionship. Morning tea is provided and the group have named themselves the ‘Autumn leaves carer support group’. Management is satisfied the group has developed into a valuable ongoing support group for those involved.
* In response to an idea explored at the Better Practice conference, management introduced an intergenerational program to provide companionship, emotional support and to enhance the interests of care recipients. Five student volunteers from a local senior school attend the home for one day a fortnight each term. With the support of the lifestyle coordinator they engage in individual and group activities with care recipients. Activities have been varied and included those based on information technology, music, reminiscing and mutual interests. Management and staff stated previously socially isolated care recipients have benefited from these interactions and the students have expressed positive feedback on their engagement with care recipients. Given the level of success of this program management state it will continue and to further develop its scope invitations have been forwarded to local kindergartens to join the program in the current year. Evaluation is ongoing.
* In response to an invitation from the Community visits scheme, management has supported the development of links between socially isolated care recipients and a volunteer visitor. Each volunteer receives an orientation to the home and commits to visit their care recipient at least fortnightly for a minimum of a year. Management is satisfied with the benefits to the care recipients who have been involved in this scheme. Evaluation is ongoing.

### 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 resident lifestyle”.

#### Team’s findings

The home meets this expected outcome

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 Care recipient lifestyle include the following:

* All staff complete annual training in recognising and responding appropriately to situations that indicate potential/actual elder abuse.
* Care recipients receive information about their rights and responsibilities, security of tenure, specified care and services, and privacy and consent issues from management, in their information handbook and residential agreement.
* Established guidelines, staff education and monitoring of staff practice support the maintenance of care recipients’ privacy, dignity and confidentiality.
* Management maintain a compulsory reporting register.
* The ‘Charter of care recipients’ rights and responsibilities – residential care’ is displayed within the home.

### 3.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Management 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 information about management’s education and staff development systems and processes.

Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

* elder abuse
* montessori principles
* privacy and dignity
* ‘resident’ rights and responsibilities.

### 3.4 Emotional support

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

#### Team’s findings

The home meets this expected outcome

### Each care recipient receives support in adjusting to life in the new environment and on an ongoing basis. During the process of moving into the home, management and staff, in consultation with care recipients and their representatives, identify care recipients’ emotional support needs. Orientation and established welcoming processes, ongoing staff interactions and evaluations supports care recipients and their families to adjust to life within the home. Family are welcomed and support is available from community visitors and local clergy. Care recipients are encouraged to individualise their space with items of personal significance and staff respect their preferences across all aspects of daily living. Management monitor the effectiveness of emotional support through stakeholder feedback, observation, the ‘resident survey’, regular care plan reviews, consultations and scheduled ‘resident’ and relative meetings. Care recipients are satisfied with the quality of ongoing care and emotional support staff provide.

### 3.5 Independence

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

#### Team’s findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Lifestyle documentation focuses on care recipients’ needs and preferences to enable staff to support their optimal social, physical, civic and cultural independence. Environmental design supports independence of movement and recreation within the home. Staff support care recipients in their use of sensory, eating, drinking and mobility aids to promote their independence and optimise their involvement in preferred activities. Assistance is available to care recipients who wish to continue to vote, maintain their financial independence and continue their involvement in community activities. Care recipients have access to on-site hairdressing and support is available for the shopping needs of individuals. Care recipients and representatives are satisfied with the level of support and encouragement care recipients receive to optimise their independence.

### 3.6 Privacy and dignity

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

#### Team’s findings

The home meets this expected outcome

Each care recipient’s right to privacy, dignity and confidentiality is recognised and respected. Care recipients reside in single, double and three bed rooms with access to communal bathrooms. Care recipients have access to a dining and sitting area and a courtyard garden within which they can spend time with family and friends. On entry to the home, care recipients’ individual preferences in relation to their privacy and dignity are identified through the assessment and care planning process. Care recipients have ongoing input into their care and lifestyle. Staff are aware of the individual preferences of care recipients, ensure they are well groomed and liaise with care recipients in a respectful and sensitive manner. Care recipients’ preferred names are used, staff knock on the door and identify themselves, awaiting an invitation prior to entering a care recipient’s room and ensure care is conducted in private. Confidential information is stored securely and care related discussions are conducted in private. Care recipients and representatives are satisfied with the respect staff demonstrate for care recipients’ privacy and dignity.

### 3.7 Leisure interests and activities

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

#### Team’s findings

The home meets this expected outcome

### Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Through the assessment and consultation process, lifestyle staff establish each care recipient’s past and current interests, preferences and activities they may wish to participate in. Monthly activities calendars are distributed and staff support care recipients to attend activities of interest. Lifestyle staff, with the support of community visitors and volunteer staff, engage care recipients and optimise their abilities and enjoyment through the planned and spontaneous scheduling of a wide variety of individual and group activities. These activities, which involve those living with dementia and sensory loss, include exercise based activities, puzzles, quizzes, reminiscing and newspaper reading. An intergenerational program, visits by entertainers and pets and the celebration of personal and cultural days of significance add to the variety of activities on offer. Excursions for individuals are supported by their families. The success of the lifestyle program is regularly evaluated and individual care plans updated in response to changing preferences. Monitoring of the quality of the lifestyle program occurs through a variety of methods including stakeholder feedback, the monitoring of participation records and scheduled ‘resident’ and relative meetings. Care recipients are satisfied with the variety of activities offered.

### 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

The individual interests, customs, beliefs and cultural and ethnic backgrounds of care recipients and staff are valued and fostered. Through the assessment and care planning processes care recipients’ cultural backgrounds, spiritual and religious beliefs and related preferences are identified. Staff have access to culturally specific information and a variety of communication strategies to meet the individual needs of care recipients from multi-cultural backgrounds. The catering service supports lifestyle staff in the celebration of a broad range of days of cultural and spiritual significance to care recipients. Care recipients from all faiths are welcome to attend the regular Catholic and Anglican services held at the home and care recipients have access to representatives from other faiths. Staff ensure the specific cultural and spiritual requirements of care recipients are respected and the passing of a care recipient is acknowledged through the use of the ‘reflection shelf’ upon which their photograph and other memorabilia are displayed. Monitoring of the quality of cultural and spiritual support provided occurs through stakeholder feedback, regular care plan reviews and scheduled ‘resident’ and relative meetings. Care recipients, who come from a range of cultural backgrounds, are satisfied with the support received from staff for their cultural and religious preferences.

### 3.9 Choice and decision-making

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

#### Team’s findings

The home meets this expected outcome

### Management and staff support each care recipient (or their representative) to participate in decisions about the services the care recipient receives, and enable them to exercise choice and control over his or her lifestyle while not infringing on the rights of other people. The assessment, care planning and ongoing evaluation processes facilitate the documentation of individual care recipient’s choices relating to all aspects of their daily life. Staff seek permission prior to undertaking any aspect of care or support and offer explanations to care recipients throughout care and lifestyle activities. Ongoing feedback from care recipients and representatives is encouraged through a variety of communication strategies which include informal and formal feedback mechanisms and scheduled stakeholder meetings. Staff practice is monitored through observation, feedback and the quality monitoring system. Care recipients are satisfied staff seek their input and demonstrate respect for 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

Management ensure care recipients have secure tenure within the home and are supported to understand their rights and responsibilities. During the entry process key staff meet with each care recipient and/or their representative to provide relevant information on life within the home. This includes information relating to care recipients’ rights and responsibilities, security of tenure, complaints mechanisms, privacy and confidentiality. Understanding of this information is enhanced through the content of the residential agreement, the ‘resident’ handbook, poster displays and available brochures and feedback forms. Care recipients and representatives are advised of any changes to specified care and services. Should a change in care requirements indicate the benefits of changing rooms, management consults with the care recipient and their representative and ensures their decision is respected. Established education and communication strategies inform other stakeholders of care recipients’ rights. Care recipients are aware of their rights and responsibilities and are satisfied they have ongoing occupancy of their room.

## 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

The organisation actively pursues continuous improvement activities related to all aspects of the physical environment and safe systems. Care recipients, representatives and staff are satisfied with the comfort and safety of the living environment and with the quality of the catering, laundry and environmental services provided. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement system.

Examples of recent improvements undertaken or in progress in relation to Standard 4 Physical environment and safe systems include:

* As a result of an organisational initiative, strategies were implemented to minimise staff injury in the workplace. These included the update of the orientation flip chart to include more comprehensive information about injury prevention and the actions staff need to take in the event of suffering an injury at work. Staff injury was added as a standing agenda item for both the staff and occupational health and safety meetings. A relevant flyer was designed and posted in the staff room to further educate staff about injury prevention and a reminder note was added to each staff pay-slip. Staff received training on behaviour management and an injury prevention knowledge assessment was included in the annual mandatory training program. Registered and enrolled nurses received training on injury prevention and their role as a first aid officer. Feedback from staff has been positive and management stated data for the second half of 2016 demonstrated a drop in the number of staff incidents. Evaluation is ongoing.
* Management have increased security at the front entrance of the home, given its proximity to the street. A video intercom was installed at the entrance and closed circuit television cameras were installed in the home’s common areas. The monitoring screen is located in the nurses’ station to facilitate access by the registered nurse and other staff. Management and staff are satisfied with the enhanced security afforded by these strategies. Staff are able to see and talk to people arriving at the front door after hours and as a result can assess the safety of opening the door.
* The food safety program was revised following a recommendation that an allergen management procedure be incorporated into the content. Following the programs update it was submitted to the Council for approval and has since been rolled out across the organisation. All kitchen staff have read the updated plan and are aware of its requirements. Management is satisfied with the positive impact on the way food is prepared to exclude allergens and necessary equipment has been provided; for example, separate chopping boards.

### 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

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for details of the service’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 4 Physical environment and safe systems include the following:

* An established monitoring process ensures all staff complete annual mandatory training in fire and safety.
* Management supports an active occupational health and safety system.
* Monitoring and maintenance of essential fire and safety systems occurs as scheduled.
* Safety data sheets are available for all chemicals used within the home.
* The catering service maintains compliance with a food safety program.

### 4.3 Education and staff development

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

#### Team’s findings

The home meets this expected outcome

Management have 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. For details regarding the system, refer to expected outcome 1.3 Education and staff development.

Examples of education and training relating to Standard 4 Physical environment and safe systems include:

* chemical handling
* evacuation mats
* fire and emergency training
* first aid training
* infection control
* manual handling.

### 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

Management is actively working to provide a safe and comfortable environment consistent with care recipients’ needs. Accommodation is available in single, double and three bed rooms with access to communal bathrooms. Care recipients are encouraged to personalise their space and their guests are welcome to enjoy the communal sitting and dining area and courtyard garden. Established maintenance processes and cleaning programs ensure a fresh environment and the upkeep of all equipment, furniture and garden area. Stakeholder feedback, scheduled meetings, the monitoring of incidents and maintenance requests, regular audits and observations assist management to monitor the safety and comfort of the living environment. The home’s layout minimises the use of restraint and where indicated as a last resort, use is monitored as required by an established policy. We observed care recipients and their visitors socialising in common areas. Care recipients and representatives are satisfied with the safety and comfort of the home.

### 4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

#### Team’s findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. The orientation, education and mandatory training programs support the development of safe work practices by staff and their involvement in maintaining a safe environment. Maintenance systems ensure equipment remains in good repair and relevant policies and procedures guide safe work practices of staff and contractors. Occupational health and safety representatives meet regularly to discuss the management of identified issues. Relevant issues, including the assessment of new equipment, are monitored through the continuous improvement system and are discussed at regular staff meetings. Established systems identifying occupational health and safety risks include regular environmental audits, management observation, stakeholder feedback and the monitoring and analysis of staff incident reports. Staff are satisfied with the safety of their work environment and the support provided by their occupation health and safety representatives.

### 4.6 Fire, security and other emergencies

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

#### Team’s findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Fire detection, firefighting equipment and evacuation plans are located throughout the home. Emergency exits are clearly marked and free from obstruction. Site-specific contract maintenance personnel and qualified external contractors monitor and maintain fire safety and other essential services equipment. Security systems, including a wanderers’ alert system and established after-hours lock down procedures and monitoring processes support perimeter security. Emergency response plans are accessible to staff. Current evacuation documentation of care recipients and their specific needs is available. All staff complete mandatory fire and emergency training annually and feel confident in their understanding of their role in the event of an emergency. Care recipients feel safe in their home and are satisfied with the ability of staff to provide the required support in the event of an emergency.

### 4.7 Infection control

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

#### Team’s findings

The home meets this expected outcome

The home has an effective infection control program in place. Key staff and management record care recipient infections, analyse trends and implement strategies to prevent recurrence. Staff participate in infection control education including hand hygiene competencies at orientation, on an annual basis and where identified as requiring further training. There are hand hygiene stations, accessible personal protective equipment, blood and chemical spill kits, infectious disease outbreak kits, sharps disposal and contaminated waste bins. The kitchen has a current food safety plan and pest control program in place. Infection control policies and procedures assist staff to reduce the risk of infection and to manage infection outbreaks. Staff described infection control practices related to managing and preventing 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

There are processes to ensure hospitality services enhance the life of care recipients and the staff’s working environment. Meals are prepared daily on site in line with the food safety program and a dietitian approved rotating, four week seasonal menu. Catering staff have relevant information identifying specific nutrition and hydration requirements, allergies, preferences and choices. Cleaning staff follow schedules and duty lists to maintain care recipients’ rooms and communal areas and have access to adequate supplies and equipment. Laundry staff complete all laundry on site and there are established processes to reduce lost property. Catering, cleaning and laundry practices adhere to appropriate infection control procedures. Hospitality services staff undertake training and orientation relevant to their roles. Management monitor the hospitality services through internal and external audits, surveys, meetings and formal and informal feedback mechanisms. Care recipients and representatives are satisfied with catering, cleaning and laundry services provided.