

Warrigal Care Mt Warrigal

RACS ID: 0181

Approved provider: Warrigal Care

Home address: 5 Rowland Avenue MOUNT WARRIGAL NSW 2528

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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 15 June 2021.We made our decision on 24 April 2018.The audit was conducted on 20 March 2018 to 21 March 2018. The assessment team’s report is attached. |
| We will continue to monitor the performance of the home including through unannounced visits. |

# Most recent decision concerning performance against the Accreditation Standards

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

### Principle:

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

1.1 Continuous improvement Met

1.2 Regulatory compliance Met

1.3 Education and staff development Met

1.4 Comments and complaints Met

1.5 Planning and leadership Met

1.6 Human resource management Met

1.7 Inventory and equipment Met

1.8 Information systems Met

1.9 External services Met

## Standard 2: Health and personal care

### Principle:

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

2.1 Continuous improvement Met

2.2 Regulatory compliance Met

2.3 Education and staff development Met

2.4 Clinical care Met

2.5 Specialised nursing care needs Met

2.6 Other health and related services Met

2.7 Medication management Met

2.8 Pain management Met

2.9 Palliative care Met

2.10 Nutrition and hydration Met

2.11 Skin care Met

2.12 Continence management Met

2.13 Behavioural management Met

2.14 Mobility, dexterity and rehabilitation Met

2.15 Oral and dental care Met

2.16 Sensory loss Met

2.17 Sleep Met

## Standard 3: Care recipient lifestyle

### Principle:

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

3.1 Continuous improvement Met

3.2 Regulatory compliance Met

3.3 Education and staff development Met

3.4 Emotional Support Met

3.5 Independence Met

3.6 Privacy and dignity Met

3.7 Leisure interests and activities Met

3.8 Cultural and spiritual life Met

3.9 Choice and decision-making Met

3.10 Care recipient security of tenure and responsibilities Met

## Standard 4: Physical environment and safe systems

### Principle:

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

4.1 Continuous improvement Met

4.2 Regulatory compliance Met

4.3 Education and staff development Met

4.4 Living environment Met

4.5 Occupational health and safety Met

4.6 Fire, security and other emergencies Met

4.7 Infection control Met

4.8 Catering, cleaning and laundry services Met



Audit Report

Name of home: Warrigal Care Mt Warrigal

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# Introduction

This is the report of a Re-accreditation Audit from 20 March 2018 to 21 March 2018 submitted to the Quality Agency.

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

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

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

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

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

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

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 20 March 2018 to 21 March 2018.

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

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

# Details of home

Total number of allocated places: 40

Number of care recipients during audit: 35

Number of care recipients receiving high care during audit: 26

Special needs catered for: N/A

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients/representatives | 18  |
| Care staff | 6  |
| Chef | 1 |
| Chief fire warden | 1 |
| Customer service officer | 1 |
| Endorsed enrolled nurse | 2 |
| General services staff | 2 |
| Hospitality coordinator | 1 |
| Human resource officer | 2 |
| Laundry manager | 1 |
| Lifestyle staff | 3 |
| Operational quality and compliance | 1 |
| Physiotherapist | 2 |
| Physiotherapy aide | 1 |
| Procurement and contracts manager | 1 |
| Property officer | 4 |
| Registered nurse | 2 |
| Residential Service Manager | 1 |
| Volunteers | 2 |
| Work health & safety officer | 1 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Care recipient agreements | 3 |
| Care recipients' files | 6 |
| Continuous Improvement records | 12 |
| Medication charts | 5 |
| Personnel files | 4 |
| Summary and/or quick reference care plans | 6 |
| Training records | 6 |

## Other documents reviewed

The team also reviewed:

* Care recipient and family information package
* Care recipient and staff vaccination records, legionella test records
* Clinical records including wounds, weights, bowels, vital signs, blood glucose levels, behaviour and pain.
* Education calendars and education attendance records
* Fire inspection, testing and maintenance records, evidence of corrective actions from last audit
* Food Safety certificate, audit and records of completion of defects
* Human resource management including staff handbook, new employee pack, job descriptions, duty statements, performance appraisals, orientation records, master roster and working rosters.
* Infection control including resource material, infection register and surveillance records
* Inventory and equipment records and external services
* Laundry standard
* Lifestyle and leisure calendars, newsletters, attendance records and program evaluations,
* Living environment: preventative maintenance schedule, maintenance log book, maintenance records, TMV checks
* Mandatory reporting documentation
* Medication including medication profiles, fridge temperature checks and register of drugs of addiction
* Meeting minutes – committees
* Nurse call bell and pendant call system checks
* Pest control records and pest traps
* Police check and visa register
* Policies and procedures
* Quality management system: comments and complaints log and correspondence; audit schedule and audit reports; incidents/accidents; continuous improvement log and plan, medication audits
* Resident satisfaction survey
* Self-assessment report
* Service continuity plan
* Specialist and allied health referrals, reports and treatment plans
* Staff code of conduct and confidentiality agreement signed
* Staff communication including handover notes and electronic tasks and alerts.
* Temperature records for kitchen equipment, food storage areas and hot water
* Vision, values and mission statements

## Observations

The team observed the following:

* Activities in progress
* Archive areas
* Care recipient rooms personalised
* CCTV monitoring at RN station
* Cleaner’s equipment storage, colour coded cleaning supplies and cleaning underway
* Clinical equipment, resident supplies storage areas
* Comments and complaints information for internal and external complaints mechanisms and post boxes to enable confidential feedback.
* Dietary preferences and allergies documented in kitchen
* Dining and lounge areas
* Dirty/clean laundry areas, infectious wash process
* Electronic care management system
* Electronic property management system
* Equipment and supply storage areas
* Evacuation pack and evacuation equipment
* Fire and emergency plan and procedures
* Infection prevention and control resources including hand washing stations and access to hand sanitisers, personal protective equipment, spill kits and sharps containers colour coded equipment.
* Interactions between staff and care recipients/representatives
* Kitchen with care recipient allergy records on display
* Living environment
* Meal and drink services and staff assisting care recipients
* Medication administration and storage
* Menu on display
* Notices, posters, brochures/pamphlets and other information on display for staff, care recipients/representatives.
* Outbreak kit and outbreak protective clothing
* Representatives visiting care recipients
* Safe work practices, records of manual handling and chemical safety handling, safety data sheets, hazard log and risk assessments.
* Secure storage of care recipient information
* Secure suggestions box
* Short observation in lounge area
* Sign in/out for visitors and contractors
* Staff attending to care recipients
* Staff practices and work areas.
* Tested and tagged fire and electrical equipment

# 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. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides. Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* The issue was raised that there were not enough varied activities available for care recipients and that the documentation around care recipient preferences for leisure interests and activities was not clear. The home then decided to increase leisure and lifestyle staffing hours to improve this. Discussions were held with the existing lifestyle officer and with management about these concerns and the benefits of increased hours. Once approval was gained the hours for leisure and lifestyle staff were increased from 48 hours per fortnight to 66 hours spread across five days a week. The home is also using more volunteers who can assist with providing more activities particularly outings. Recruitment was completed in July 2017 and more variety has been offered and documentation is up to date. The majority of care recipients interviewed expressed satisfaction with the variety of activities available.
* The home required a new storage area for oxygen cylinders for care recipient's use and a spare for clinical use. The current area was becoming cluttered. The home had to have a secure and safe place for oxygen storage that complied with WHS requirements and was accessible to staff. The home identified that a secure cage would be able to meet the storage requirements. The home then bought a new lockable storage cage and now all oxygen cylinders can be safely stored here. This was completed in December 2017.
* The home identified that staff were using paper to document tasks that are required after GP visits and reviews and that paper was also being used for routine tasks such as oxygen tube changing. The Residential Services Manager (RSM) knew that these tasks could be automatically scheduled in the existing electronic care management system and all staff would then have access. The scheduled task input was completed in March 2018 and the RSM explained the process to staff and issued a memo to inform them of the process. Now the task is allocated to a day and a time and not to an individual staff member.

### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles. Relevant to Standard 1 Management systems, staffing and organisational development, management are aware of the regulatory responsibilities in relation to police certificates and the requirement to provide advice to care recipients and their representatives about re-accreditation site audits; there are processes to ensure these responsibilities are met. The organisation maintains a database which includes the monitoring of professional registrations, visas and police certificates.

### 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, competency assessments and audits. 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: compulsory reporting/elder abuse, orientation and organisational values and signature behaviours. All care recipients interviewed agreed that staff knew what they were doing and that the home was well run.

### 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. Results show complaints are considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. Care recipients, their representatives and other interested people interviewed have an awareness of the complaints mechanisms available to them and are satisfied they can access these without fear of reprisal. All care recipients interviewed stated that staff follow up when they raise things with them and that they speak directly with the staff as they find them approachable and they respond in a timely manner.

### 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 its vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents. Information about the organisation's commitment to quality is displayed throughout the home and staff interviewed showed awareness of it.

### 1.6 Human resource management

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

#### Team's findings

The home meets this expected outcome

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. The number of Registered Nurses (RNs) is being increased and RNs are available on call. Most care recipients interviewed are very satisfied with the availability of skilled and qualified staff and the quality of care and services provided. One care recipient said that staff treat them with respect “some of the time”. They had made a complaint and this had been attended to quickly by the manager.

### 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 and care recipients interviewed stated they are satisfied with the supply and quality of goods and equipment available at the home. The home uses organisation-wide electronic equipment ordering and maintenance systems. Faulty equipment is identified, removed from service and replaced or repaired as required and preferred suppliers are used by 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 such as through the use of an external provider of clinical indicator and resident satisfaction monitoring. 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. Information is provided to relevant audiences either electronically, through regular or ad hoc meetings, noticeboards, memos and letters. Locked rooms, cabinets and electronic processes are used to store private and confidential information and staff and contractors sign an agreement to maintain confidentiality when handling care recipient information.

### 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 such as cleaning. Tender processes are managed corporately and there are continuous reviews of performance both by the home and the preferred suppliers.

## 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:

* As care recipients are now ageing in place and their needs are changing, the home decided to increase both on-site clinical coverage and support staff. An analysis of the care needs of all care recipients by the Residential Services Manager and the needs of potential care recipients requesting admission to the home was undertaken. The findings of the analysis were presented to management and the decision was made to increase RN coverage for the morning and afternoon shifts seven days a week. On discussing this with the Human Resources Department, a recruitment process was undertaken and a new RN started at the home on 12 March 2018. Further recruitment is underway.
* The home noticed that there was some incorrect documentation in the drug register and that the signature log needed updating. The home wanted to make sure that they were 100% compliant with S4 and S8 drug management, that staff were appropriately trained and that staff were able to complete drug books accurately. Education on S4 and S8 medication management was provided in October 2017 and in December 2017 there were: spot checks on staff; staff competencies were checked and will be checked annually; signatures were checked; and the signature log was updated. Monthly drug audits and a weekly drug check by the RN are now undertaken. Staff giving and witnessing medications are now deemed competent and the signature log is clear and legible.
* Staff were using paper based medication management system and the home believed that should change to an electronic system to: reduce and minimise the risk of medication errors; improve coordination of medication management between the home, doctors and pharmacy; increase efficiency and time take to complete medication rounds and medication audits; comply with all legislation and medication standards; and ensure that nursing staff responsible for medication administration are competent to use the new medication system. A new electronic medication system was introduced in August 2017 and since then all staff have been trained and the medication management system has become a lot more efficient.

### 2.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 2 Health and personal care, management are aware of the regulatory responsibilities in relation to specified care and services, professional registrations and medication management. There are systems to ensure these responsibilities are met.

### 2.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information. Examples of education and training provided in relation to Standard 2 Health and personal care include: shingles - symptoms, transmission, reporting, continuous care treatment; anatomy and physiology of the urinary system, and safe handling of oxygen.

### 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 care system supports staff to assess, communicate and evaluate care recipients’ clinical care needs and preferences. Care recipients’ files showed staff regularly assess care recipients’ needs and update care plans in collaboration with the care recipients/representatives and the relevant health professionals. Staff use validated assessment tools and evidence-based interventions to meet the ongoing needs of care recipients. Case conferencing supports consultation with care recipients/representatives in relation to changing care needs and preferences. Staff demonstrated they have the knowledge and skills to deliver clinical care aligned with care recipients’ care plans and the home’s policies. Management regularly evaluate and improve assessment tools, care planning, care delivery and staff practices. Care recipients/representatives expressed satisfaction with the care provided by the staff.

### 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, managed and evaluated by appropriately qualified staff. Registered nurses monitor specialised nursing care and care recipients’ care plans are regularly evaluated and updated. There are processes for staff to consult on best practice assessment and care with internal resource staff and external specialists and services. Management monitor assessment tools and staff practices and provide staff education on care recipients’ specialised nursing care needs. Care recipients/representatives are satisfied with the specialised nursing care provided at the home.

### 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 an effective system to refer care recipients to the appropriate health professionals and services to meet their needs and preferences. Care recipients’ needs are assessed on entry to the home and at regular intervals and referrals are planned, documented, communicated and followed up by staff. Staff demonstrated a good understanding of the referral process and the procedure to assist care recipients to access appointments with external health and related services. There is a process to monitor staff practices and referral mechanisms. Care recipients/representatives stated staff inform and support them to access health specialists and services of their choice and they are satisfied with this referral process.

### 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 deliver, monitor and evaluate care recipients’ medication management. Staff have access to medication policies, procedures and ongoing education. Care recipients’ medications are reviewed regularly and adjusted accordingly in consultation with care recipients/representatives and the relevant health professionals. We observed medications being administered correctly by appropriately qualified staff and secure storage of medications. The medication incident and auditing processes link into the continuous improvement system and support management to monitor and evaluate medication management. All care recipients/representatives expressed satisfaction with medication management at the home.

### 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

There is a system to assess and monitor care recipients’ pain and develop care plans to communicate and evaluate strategies to manage the pain. The physiotherapist, physiotherapy assistant, registered nurses and care staff provide medication and/or non-medication strategies to support optimal pain management for care recipients. Staff have a sound understanding of care recipients’ pain requirements and management. Staff receive regular education on pain management from internal and external resources. Care recipients/representatives expressed satisfaction with the approach to pain management.

### 2.9 Palliative care

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

#### Team’s findings

The home meets this expected outcome

The home has policies and procedures to guide staff in the provision of best practice palliative care. Staff document care recipients’ end of life preferences and wishes and develop palliative care plans when care recipients reach the end of life stage. There is a multidisciplinary approach to support care recipients’ physical, emotional, cultural and spiritual end of life needs and preferences. Staff have the knowledge and skills to manage palliative care for care recipients and have access to pastoral care support and palliative care expertise and resources. Management regularly evaluate and review palliative care services. Care recipients/representatives are satisfied with the comfort and dignity provided to care recipients during end of life care.

### 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 is a multidisciplinary approach to regularly assessing, monitoring and updating care recipients’ nutritional and hydration needs and food preferences. Nutritional and hydration care plans are developed by staff in collaboration with care recipients/representatives and the relevant health professionals with an awareness of cultural, religious and medical requirements and allergies. There is a process to monitor care recipients’ weights in relation to their health and care recipients are referred for a dietician assessment if required. Management regularly monitor and review processes and staff practices to ensure care recipients’ needs and preferences are met. Care recipients/representatives stated staff ensure they receive suitable nutrition and hydration and the majority of care recipients are satisfied with the dining experience.

### 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

The home has a system to assess, monitor and maintain care recipients’ skin integrity consistent with their health. The care recipients’ skin care needs are assessed on entry to the home and at regular intervals in collaboration with care recipients/representatives and relevant health professionals. This information is communicated in individualised care plans that are regularly evaluated and updated. There are procedures to identify care recipients at risk of impairment to skin integrity and interventions and aids to protect their skin. Staff assist care recipients to care for their skin, monitor and record skin irregularities and report incidents. Care recipients/representatives expressed satisfaction with the skin care provided at the home.

### 2.12 Continence management

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

#### Team’s findings

The home meets this expected outcome

Continence is managed through initial and ongoing assessments and individualised care plans with input from the care recipients/representatives and other appropriate health professionals. Care recipients’ continence interventions are regularly monitored and evaluated for effectiveness and changes communicated to staff. Staff have an understanding of care recipients’ continence needs and preferences. Staff have access to internal resource staff and external continence specialist services. Care recipients/representatives expressed satisfaction with the continence management program.

### 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

Care recipients’ behavioural needs are assessed on entry to the home and at regular intervals in consultation with care recipients/representatives and other relevant health professionals. Care plans are developed and regularly updated and staff have the knowledge and skills to identify triggers for care recipients’ behaviours and deliver the appropriate strategies to manage the behaviours. We observed the environment and staff supporting care recipients with their behavioural needs. Staff have access to internal and external expertise to support care recipients with behavioural needs. The incident reporting process, monitoring of staff practices and feedback mechanisms support management to evaluate and review the behaviour management program. Care recipients/representatives are satisfied with the management of care recipients with behavioural needs.

### 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

The home has policies and practices to support care recipients to maintain an optimal level of mobility and dexterity. The multidisciplinary approach includes the physiotherapist and registered nurses assessing and monitoring care recipients’ mobility and dexterity needs. Care plans are developed and regularly reviewed to communicate care recipients’ current needs and preferences to achieve optimal levels of mobility and dexterity. There is a falls prevention and protection program and adequate mobility equipment and independent living aids. The effectiveness of the program is assessed through audits, monitoring of staff practices, regular review of care recipients’ care plans and reporting and analysing the incidents of falls. Care recipients/representatives expressed satisfaction with the care provided to maintain and enhance 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

The oral and dental health of care recipients is assessed on entry to the home in consultation with care recipients/representatives and other appropriate health professionals. An individualised care plan is developed to meet care recipients’ needs and preferences. The home has processes to regularly monitor and review care recipients’ ongoing oral and dental health needs and facilitate referrals to the appropriate health professionals. Staff have the knowledge and skills to deliver care consistent with the care recipients’ oral and dental health needs and preferences. Care recipients/ representatives are satisfied with the oral and dental care provided to care recipients.

### 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

There is a system to ensure care recipients’ sensory losses are identified and managed in consultation with the relevant health professionals and services. Care recipients’ sensory needs are assessed on entry to the home, reviewed regularly and care plans are developed to communicate their needs and preferences. Staff have the knowledge and skills to manage the care recipients’ sensory losses and the lifestyle program supports care recipients with sensory deficits to participate in activities. Care recipients/representatives are satisfied with the management of care recipients’ sensory needs.

### 2.17 Sleep

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

#### Team’s findings

The home meets this expected outcome

## Care recipients’ sleep patterns are assessed regularly with consideration for related pain, health conditions and behavioural management needs. Care plans are developed and regularly updated to communicate the care recipients’ sleep patterns and individualised interventions to assist care recipients who have difficulty sleeping. Management evaluates the effectiveness of practices in meeting care recipients’ sleep needs. Care recipients/representatives are satisfied with the approach to achieving natural sleep patterns.

## Standard 3 - Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

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

* Resident feedback showed that many of them had had pets in the past and that pets were an integral part of their lives. Some residents had lost family pets and others just enjoyed engagement with animals. The home then decided to research pet therapy provides and give recommendations to management. Management agreed to obtain the funds for pet therapy and a provider was contracted and pet therapy started in March 2018. This has been very successful and further funding has been obtained for the next 12 months. Resident feedback is that they enjoy the regular pet visits.
* Feedback from resident meetings was that the bus trips needed to be varied and have more purpose. Residents also gave the feedback that volunteers should be asked to join the bus trips. A number of options for bus trips were looked at by the leisure and lifestyle staff; discussions were held with residents and then venue assessments were undertaken of the preferred options. The new trips were added to the activity calendar, bus and driver were booked and the new trips began in July 2017. Feedback from residents showed that they have gained confidence in venturing to different locations and that some had not visit these areas for many years and enjoyed reminiscing. Male residents said that more male oriented trips were needed so bus trips now include visits to Bunnings. Consistently 15-18 residents have attended these trips to Bunnings, both men and women, and these residents have completed activities at Bunnings such as mosaics and bird houses.

### 3.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements. Relevant to Standard 3 Care recipient lifestyle, management are aware of the regulatory responsibilities in relation to compulsory reporting, user rights, security of tenure and care recipient agreements. There are systems to ensure these responsibilities are met.

### 3.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

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

### 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

The home has a system involving staff and pastoral care offering support to care recipients and their families to adjust to life in the new environment and ongoing as needed. Documentation showed care recipients’ emotional needs and preferences are assessed and communicated in their individualised care plans. There is an ongoing process to review care recipients’ emotional needs and update care strategies in their care plans. Management evaluate and review the way emotional support is delivered. Care recipients/representatives reported satisfaction with the emotional support care recipients receive at the home. Those who felt that they would not necessarily speak to staff if they were feeling down, said that they would speak to family.

### 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

There is an effective system to assist care recipients to maintain their independence and links with their friends and the community within and outside the home. Care recipients are consulted about what independence means to them and how this can be achieved in relation to physical, emotional, social, and financial aspects of their lives. This information and the agreed strategies to promote independence are communicated in their care plans and there is a process to regularly update this information. The home provides equipment, qualified staff, a physiotherapy program and an activities program to assist care recipients with mobility, communication, socialisation and cognitive needs. Management evaluate the way independence is promoted and supported. Care recipients/representatives are satisfied with the support staff give to care recipients to achieve optimal 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

The home has policies, procedures and feedback mechanisms that supports care recipients’ right to privacy, dignity and confidentiality. Staff interviews showed they understand each care recipient has a right to privacy and dignity and practices are consistent with policies and procedures. Care recipients’ information is securely stored. Information on rights and responsibilities is given to new care recipients and prominently displayed in the home. The environment supports care recipients’ privacy and dignity. Management evaluate the way privacy and dignity is recognised and respected. Care recipients/representatives are satisfied with the way staff respect their rights to 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

There is a comprehensive lifestyle activities program with individual and group activities offered within and outside the home. The program is developed from information obtained from care recipients/representatives about the care recipient’s interests, hobbies, life stories and special life events. The lifestyle entertainment officer plans, implements, and evaluates the activity program in consultation with care recipients/representatives. The program is delivered by the lifestyle entertainment officer with assistance from volunteers and care staff. Care recipients/representatives are extremely satisfied with the leisure activities program and the support provided to maintain community links and relationships.

### 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 home has a system to promote care recipients’ individual interests and to ensure their customs, beliefs and cultural backgrounds are fostered and respected. On entry to the home each care recipient’s cultural and spiritual needs are identified and documented and there is a process for regular review. The lifestyle entertainment officer organises spiritual and religious services and one on one visits to meet the needs and preferences of all care recipients. Staff demonstrated they know and understand the needs of care recipients from other cultures. Management evaluate the effectiveness of practices to foster care recipients’ cultural and spiritual needs. Care recipients/representatives are satisfied with the way staff value and support their cultural and spiritual needs.

### 3.9 Choice and decision-making

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

#### Team’s findings

The home meets this expected outcome

There is a system for care recipients or representatives to exercise choice and control over care, lifestyle and services. Documentation showed each care recipients’ specific needs and preferences are documented and communicated to staff and external health service providers. The care recipients’ care plans are reviewed regularly in collaboration with care recipients/representatives. The lifestyle entertainment officer coordinates regular care recipient/representative meetings where they are encouraged to express their views about care and services. Care recipient/representative and staff interviews verified care recipients make choices about their meals, personal and health care, health professionals, environment and activities as long as they do not infringe on the rights of other care recipients. Management review practices to ensure care recipients are supported to participate in decision-making. Care recipients/representatives are satisfied with their participation in decision-making and ability to make choices.

### 3.10 Care recipient security of tenure and responsibilities

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

#### Team's findings

The home meets this expected outcome

Care recipients and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. The care recipient agreement sets out the standard requirements under the relevant legislation, including security of tenure. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. Staff demonstrate an understanding of care recipient rights. Care recipients and representatives interviewed are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities. The Charter of Care Recipient Rights and Responsibilities is on display in the home.

## 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:

* It became apparent that residents who sustained a fall either in their rooms or outside in the grounds of the home were unable to reach the call bell. The home decided to offer a portable call bell pendant to residents. Residents were individually approached and their decision was documented in their progress notes and the pendant was calibrated to their room. Those who did not want one said they could ask at any time. The home has recently checked all the pendants and call bells to ensure they are calibrated to the correct room and care recipient.
* So that the home's infection control processes were best practice, the home undertook a number of actions including: staff member attending the Serious Risk and Infection Control training at the Australian Aged Care Quality Agency (AACQA); completing and discussing the recent AACQA infection control questionnaire; meeting with the local Public Health Unit to discuss outbreak management strategies with other homes in the organisation; and, developing an outbreak management task list and finalising this following consultation at the organisational Specialised Care Practice Meeting. Positive feedback has been received from homes within the organisation that have been trialling the Outbreak Management Task List.
* Feedback from staff was that the new bain marie purchased to ensure food remained warm enough for serving to residents was that: it took up too much storage room; it was hard to fill with water; and, that cleaning it was very difficult. The home researched some options and chose a new type of hot plate which takes up minimal room, is easy to clean and is light enough to move around easily. This hot plate has now been used for a number of months and staff report that it suits their needs and allows food to be maintained at correct temperatures before serving to residents.

### 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 work, health and safety, fire systems and food safety. There are systems to ensure these responsibilities are met.

### 4.3 Education and staff development

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

#### Team's findings

The home meets this expected outcome

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

### 4.4 Living environment

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

#### Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. Rooms are personalised with items from care recipient's homes and are fitted with call bells and secure storage areas. For safety and easy of mobility there are hand rails in corridors and grab rails in bathrooms. Care recipients interviewed are very satisfied that the living environment is safe and comfortable.

### 4.5 Occupational health and safety

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

#### Team's findings

The home meets this expected outcome

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

### 4.6 Fire, security and other emergencies

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

#### Team's findings

The home meets this expected outcome

Policies and procedures relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. The home has security officers monitoring the inside and outside environment nightly. The home has an evacuation pack which includes an up to date photograph and summary care plan for all care recipients. All care recipients interviewed feel safe and secure in the home. There is a designated Chief Fire Warden on every shift.

### 4.7 Infection control

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

#### Team's findings

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management follow required guidelines for reporting and management of notifiable diseases. Care plans describe specific prevention and management strategies. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and have access to policies and procedures and specific equipment to assist in the prevention and management of an infection or outbreak. Staff interviewed were very aware of the processes and procedures required should there be an infectious outbreak.

### 4.8 Catering, cleaning and laundry services

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

#### Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. The majority of care recipients interviewed are satisfied the hospitality services offered meet their needs. One of the fifteen care recipients interviewed said they thought there should be more salt or seasoning in the food. Management were already aware of this request and a new menu is being designed.