



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Aegis Banksia Park RACS ID: 7901

Approved Provider: Aegis Aged Care Group Pty Ltd

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

Reconsideration Decision made on 05 January 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 22 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 14 August 2015 to 14 February 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 05 January 2018

Accreditation expiry date 14 February 2019



Australian Government

Australian Aged Care Quality Agency

Aegis Banksia

RACS ID 7901
20 Bright Road
CALISTA WA 6167

Approved provider: Aegis Aged Care Group Pty Ltd

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 14 August 2018.

We made our decision on 22 June 2015.

The audit was conducted on 19 May 2015 to 20 May 2015. 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 residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
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:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
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: Resident lifestyle		
Principle:		
Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.		
Expected outcome		Quality Agency decision
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 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems		
Principle:		
Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.		
Expected outcome		Quality Agency decision
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



Australian Government
Australian Aged Care Quality Agency

Audit Report

Aegis Banksia 7901

Approved provider: Aegis Aged Care Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 2015 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.

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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 19 May 2015 to 20 May 2015.

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

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

Assessment team

Team leader:	Wendy Scott
Team members:	Ann-Marie Phegley
	Bena (Manmohan) Grewal

Approved provider details

Approved provider:	Aegis Aged Care Group Pty Ltd
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Details of home

Name of home:	Aegis Banksia
RACS ID:	7901

Total number of allocated places:	147
Number of care recipients during audit:	111
Number of care recipients receiving high care during audit:	108
Special needs catered for:	Care recipients with dementia

Street:	20 Bright Road	State:	WA
City:	CALISTA	Postcode:	6167
Phone number:	9419 1244	Facsimile:	9439 5282
E-mail address:	fm.banksia@aegiscare.com.au		

Audit trail

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

Interviews

	Number		Number
Facility manager	1	Care recipients/representatives	15
Clinical nurse managers	2	Cook/assistant cook	2
Registered staff	4	Catering staff	2
Care staff	9	Laundry staff	2
Clinical consultants	2	Cleaning staff	3
Physiotherapists	2	Maintenance staff	2
Occupational therapist	1	Manager catering services	1
Therapy assistants	3	Manager housekeeping services	1
Therapy consultant	1	Administration assistant	1

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans and progress notes	15	Personnel files	9
Care recipients' therapy files and care plans	13	Care recipients' agreements	6
Deceased care recipient file	1	Diabetes management plans	2
Medication records	12	Self-administration consent form	1
Wound care plans	3	Restraint authorisation and monitoring chart	1

Other documents reviewed

The team also reviewed:

- Activity programs
- Allied health and general practitioner files
- Animal vaccination records
- Archiving register
- Audits and surveys
- Care files including assessments, heat pack records, massage records, bowel and fluid balance charts
- Care recipients' information package and handbook
- Complaints, suggestions and compliments file
- Continuous improvements plan

- Daily consolidated temperature records
- Education and training records
- Equipment and electrical testing and tagging folder
- Gastroenteritis and infection control resource files
- Incidents and hazards reports
- Job descriptions
- Kitchen servery files including daily ordering forms, dietary preferences care plans and drinks lists
- Laundry handbook, cleaning schedules and safety data sheets
- Maintenance requests book and corrective/preventative file
- Medication files, including pain evaluation logs, diabetic management plans and nutritional supplement records
- Meeting minutes, memoranda, diaries and communication books
- Menus
- Newsletters
- Occupational safety and health manual
- Physiotherapy files, including pain clinic records
- Policies and procedures
- Rosters
- Staff handbook
- Therapy statistics, evaluations and reviews
- Wound care, restraint, continence and nutritional files.

Observations

The team observed the following:

- Access to internal and external comments and complaints mechanisms (including in other languages) and secure suggestion box
- Activities in progress
- Archive storage
- Care recipients' access to mobility aids
- Emergency evacuation maps and access to firefighting equipment
- Equipment and supply storage areas, including storage of chemicals
- Evacuation kit
- Hand washing facilities and hand sanitizers
- Interactions between staff and care recipients
- Kitchen and serveries
- Laundry, chemical storage and safety data sheets
- Living environment
- Meal and tea services in progress

- Noticeboards and displayed information such as the activity calendar, staff information and the Charter of residents' rights and responsibilities
- Short group observation in a dining room
- Staff assisting care recipients with their meals
- Storage and administration of medications
- Vision, mission and values statements.

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 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

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

Team's findings

The home meets this expected outcome

The home has a continuous improvement framework that monitors performance and identifies opportunities for improvement. This is achieved through internal and external audits, incident/hazard reporting, feedback forms, risk identification, complaints and comments and meetings, and is responsive to feedback from care recipients, representatives, visitors and staff. Staff interviewed reported they are encouraged to participate in the home's continuous improvement process and gave examples of recent improvements. Care recipients and representatives reported they are satisfied the home actively pursues continuous improvement.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- An internal human resources audit indicated there were no systems to identify when staff performance evaluations were due, or how to inform staff of their upcoming evaluation. The home introduced a system which is linked to the home's 'roster on' system where staff are informed via memoranda, and a self-assessment document is issued to staff to complete prior to the performance evaluation. This initiative has resulted in a dramatic drop in outstanding performance evaluations. Staff reported they liked the system as it gave them enough time to do their self-assessment and time to think about what they wanted to discuss with their manager.
- The home identified the excel spreadsheet which recorded the training of staff did not alert the manager as to when staff were required to update their expired training, and not useful in identifying training needs. The home now utilises the 'roster on' system which identifies expired training, and as the manager is required to send a report to head office every two weeks of the staff roster, it also alerts which staff require relevant training and when it is due. This ensures staff are appropriately trained and competent in their duties. Care recipients and representatives stated they found the staff to be very knowledgeable and were satisfied with the level of care provided.

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 systems to identify and ensure compliance with all relevant legislation, regulations, professional standards and guidelines. Corporate committees have been established to review and develop policies and procedures which are communicated to the staff via lists in the policy update folder. Staff, volunteers and contractors (as appropriate) are required to have current police certificates and all staff complete a statutory declaration as per the organisation's policy. Management maintains police certificate and professional registration registers, and staff are notified when renewals are due. Staff reported knowledge of regulatory compliance and this is discussed at meetings. Care recipients and representatives reported they had received letters advising of the re-accreditation audit as well as information displayed in the home.

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. Staff receive organisational and on-site orientation on commencement of employment and participate in a buddy program to ensure they are competent to perform roles. Mandatory training is arranged several months in advance, and staff are notified of this in writing. Training sessions are evaluated and staff feedback lead to further improvements. Staff stated they are satisfied with the choice of education opportunities offered to them. Care recipients and representatives reported staff have adequate skills and knowledge to attend to care recipients' needs.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development are listed below.

- Organisational review of mission and vision, and values
- Incident management and mandatory reporting
- Team work and managing conflict.

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

Care recipients and their representatives have access to internal and external complaints through written information displayed throughout the home. Comments and complaints can be written and confidentiality is maintained throughout the complaints process. Care recipients and their representatives are given a 'suggestion and comments' brochure in their admission pack and the process is also explained at the time of admission and reinforced at

care recipient and representative meetings. Management action care recipients' complaints in an appropriate and timely manner. Staff advised they understand the complaints and feedback process and advocate for care recipients who need support to complete complaint forms and or to access the comments and complaints system. Care recipients and representatives said they are able to voice their concerns.

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 a documented mission statement, vision, philosophy and objectives, which reflect their commitment to quality. Key standards are developed and reviewed to provide a framework for staff and management to work together to fulfil the organisation's mission.

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

The home has access to appropriately skilled and qualified staff to ensure care recipients receive services in accordance with their needs. The organisation has a human resource department to assist management in the initial recruitment and ongoing development of employees. The home has formalised processes to respond to changing needs in staffing levels or skill mix through regular meetings of the facility manager and clinical nurse managers. New staff receive an induction and orientation to the home's processes and current staff skills and knowledge is maintained through mandatory/other training, specific to their role. Staff qualifications and professional registrations are maintained and monitored for currency, and staff receive notifications from the home when these are due. Staff receive feedback on their performance via planned appraisals and performance discussions, which include support from employee assistance programs. Staff are generally satisfied with the time they are given to complete their tasks. Care recipients and representatives are satisfied with the way care and services are delivered by staff.

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 facilitate the purchase, use, storage, maintenance and management of goods and equipment required for quality service delivery. The home has preventative and corrective maintenance systems, and relevant staff or third parties maintain, repair or replace equipment as needed. Designated staff are responsible for ordering and rotation of stock and purchasing goods and equipment. There is an organisational shopping

basket system accessible via the intranet for additional goods and equipment as required. The appropriateness of goods and equipment is monitored via assessments of care recipients care needs and feedback. Staff, care recipients' and representatives stated the home provides and maintains appropriate stock and equipment and maintenance issues are dealt with in a timely manner.

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

There are organisational processes which provide a centralised point for current information across all homes. Staff have competencies in the use of intranet and accessing policies and procedures. The home has effective information management systems with documented policies and procedures available electronically and in paper format. Care recipient documentation is maintained electronically, is regularly backed up centrally, and is password protected. Staff contracts include a confidentiality clause and all new staff are given a personal copy of their contract. Information is shared via handover between shifts, diaries for communication for specific disciplines as well as systems for referrals with medical and allied health professionals. All new care recipients receive a welcome pack containing relevant information. Care recipients are kept informed through newsletters, activity programs, and meetings. Staff have access to position descriptions and duty statements. Staff, care recipients and representatives reported satisfaction with the communication and 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 homes uses the organisation's established systems to ensure externally sourced services are provided in a way that meets the needs of care recipients and service quality goals of the home. Both the organisation and the home monitor police certificates, professional registrations and indemnity insurance of contractors for currency. Management stated the performance of contractors is monitored by the home on an ongoing basis and formally reviewed at the time of the contract expiry. Care recipients and representatives reported they are satisfied with externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Recent improvements undertaken or in progress in relation to Standard 2 – Health and personal care are described below.

- The home had no after-hours doctors service which meant care recipients were taken to the hospital emergency, when it was a non-urgent case. As a result, the home now has an arrangement with a local doctor's practice who have agreed to provide a 24 hour seven days a week service. The home also makes use of the “Dial-A-Doctor” service and an external palliative care service, and this means that only emergency cases are now taken to the hospital. Staff reported this was a much better process and made it easier for them to have a doctor decide if a care recipient requires going to the hospital. Care recipients and representatives reported they are happy with this service and feel secure in the knowledge a doctor is available to them whenever they require one.
- Clinical indicators showed a high level of falls among the care recipients at the home, as a result of which the “Stay on your feet” initiative was introduced. The Injury control council of Western Australia came to the home and provided information to the home, and care recipients and representatives were invited to take part in the information day. The ultimate aim was to provide education and encourage mobility to reduce the risk of falls. This initiative resulted in a reduction in falls. Care recipients and representatives provided positive feedback and management plan to hold this event annually at the home.

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

The organisation and the home monitor changes to legislation and alert staff using a range of communication methods. A monitoring system is used to ensure professional staff are registered as required. There are procedures for reporting unexplained absences of care recipients. Qualified staff carry out initial and ongoing assessment of care recipients and direct and supervise the conduct of care recipients' care. Medication is stored safely and correctly and administered by staff deemed competent by a registered nurse.

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

Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development system.

Examples of education and training related to Standard 2 – Health and personal care are listed below.

- Dysphagia and feeding assistance
- Falls management and pain
- Palliative care
- Skin integrity and pressure area 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

The home has systems to ensure care recipients receive appropriate clinical care. A multi-disciplinary team assesses care recipients’ clinical needs when they move into the home using pre-admission information, and information from a range of clinical tools within a set time. Individual care plans are developed and reviewed according to the home’s policy and in consultation with the care recipients and representatives. There are processes to monitor and communicate care recipients’ changing needs and preferences including review of care recipients by the general practitioner, annual care plan review and shift handovers. Staff undertake clinical audits to ensure the provision of clinical and personal care is reviewed and evaluated. Care recipients and representatives reported satisfaction with the clinical care provided to care recipients.

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

Registered nursing staff are responsible for the assessment, care planning and ongoing management of care recipients’ specialised nursing care needs, including catheter care, stoma care, wound care and pain management. The home has a registered nurse rostered on duty over a 24-hour period to provide specialised nursing care, and direction for staff. Care plans for care recipients’ with specialised nursing care needs are developed in consultation with the care recipient and/or their representative, general practitioner, allied health professionals and the organisation’s health specialist advisors. External specialist services are accessed for support when required and staff reported they provide care appropriate to their qualifications. Care recipients and representatives reported they are satisfied care recipients receive specialised nursing care in accordance with their needs and preferences.

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

Care recipients are referred to a variety of health specialists in accordance with their initial and ongoing assessed needs and preferences. The home employs physiotherapists and an occupational therapist who assess care recipients when they move into the home, and develop therapy care plans that are reviewed annually and as required. Referrals are made to other health specialists employed by the organisation as the need is identified including a speech pathologist and a dietician. A podiatrist visits the home regularly. Care recipients and representatives reported satisfaction with care recipients ongoing access to a variety of health specialists.

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

Medication competent care staff and registered staff administer care recipients’ medications via a pre-packaged multi-dose system. Medication profiles and signing sheets contain photographic identification and information pertaining to prescription instructions for medication, including ‘as required’ medication. The general practitioner regularly reviews care recipients’ medications and a registered pharmacist conducts reviews of care recipients’ medications and communicates findings to their general practitioners and the home. The home has established processes for ordering, storing, administering, documenting and disposing of medications safely and correctly. Medication audits are undertaken, incidents are recorded and data is collated and analysed monthly to identify areas for improvement. Care recipients and representatives reported staff manage care recipients’ medications safely and correctly.

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 are systems to identify, implement and evaluate each care recipient’s pain management strategies to ensure they remain as free as possible from pain. A registered nurse and the physiotherapist use validated verbal and non-verbal pain assessment tools to assess care recipients’ pain on moving into the home and then annually or as required. A care plan is developed using a variety of pain management strategies including prescribed medication and referral to the home’s power over pain clinic for massage, heat packs, hydrotherapy baths, foot spas and use of ultra sound machines. Strategies to reduce pain are recorded on a pain monitoring tools and evaluated regularly and care recipients are referred to external specialists as required. Care staff reported ways in which they identify pain and stated they report any changes in care recipients’ pain needs to the registered staff for ongoing intervention. Care recipients reported they are satisfied with the way staff assist them to manage their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients is maintained in accordance with their needs and preferences. When care recipients move into the home or thereafter as preferred, discussion occurs with the care recipient and their family on treatment decisions for the future and end of life planning. When necessary, the registered nurse develops a specific palliative care plan with strategies to manage care recipients’ care needs such as pain relief and personal care. Staff have undertaken training in palliative care, and an external palliative care service can be accessed if required for the provision of assistance during care recipients’ palliation. The home has access to specialised equipment, including a medication pump for effective symptom management during the terminal phase of life. We noted complimentary cards received from representatives following end of life care provided at the home to their loved ones.

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

Assessments of care recipients’ needs in relation to nutrition and hydration occur when they move into the home and on an ongoing basis. Relevant staff are notified of care recipients’ meal and drink preferences and allergies. Recording of the care recipient’s weight occurs during the initial assessment period and monthly thereafter. A clinical nurse manager notes variations and determines appropriate interventions and referrals to the speech pathologist, dietician and general practitioner take place for care recipients identified at risk. The organisation’s dietician regularly reviews care recipients’ weights and interventions. Meals and fluids with altered texture and consistency are available as well as modified cutlery and crockery, and nutritional supplements. Care recipients and representatives stated general satisfaction with the quality and quantity of meals and associated support needs care recipients receive.

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’s approach to skin care ensures care recipients’ skin integrity is maintained consistent with their general health. An assessment of care recipients’ skin integrity and a risk assessment for pressure areas is completed when they move into the home, and reviewed annually or as required. Care recipients who require wound management have a wound care plan, and wound review is undertaken to ensure ongoing monitoring. For complex wound care or wounds of concern, registered staff liaise with visiting external wound care specialists. Strategies to prevent skin breakdown and maintain integrity include regular application of emollient creams, nutritional supplements, repositioning and pressure-relieving equipment. Skin tears and pressure areas are recorded and data is collated and analysed

monthly to identify risks, trends and opportunities for improvement. Care recipients and representatives reported care recipients are satisfied with their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

On entry into the home, the care recipient’s continence management needs are assessed using a three-day urinary assessment, a seven-day bowel assessment, taking into consideration past history and discussion with the care recipient and their representatives. Care plans and strategies for maintaining effective continence management are developed and reviewed annually or as required. Strategies include individual toileting regimes, daily bowel monitoring, exercise, adequate fluid intake and prescribed medication. The home’s designated continence link staff monitors and reviews the use of appropriate continence aids and access to an internal and external continence advisor is available when required. The home collects data to monitor urinary tract infections, and incidents are reported and analysed monthly to identify risks, trends and opportunities for improvement. Care recipients and representatives reported staff are effective in meeting care recipients’ continence needs.

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

Staff assess care recipients’ behavioural management needs on moving into the home using previous histories, and when staff identify incidents of concern. On assessment, staff identify the triggers for care recipients’ behaviours and document appropriate interventions in the care recipients’ care plans. There are procedures to authorise, minimise and monitor the use of restraint, which includes a process of review by a clinical nurse manager. As required, staff make referrals to specialist services, consultation with the general practitioner and an external mental health teams visits the home regularly. Strategies to reduce behaviour include mediation review, an activity program, sensory sessions and music. Care recipients and representatives generally reported staff effectively manage the needs of 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

When care recipients move into the home, a multi-disciplinary team assesses each care recipient’s level of mobility, dexterity and falls risk. Care plans are developed and delivered by therapy staff, and appropriate individualised interventions and equipment is used to maximise independence. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s walking groups, tai-chi and chair aerobics. Staff have a regular ‘falls’ meeting and staff report, monitor, analyse and action incidents related to care recipient’ falls and implement strategies to reduce care recipient falls. These include

providing protective equipment, attendance at the power over pain clinic, appropriate footwear and provision of sensor mats. Care recipients and representatives reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

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

When a care recipient moves into the home, an oral and dental assessment is conducted to identify their oral function, hygiene and dental care needs and any potential impacts on swallowing and eating. Oral and dental care interventions are recorded in the care recipients’ care plan. An annual oral screening examination provided by a government dental service is offered to care recipients and follow up treatment is arranged with family consultation and family can arrange for care recipients to attend external dental appointments. Care recipients are referred to the speech pathologist when a swallowing difficulty is identified and interventions are documented. Staff reported they routinely undertake oral care for care recipients, and ensure they have appropriate oral health equipment and products. Care recipients and representatives reported they are satisfied with the oral and dental care provided to care recipients by staff.

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

When care recipients move into the home, a multidisciplinary team uses previous history information and assessment tools to assess each care recipient’s sensory losses for all five senses. Care plans are developed and include strategies to manage care recipients’ sensory losses, and to optimise each care recipients independence and interaction in activities of daily living. The home uses strategies including large print books, audio books and sensory activities such as cooking, gardening and hand massage. Care recipients have access to allied health professionals, including audiologists and optometrists. Staff described the strategies they use to assist care recipients with sensory loss and to manage their sensory equipment. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage their sensory losses.

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

On moving into the home, an assessment of the care recipients’ sleeping patterns occurs and the initial consultation includes rituals and preferences for settling routines and rising times. A care plan is developed according to care recipients’ preferences and reviewed annually, or if their sleep pattern become disturbed. The home uses strategies to enhance natural sleep patterns including appropriate lighting, pain management, repositioning, temperature control, noise reduction strategies, hot drinks and snacks, and night sedation if

prescribed. Staff stated care recipients' who have a disturbed sleep are reported at handover for monitoring by the staff. Care recipients reported they are satisfied with the support they are provided by staff during the night.

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 improvements for information about the home’s continuous improvement systems and processes.

Examples of recent improvements undertaken or in progress in relation to Standard 3 – Care recipient lifestyle are described below.

- The home identified a care recipient with behavioural management issues which are triggered by boredom as he came from a farming background and was used to being physically active. The home’s manager, along with the therapy staff, introduced a men’s shed to assist in keeping him busy doing a physical activity which would be of interest to him. As a result, other male care recipients joined in this activity which provides them with a forum to use their past skills and a place to socialise. The activity proved to be so popular it is now run two days a week, and has a large group of male care recipients in attendance. Care recipients and representatives reported they enjoyed this activity and find it a good place to socialise.
- As a result of complaints from care recipients that they were unable to travel any more due to poor health, therapy staff introduced an armchair travel activity. The purpose of the activity is to travel around the world through watching DVDs, dressing up in the various cultural costumes and trying some of the countries cuisine. The staff made mock passports with the care recipient’s photograph, and they stamp the passport as they travel around the world. Care recipients and representatives reported they enjoyed the activity and staff made it interesting and enjoyable with the different foods and costumes.

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

The home has systems to identify and ensure compliance with all relevant registration and regulatory requirements, professional standards and guidelines. Management inform staff of changes relevant to care recipient lifestyle through training, memoranda and meetings. All staff sign an employment contract at the commencement of employment that includes confidentiality clause and code of conduct agreement. Staff reported knowledge of care recipients privacy, dignity and confidentiality, and there are processes for mandatory reporting.

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

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system.

Examples of education and training related to Standard 3 – Care recipient lifestyle are listed below.

- Ageing for migrants
- Hydrotherapy bath
- Story telling.

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

Prior to moving into the home, care recipients and their families receive information about the home and services offered. On moving into the home, care recipients' needs and preferences are discussed and they are shown around the home and introduced to other care recipients and staff. Care recipients have increased monitoring in the early period and the occupational therapist assesses care recipients' emotional and social needs with input from care and therapy staff. Individual care plans incorporate information relating to the holistic requirements of the care recipient, including their emotional and social wellbeing. Staff interviewed described strategies to provide care recipients' emotional support, including allocating extra time for frail care recipients. Care recipients are encouraged to personalise their rooms, and to join in activities at the home and in the community, where appropriate. Care recipients and representatives stated representatives are encouraged to visit the care recipients and they are satisfied care recipients' emotional needs are met by staff at the home.

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

Assessment of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they first move into the home. Care plans identify the support care recipients require to be as independent as possible, maintain friendships and participate in the life of the community. Therapy programs assist and maintain care recipients' communication and mobility levels and the physiotherapists provide specific equipment to maintain care recipients' independence. Care recipients are encouraged to maintain friendships and regular bus trips are organised for care recipients to undertake activities

outside the home. Care recipients and representatives reported care recipients are provided with assistance from staff to maintain 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

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and only accessed by authorised personnel. Staff approach and interact with care recipients in a respectful manner and general practitioner treatments occur in the privacy of care recipients' rooms. Care recipients and their families have access to lounges, outdoor entertaining areas and small lounge areas. Staff interviewed were aware of the need to maintain confidentiality of care recipient information and described strategies to maintain care recipients' privacy and dignity. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality is maintained and respected.

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 maintain their interests and activities when they move into the home. Information about their social and cultural history is obtained through assessments and social history forms, and their identified interests are used to develop individual therapy care plans. In conjunction with therapy assistants, the occupational therapist develops a monthly activities calendar. Special events, individual sessions and community outings are incorporated into the program and delivered by therapy assistants. Feedback on the program is provided through care recipients' participation, suggestions, evaluation of individual sessions, surveys and at meetings. Care recipients and representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

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

When care recipients move into the home their individual interests, customs and beliefs related to their cultural and spiritual life are identified and this information is documented in their care plan. Specific cultural events are included in the activity program and staff support care recipients to attend these activities. Catholic and Anglican religious services are conducted in the home, while representatives of various religions visit on request. Staff reported they use care plans to gain an understanding of care recipients' specific cultural and spiritual practices. Care recipients and representatives reported staff respect care recipients' customs, beliefs and culture.

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

Care recipients and representatives participate in decision making about care and service delivery through care conferences, care recipient and relative meetings, surveys and the problem and suggestion process. Care recipients' meetings provide a forum for care recipients and provide them with opportunities to participate in decisions about care and services. External advocacy services, complaints forms, a suggestion box and brochures are available, providing access to external and internal complaint mechanisms. Care recipients and representatives reported care recipients have opportunities to make choices and decisions over their lifestyle preferences.

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

Organisational systems and processes ensure care recipients have secure tenure within the home, and understand their rights and responsibilities. On moving into the home, a care recipient agreement is offered, detailing security of tenure and care recipients' rights and responsibilities. Care recipients and representatives are consulted and their agreement sought should there be a need to move rooms. External advocacy and guardianship administration are utilised as required. Staff are provided with education and training regarding care recipients' rights. Care recipients and representatives reported they are satisfied care recipients have secure tenure 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 continuous improvement systems and processes.

Recent improvements undertaken in relation to Standard 4 – Physical environment and safe systems are described below.

- In 2014, there were a series of bush fires near the home and on one occasion required the home to evacuate care recipients to the front of the building. As a result, the home’s management identified some gaps in the home’s evacuation process and a review was completed. This has resulted in a more enhanced, effective and efficient process which includes a fully equipped evacuation box with all the necessary equipment required for any such future events. Staff reported it was a good learning exercise and they are now better trained and equipped to deal with any such future situations.
- The home identified the presentation of the care recipients’ food was poor, and staff required training in how to present the food in a more palatable fashion. The hospitality team from the organisation’s head office visited the home and provided training to staff on “excellence in dining.” This included presentation of food, the appropriate way to serve the food, how to assist care recipients requiring assistance to eat their meals, and ways in which to create the right ambiance and environment at meal times such as soft background, to make it a pleasant eating experience for the care recipients. Care recipients and representatives reported they are happy with the way meal times have become a positive experience.

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

The organisation’s management has systems and processes to identify and ensure ongoing regulatory compliance in relation to the home’s physical environment and safe systems. Staff attend fire safety and occupational health and safety training. The home has regular fire and environment safety checks, safety data sheets are stored with chemicals and a gastroenteritis outbreak kit with information is available. Occupational and environmental monitoring is scheduled and routinely carried out. The home has a food safety program and staff receive training in food safety. There are reporting mechanisms for accidents, incidents and hazards, and personal protective equipment is provided for staff use.

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

Refer to expected outcome 1.3 Education and staff development for an overview of the home's education and staff development system.

Examples of education and training related to Standard 4 – Physical environments and safe systems are listed below.

- Chemical training
- Cleaning equipment.
- Excellence in dining
- Fire and safety evacuation.
- Food safety 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 has a range of single and double rooms with ensuite. Air conditioning ensures temperatures are controlled and pleasant. Visitors to the home are monitored and key code access to secure areas and an on-site car park that is secured at night, provide security. Care recipients are encouraged to personalise their rooms with furniture, paintings and personal mementos, and they have access to communal and private areas for social interactions and activities. There are pleasant outdoor garden areas and courtyards for care recipients and their visitors to enjoy. Environmental audits and inspections are regularly undertaken and actioned, and a maintenance program provides linkage to hazard management.

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 and staff use the organisation's systems and processes to provide a safe working environment that meets regulatory requirements. Policies and procedures are accessible to guide and direct staff. The home routinely conducts room inspection audits and hazard monitoring is undertaken on a regular basis. Hazard and staff accident/incident reports are investigated by management and discussed at organisational occupational health and safety meetings. Six monthly hazard inspection audits are conducted with deficits documented and acted upon. Along with the facility manager, there are two nominated staff members as occupational health and safety resource persons, and are available for staff to access. Preventative maintenance processes are established to ensure equipment is

maintained adequately. Staff orientation and ongoing education include occupational health and safety.

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

The home has systems and processes to provide a safe environment and reduce the risk of emergencies, fire and safety breaches. Fire, security and emergency procedures are available to staff, care recipients and visitors, and inform them how to proceed in the event of an emergency. The building is equipped with a range of fire prevention and firefighting equipment. Contracted fire services carry out routine inspections and the testing of fire systems. The home monitors electrical equipment coming into the home with maintenance staff trained to deal with electrical testing and tagging which is completed as required. Entry to some areas is by key code and visitors access the home after hours using a key code at the main entrance. The home is fenced and the car park is secured at night. All staff regularly attend fire and emergency training and staff could describe procedures to be followed in the event of a fire or emergency. Care recipients and representatives are aware of the process to follow should the fire alarm sound.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program. Staff demonstrated the home's infection control program is effective in identifying, containing and preventing infection. The home's manager along with a clinical nurse manager oversees the infection control program and monthly data is collated and analysed to identify trends. This information is discussed at clinical meetings and actioned as required. Staff training, hand washing facilities, access to personal protective equipment, cleaning and laundry processes, pest control management, sharps disposal, waste management, care recipient and staff vaccination programs and a food safety program are some of the measures used to minimise the risk of infection. Staff interviewed reported working knowledge of the principles of infection control and have access to an infection control specialist if required.

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

Catering is undertaken at the home and meals are cooked according to a four-weekly rotating menu. There are processes to ensure care recipients' individual dietary needs are met on an ongoing basis. Cleaning staff undertake planned cleaning duties within the home in accordance with duty statements and cleaning schedules. Care recipients' personal laundry is labelled by laundry staff and serviced at the home to minimise loss of clothing. Management monitor the quality of services via feedback mechanisms such as comments

and complaints, audits and surveys. Staff reported they have adequate equipment to undertake their hospitality roles. Care recipients and representatives reported they are satisfied the home's hospitality services meet care recipients' needs and preferences.