



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Aegis Carrington RACS ID: 7874

Approved Provider: Carrington Aged Care Facility 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 19 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 28 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 13 October 2015 to 13 July 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 19 March 2018

Accreditation expiry date 13 July 2019



Australian Government

Australian Aged Care Quality Agency

Aegis Carrington

RACS ID 7874

27 Ivermey Road

HAMILTON HILL WA 6163

Approved provider: Carrington Aged Care Facility 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 13 October 2018.

We made our decision on 28 August 2015.

The audit was conducted on 21 July 2015 to 22 July 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 care recipients, 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:

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.

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: 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 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 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.

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 Carrington 7874

Approved provider: Carrington Aged Care Facility Pty Ltd

Introduction

This is the report of a re-accreditation audit from 21 July 2015 to 22 July 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 21 July 2015 to 22 July 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:	Renee Sweet
Team members:	Ann-Marie Phegley
	Bena (Manmohan) Grewal

Approved provider details

Approved provider:	Carrington Aged Care Facility Pty Ltd
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Details of home

Name of home:	Aegis Carrington
RACS ID:	7874

Total number of allocated places:	119
Number of care recipients during audit:	108
Number of care recipients receiving high care during audit:	106
Special needs catered for:	None identified

Street:	27 Ivermey Road	State:	WA
City:	HAMILTON HILL	Postcode:	6163
Phone number:	08 6310 3333	Facsimile:	08 6310 3399
E-mail address:	aegis@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	16
Registered nurses	4	Clinical consultants	2
Assistants in nursing	18	Laundry and cleaning staff	3
Administration officer	1	Physiotherapists	2
Catering staff	3	Maintenance staff	2
Therapy staff	3	Occupational therapist	1
Therapy consultant	1	Clinical nurse managers	2

Sampled documents

	Number		Number
Care recipients' files and care plans	12	Medication charts	20
Care recipient restraint authorisations	3	Personnel files	8
Therapy and lifestyle assessments	13	Therapy care plans	12

Other documents reviewed

The team also reviewed:

- Activity program, therapy statistics and 'About me' file
- Admission planner
- Audits and surveys
- Bowel management records
- Care plan review registers
- Care recipient restraints register
- Cleaning schedules
- Clinical observation and treatment files
- Comments and complaints folder
- Doctors referral books
- Drugs of addiction register
- Duty statements and job descriptions
- Education program and training attendance records
- Evacuation maps and exit lights
- Family conferences register
- Fire and emergency evacuation manual

- Food safety plan
- Heat pack records and evaluations
- Incidents and hazards reporting file
- Meeting minutes, memoranda file and communication diaries
- Menu, dietary analysis forms files and care recipients diet analysis sheets
- Multicultural resources file
- Pain therapy file
- Poisons permit
- Policies and procedures
- Refrigerator temperature records
- Resident information handbook
- Staff induction and orientation information handbook
- Temperature records for food, fridge/freezer, dishwasher and medication fridge
- Wound management files.

Observations

The team observed the following:

- Activities in progress
- Interactions between staff and care recipients
- Internal and external living environment
- Meal and refreshments services in progress
- Safety data sheets
- Secure storage areas for chemicals and equipment
- Short group observation in lounge area
- Storage of medications and medication rounds in progress.

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 system to identify improvement opportunities and monitor performance against the Accreditation Standards. The facility manager (FM) oversees the continuous improvement plan and improvement opportunities are identified through a number of forums including feedback forms, audits and surveys, incident analyse and various meetings. Improvement opportunities identified are added to the continuous improvement plan and are actioned, monitored and evaluated by the FM. Staff gave examples of recently completed improvements that have assisted them in their roles.

Examples of current or recent improvement activities related to Standard 1 – Management systems, staffing and organisational development are described below.

- The organisation identified the need to improve the process in relation to ordering ambulances for care recipients' appointments in its homes. As a result, an automated online booking and transfer system has been introduced to all AEGIS homes. The aim of the system is to improve the planning of non-urgent care recipient transfers and to enable tracking of care recipient movements in order to plan care or provide this information to family members. The home evaluated this by analysing care recipient transfer information and collecting feedback from nursing staff regarding the ease of use and the information it provided. The positive evaluation has resulted in the system being adopted at the home and rolled out to other homes within the organisation.
- The organisation received feedback from facility managers that new care recipients had to wait long periods of time to use their electronic goods due to the backlog of electrical items requiring tagging across all of the organisations homes. Previously, the organisation had employed two maintenance staff members to conduct the testing and tagging across the homes. However, due to the large amount of items requiring testing and tagging there were delays to some items being tagged. As a result, the organisation has provided training to onsite maintenance staff at each home so electronic goods can be tested and tagged when the care recipient moves into the home. Management has received positive feedback from care recipient and representatives in relation to this initiative.

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 and processes to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Professional and peak bodies provide updates of regulatory and legislative changes to the home through the Facility and, Clinical nurse managers via the organisation's intranet. Management inform relevant stakeholders of changes at meetings, training sessions, and via noticeboards and memoranda. Policies and procedures, the staff handbook and duty statements guide staff in relation to legislative and regulatory compliance. Staff, volunteers and contractors are required to have current police certificates. The manager monitors the currency of police certificates, professional registrations and visa registers, and staff are notified when renewals are due. Management monitors legislative and regulatory compliance via an auditing program. Care recipients and representatives reported they were informed of the re-accreditation audit via correspondence, newsletters, notices and meetings

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

Management and staff have appropriate knowledge and skills to perform their roles effectively. New employees receive a corporate and on-site induction, compulsory training and buddy shifts to ensure they are competent to perform their roles. An annual training calendar identifies mandatory training and other education sessions are scheduled according to care recipients' needs, staff feedback and data analysis. Staff advised they are satisfied with the training made available to them. Care recipients and representatives reported staff are knowledgeable and have the appropriate skills to perform their roles effectively.

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

- Administration assistant training
- AEGIS PRIDE
- Continuous improvement overview
- Rostering system.

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 and representatives receive information regarding the internal and external comments and complaints processes through information

packs, agreements, brochures and meetings. Care recipients discuss complaints and suggestions at meetings, and management facilitates a resolution with the complainant as required. Management reviews the effectiveness of the comments and complaints process via monitoring mechanisms, and information regarding comments and complaints flows into the home's continuous improvement plan. Staff advocate on behalf of care recipients and receive information about the comments and complaints process during induction. Care recipients and representatives reported using formal and informal processes with staff and management as a way of resolving issues and are satisfied with their access to complaints processes.

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 home has documented vision, mission and philosophy statements. The home displays these statements at the front entrance of the home and the organisations website. Staff and care recipients' information packages consistently document these statements, including the home's commitment to quality throughout the home.

1.6 Human resource management

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

Team's findings

The home meets this expected outcome

The home has systems to manage human resources that include recruitment and orientation programs and staff training and development opportunities. Management reviews and adjusts the roster in response to care recipients' needs, operational requirements and feedback from staff. There are processes to manage unplanned leave through casual and temporary staff. Professional registrations and police certificates are kept on file and are monitored electronically. Management monitors staff performance via feedback mechanisms, performance appraisals, supervision and observations. Staff reported they have opportunities for professional development and sufficient time to carry out their tasks. Care recipients stated they are satisfied with the responsiveness of staff adequacy of care.

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 maintains adequate stocks of appropriate goods and equipment to ensure quality service delivery. Designated staff are responsible for stock control, rotation and purchasing of goods and equipment. New orders are based on current usage and are reviewed to ensure adequate stock levels are maintained. Preventative and corrective maintenance programs ensure equipment is maintained and replaced as needed. Goods and equipment

are reviewed to ensure suitability for care recipients' ongoing care needs. Staff reported they are provided with training in relation to goods and equipment to ensure safe usage and are satisfied with the level of goods and equipment available in the home. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment provided for care recipients.

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 effective information management systems ensuring information is managed, delivered and stored appropriately. The home conducts regular audits and surveys in clinical and non-clinical areas which are analysed and discussed at relevant meetings. The home's policies and procedures are available online and are updated as required. Computers are available for staff to utilise, are password protected and information is regularly backed up. Paper based records are stored securely and there are procedures to ensure information is appropriately archived and destroyed. A meeting structure, noticeboards and communication books promote information dissemination throughout the home. Staff advised they have access to duty lists, policies and procedures and up-to-date care plans to guide them in their roles. Representatives reported satisfaction with their access to information in relation to care recipients' care needs, general activities and events occurring in the home.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

There are processes to ensure externally sourced services are provided in a way that meets the home's quality needs and requirements. The corporate team at head office is responsible for maintaining service agreements and ensuring insurance certificates are current. The home maintains a current register for site-specific contractors' essential information, including police certificates and certificates of currency. Management stated contractor performance is monitored by the home on an ongoing basis through reviewing work completed and staff and care recipient feedback. 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 an overview of the home's continuous improvement systems and processes.

In relation to Standard 2 – Health and personal care, staff record care recipient falls, skin tears, medications, unexplained absences of care recipients, and this information is collated and analysed for trends. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvement activities related to Standard 2 – Health and personal care are described below.

- Feedback was received from a staff member in relation to monitoring care recipients' oral hygiene. The home identified nobody was specifically responsible for ensuring care recipients' tooth brushes and dentures cups are changed and cleaned regularly. As a result, the home has appointed an oral hygiene champion and provided all staff with a toolbox training session. The member of staff is responsible along with other staff for ensuring care recipients have clean toothbrushes and denture cups, and toothpaste in their bathrooms. Toothbrushes are coloured coded by season to identify when toothbrushes need changing. Staff advised they are aware the processes involved for ensuring care recipients' oral hygiene is maintained. Care recipients and representatives expressed satisfaction in relation to care recipients' oral hygiene.
- The organisation identified it could manage care recipients' pain more effectively. As a result, 'Power of Pain' (POP) clinics have been introduced in the home. Registered nurses conduct regular pain assessments on care recipients in the home, the registered nurse then works with the physiotherapist and occupational therapist to identify the best way to manage the care recipient pain, and if appropriate referred to the POP clinic. The clinic runs from 8.30am to 11.00am three mornings per week and has massage therapy, heat packs and electrical nerve stimulation therapy available to assist and ease care recipients' pain. Care recipients interviewed they enjoy the POP clinic and it has assisted them with managing their pain.

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 home has systems to identify and ensure compliance with all relevant legislation, regulations, professional standards and guidelines. A monitoring system is used to ensure professional staff maintain current registrations. The registered staff carry out initial and ongoing assessments of care recipients and direct and supervise the management of care

recipients' care. Processes are established to ensure unexplained absences of care recipients are reported in accordance with legislative requirements. Care recipients and representatives reported care recipients receive care and services in accordance with specified care service requirements.

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.

- Continence aids
- Creams and ointments application
- Diabetes in aged care
- Influenza education
- Wound 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. The multidisciplinary team assesses care recipients' clinical needs when they move into the home using information from their medical histories and a range of clinical tools. Care plans are developed and reviewed according to the home's policy and in consultation with care recipients and representatives via care conferences. There are processes to monitor and communicate care recipients' changing needs and preferences including regular review of care recipients by their general practitioners, annual care plan reviews and shift handovers. Clinical audits are undertaken 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

The home has processes to ensure registered nurses identify and review care recipients' specialised nursing care needs. Care recipients' specialised nursing care needs are assessed when they move into the home and these are documented in a specific nursing care plan and reviewed annual or as required. The home has registered nurses rostered on

duty at all times to provide care and direction for staff. General practitioners and other health professionals are consulted as required. Examples of specialised nursing care include wound care, oxygen therapy and management of urinary catheters, challenging behaviours and diabetes. Care recipients and representatives reported care recipients' specialised nursing care needs are met.

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 an occupational therapist and two physiotherapists who assess care recipients when they move into the home and develop therapy care plans that are reviewed annually and as required. A podiatrist visits the home regularly and attends to the needs of care recipients. Referrals are made to other health specialists as the need is identified including a speech therapist, dietician, dentist and the mental health team. 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

Processes are established for ordering, storing, administering, documenting and disposing of medications safely and correctly. Registered nurses and competent care staff administer medications via a pre-packed system as per the general practitioners' instructions. Specific instructions concerning the administration of care recipients' medications and topical treatments are documented in their medication profiles and care plans. Medication audits and recorded medication incidents are used to monitor the system. An accredited pharmacist conducts reviews of care recipients' medications and communicates findings to the general practitioners and the home. Care recipients and representatives reported care recipients' medications are managed 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. Registered nurses regularly review care recipients' pain. Annual pain assessments are conducted and care recipients with identified pain are assessed more frequently if required. Care plans are implemented that detail pain management interventions, including alternative therapies and the use of pain and pressure-relieving equipment. Care recipients experiencing ongoing pain are referred to the pain clinic managed by physiotherapists. Where pain is not adequately controlled with the above measures, care recipients are referred to their general practitioners

for review. Staff described their role in pain management, including identification and reporting of pain. Care recipients and representatives reported staff are responsive to complaints of pain and care recipients' pain is managed appropriately.

2.9 Palliative care

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

Team's findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill care recipients. Care recipients or their representatives have the opportunity to complete an advanced care directive when care recipients move into the home or at any time throughout their residency. Care recipients' general practitioners and the home's clinical and allied health personnel support care recipients during their palliation phase. Care recipients and representatives expressed confidence that, when required, staff would manage care recipients' palliative care competently, including the maintenance of their comfort and dignity.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Care recipients' nutritional status is assessed when they move into the home and their individual dietary requirements and preferences are conveyed to relevant personnel. Care recipients' care plans outline their dietary requirements, including the level of assistance required. Clinical nurse managers monitor care recipients' recorded monthly weights and, where weight loss is identified, care recipients are placed on a supplementary nutritional drink. If a care recipient does not respond to this initial intervention, they are referred to the organisation's dietician for further review. Swallowing assessments are conducted and care recipients with identified swallowing deficits are ordered appropriately textured diets and fluids and referred to a speech therapist. Clinical nurse managers and registered nurses direct care recipients' nutritional management. Care recipients and representatives reported they are satisfied with the menu and associated support provided to care recipients.

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

Registered nurses conduct regular assessments of care recipients' skin integrity and formulate care plans that state preventative skin care interventions. Registered nurses attend care recipients' wound care and the clinical nurse managers regularly review all wounds. The home employs a number of preventative strategies including pressure-relieving mattresses, repositioning and moisturising lotions. Care staff monitor care recipients' skin care daily and report abnormalities to the registered nurse. The home records and collates information regarding skin related incidents. Care recipients and representatives reported satisfaction with the home's management of 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

There is a system to identify, assess, monitor and evaluate care recipients’ continence care needs when they move into the home and on an ongoing basis. Care recipients’ urinary and bowel continence needs are assessed and an individualised care plan is developed reflective of assessed needs. Staff use bowel charts to track bowel patterns and enable the development of appropriate bowel management programs, and registered nurses monitor the use and effect of aperients. Staff reported having sufficient continence aids and appropriate skills to enable them to manage care recipients’ continence needs. Care recipients and representatives reported being satisfied with the management of 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

Care recipients’ behavioural management needs are assessed when they move into the home and when clinically indicated. During assessments, the triggers for a care recipients’ behaviours are identified and appropriate interventions are developed and documented in a care plan. Effectiveness of behaviour management strategies is monitored via clinical indicators and observations. Care recipients are referred to therapy and mental health services when the need for further assessment of challenging behaviours is identified. Care recipients and representatives reported care recipients’ challenging behaviours are well managed and the impact of the behaviours on other care recipients is minimised.

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

A physiotherapist, an occupational therapist and registered nurses assess care recipients’ mobility, dexterity and associated falls risks when they move into the home. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s activity program that includes a range of group exercises and physical activities to improve independent movement. Care recipients who are unwilling or unable to participate are offered individual therapy sessions. Care recipients’ attendance at physiotherapy sessions is monitored. A range of seating and mobility aids are available to assist care recipients to maintain mobility and independence. Incidents related to mobility and dexterity are recorded and collated data is discussed at falls committee meetings. Care recipients and representatives reported satisfaction with the home’s management of care recipients’ mobility and dexterity needs.

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 plans. An annual dental examination is offered to care recipients and follow-up treatment is arranged with family consultation. Staff are aware of care recipients’ individual oral hygiene requirements. Care recipients and representatives reported satisfaction with the support provided to care recipients to maintain their oral and dental health.

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

An occupational therapist assesses care recipients’ sensory abilities and needs when they move into the home. Interventions for managing sensory losses are documented in care recipients’ care plans and are regularly reviewed by the occupational therapist. An optometrist visits the home annually and care recipients are encouraged to access this service. The activity program includes sensory activities such as gardening, fiddle boxes, cooking, music and one-on-one sensory stimulation sessions. Care recipients are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. Care recipients and representatives reported satisfaction with the home’s management of sensory losses and 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

The home has established processes to assist care recipients to achieve natural sleep patterns. Sleep assessments are conducted for care recipients to identify sleep patterns and disturbances. Interventions to assist care recipients establish appropriate sleep routines are documented in their care plans. Strategies used to promote restful sleep include settling routines, quiet environment, emotional support, pain management, warm drinks and night sedation. Staff described factors that can impact on care recipients’ sleep including noise, confusion, pain and continence issues. Care recipients and representatives reported care recipients are satisfied with the support provided to achieve restful sleep at 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 improvement for information about the home’s continuous improvement system and process.

In relation to Standard 3 – Care recipient lifestyle, care recipient/representative meetings and surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care actives. Staff also contribute to improvements to care recipient lifestyle through surveys, training and networking. Staff encourage and support care recipients and others to provide feedback and suggestions.

Examples of current or recent improvement activities related to Standard 3 – Care recipient lifestyle are described below.

- The home identified through feedback from a staff member that the bus trips held at the home were not catering for care recipients who are wheelchair bound, as the bus did not allow for wheelchair access. As a result, the home now hires a wheelchair specialised bus so care recipients who are in wheelchairs can go on bus trips. Care recipients provided positive feedback in relation to the bus trips offered by the home.
- The home identified some care recipients were restless and at times agitated in the late afternoon. In order to assist these care recipients, the home is trialling a ‘Sundowner’ group which is currently being held on Thursdays from 4.00pm to 6.30pm. Therapy staff conduct different activities in each session, including playing games and folding napkins. Staff reported care recipients who participate in the group appear more relaxed and less agitated after participating in the group. Management is currently evaluating this activity to see whether the care recipients would benefit from being run more frequently.

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 legislation, 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 a confidentiality clause and code of conduct agreement. Staff demonstrated an understanding of the regulatory guidelines for the reporting and management of elder abuse. Care recipients and representatives reported they are aware of their rights and responsibilities.

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.

- Seating and positioning
- Therapy education and mentoring.

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 provides support to care recipients while they are adjusting to life in their new environment and on an ongoing basis. Prior to moving into the home, care recipients and their representatives receive information about the home and services offered. On moving into the home, care recipients' needs and preferences are discussed and staff orientate them to the environment. Nursing staff and the occupational therapist assess care recipients' emotional and social needs, and individual therapy care plans incorporate information relating to the holistic requirements of the care recipient, including emotional and social wellbeing. Staff described ways they monitor and support each new care recipient. Care recipients are encouraged to personalise their room and to join in activities at the home and in the community, and families are encouraged to visit as often as possible. Care recipients and representatives reported they are satisfied care recipients receive appropriate emotional support on moving into the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintaining friendships and participate in the life of the community within and outside of the home. An assessment of care recipients' needs and preferences in relation to independence and lifestyle occurs when they move into the home and the support required from staff is documented on care plans and re-assessed regularly. The occupational therapist and physiotherapist provide specific equipment to maximise care recipients' independence. Care recipients are encouraged to maintain friendships and regular social outings are organised. Care recipients and representatives stated staff provide care recipients with assistance to maximise 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. On employment, all staff receive privacy and dignity training, and staff were observed interacting with care recipients in a respectful manner. Bedroom spaces are curtained to ensure privacy and dignity when personal care is provided. Staff reported how they maintain care recipients' privacy and dignity and ensure confidentiality of care recipient information. 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. Lifestyle and therapy staff assess care recipients and gather information about their personal life history. Relevant staff use identified interests to develop individual therapy care plans and the home's activity programs. These programs are available five days a week and include a range of cognitive, physical, sensory and social group activities. Staff incorporate special cultural events and outings into the program, and families, friends and volunteers are invited to take part. Therapy staff evaluate care recipients' participation and enjoyment of the activities they attend. Care recipients and representatives provide feedback on the program via feedback forms, meetings and surveys. Care recipients and representatives reported 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

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. When care recipients move into the home, their individual interests, customs, beliefs and preferences relating to their cultural and spiritual life are documented in care plans, which ensures care is provided with individual cultural and religious preferences. The home provides monthly church services on site, and if care recipients wish to attend external services they are assisted to do. Staff organises culturally specific activities such as Anzac Day, Australia Day, St. Patrick's Day, Christmas and Easter, as well as recognising other multicultural significant days. Relevant staff provide care recipients with their cultural dietary preferences as required. Care recipients and representatives stated staff respect their 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 their representatives participate in decisions about the services received and care recipients are able to exercise choice and control over their lifestyle. Management and staff support and encourage care recipients, or their authorised representative, to make individual choices and decisions. Care recipient meetings, surveys, family case conferences and the home's continuous improvement processes provide opportunities for feedback and participation in decision-making about the services care recipients receive. Staff reported strategies for supporting care recipients' choices including clothing, choice of activities to attend and time to attend to personal care. Care recipients and representatives reported they are satisfied with the support provided by staff to enable care recipients to make decisions.

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

There are processes to ensure care recipients have secure tenure within the home. Care recipients or their representative are provided with an information pack that includes a resident agreement, prior to care recipients moving into the home. The agreement outlines the security of tenure, fees and charges, Charter of residents' rights and responsibilities and external complaints and advocacy processes. Care recipients and representatives have access to information regarding external complaints and advocacy, and access guardianship and/or administration if required. Staff reported they are aware of care recipient's rights and responsibilities. Care recipients and representatives reported they are satisfied care recipients have secure tenure within 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 system and process.

Examples of recent or current improvement activities related to Standard 4 – Physical environment and safe systems are described below.

- Following trials within the organisation, the new microfiber cleaning system has been introduced. Products were purchased and trolleys set up with appropriate cleaning materials with cue cards to assist the cleaning personal who received training prior to the implementation of the system. Staff reported the microfiber system has decreased chemical usage and is light and easy to use. Management reported there have been no complaints regarding the standard of cleanliness since the introduction of the microfiber cleaning system.
- In order to improve the uptake of influenza vaccinations by staff members the organisation provide education and training to registered nurses in each home so the vaccinations could be administered at a time convenient to all staff. The home provided education sessions to all staff about the benefits of having the influenza vaccinations. Management advised the home has seen increases in the staff vaccination numbers since the program has been introduced.

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

There are systems to identify and ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Staff attend mandatory fire, emergency and safety training, and external contractors regularly service fire safety equipment. Infection control training is included in the mandatory training calendar. There are established mechanisms for reporting incidents, accidents and hazards. Chemicals are securely stored and safety data sheets are available. Staff explained the locations and use of personal protective equipment. External audits and inspections are undertaken to monitor compliance with food safety.

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 environment and safe systems are listed below.

- Chemical awareness
- Fire safety
- Food safety
- Hand hygiene
- Infection control
- Occupational health and safety.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipients' needs. Care recipients are accommodated in single or shared rooms with an ensuite or shared bathrooms. Corridors allow for safe passage and have handrails for additional care recipient support. A calm atmosphere was observed in the internal living environment, temperatures appeared appropriately maintained and gardens and courtyards provide a secure and relaxing space for care recipients and representatives. The home ensures security of care recipients via keypad access, with codes available to relevant personnel. The home has preventative maintenance schedules which are maintained. Care recipients and representatives advised they are satisfied with the living environment of the home.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. On commencement of employment, staff are provided with a site orientation which includes occupational health and safety (OHS), chemical safety and manual handling. Hazards, incidents and accidents are reviewed by the manager and discussed at relevant meetings. Staff receive OHS updates through training sessions, meetings, memoranda and noticeboards. Regular maintenance and staff training is provided on goods and equipment to

ensure safe usage. Staff described processes for identifying and reporting hazards and incidents and stated they feel their work environment is safe.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Management and staff actively work to provide environment and safe systems that minimise fire, security and emergency risks. There are appropriate fire detection and firefighting equipment including fire hoses, fire extinguishers and fire blankets. Emergency and evacuation procedures are readily accessible by staff, emergency procedures are displayed at strategic points around the home, and there is an evacuation pack containing up-to-date information regarding each care recipient's mobility status, and the contact details of their next-of-kin. Electrical equipment is tested and tagged, and chemicals are stored appropriately with access by authorised staff only. There are processes for securing the home at night. External contractors monitor and service all components of the home's fire and emergency equipment. Staff receive education and training in all aspects of managing fire and emergencies. Staff and care recipients' representatives confirmed they know what to do in case of a fire or other emergency.

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 established and effective infection control program. Staff are informed of current practises appropriate to their area of work at orientation and at mandatory education sessions. The home has current information to guide staff in managing infectious outbreaks and staff are provided with appropriate personal protective equipment. Information on individual care recipient infections is collected monthly and shared with staff at meetings. Measures contributing to the effectiveness of the infection control program include cleaning and laundry processes, provision of hand washing facilities, food safety program and vaccination programs. Staff demonstrated knowledge of strategies to minimise infections and their responsibilities in the event of an 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

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Meals are cooked on-site and served directly from the kitchen, ensuring they are hot when served. There is a seasonal four-week rotating menu providing care recipients with choices while also meeting specialised dietary requirements. Catering staff receive up-to-date information regarding each care recipient's dietary requirements including allergies, special or modified dietary needs, likes/dislikes, preferences and cultural choices. The home has cleaning schedules and ad-hoc cleaning is undertaken

when required. Care recipients' personal laundry is laundered on-site. An external contractor launders the home's flat linen. Staff explained the process for minimising lost laundry. Care recipients and representatives reported they are satisfied with the home's hospitality services.