



**Australian Government**  

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**Australian Aged Care Quality Agency**

**Aegis Greenfields**

RACS ID 7235  
95 Lakes Road  
GREENFIELDS WA 6210

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 10 July 2018.

We made our decision on 24 April 2015.

The audit was conducted on 17 March 2015 to 18 March 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



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**Australian Aged Care Quality Agency**

# **Audit Report**

**Aegis Greenfields 7235**

**Approved provider: Aegis Aged Care Group Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 17 March 2015 to 18 March 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 17 March 2015 to 18 March 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:	Bena (Manmohan) Grewal
Team members:	Philippa Wharton
	Rachel Lowry

## Approved provider details

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

Name of home:	Aegis Greenfields
RACS ID:	7235

Total number of allocated places:	106
Number of care recipients during audit:	102
Number of care recipients receiving high care during audit:	100
Special needs catered for:	Nil identified

Street:	95 Lakes Road	State:	WA
City:	GREENFIELDS	Postcode:	6210
Phone number:	08 9535 0700	Facsimile:	08 9535 0799
E-mail address:	fm@greenfields.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	13
Clinical nurse managers	2	Clinical consultant	1
Registered nurses	2	Physiotherapist	1
Care staff	12	Laundry staff	1
Occupational therapist	1	Cleaning staff	2
Catering staff	2	Maintenance staff	1
Therapy consultant	1	Therapy staff	1

### Sampled documents

	Number		Number
Care recipients' files, including assessments, progress notes and care plans (electronic and hard copy)	21	Medication charts	20
Resident agreements	11	Personnel files	10
Restraint authorisations and monitoring sheets	8		

### Other documents reviewed

The team also reviewed:

- 'About me' file
- Activity program and therapy statistics
- Audits and surveys
- Care plan review assessment checklist and allocations
- Care recipient meals and drinks list and nutritional supplement signing sheets
- Cleaner and laundry cleaning schedules
- Clinical indicators file
- Comment, complaints and feedback forms
- Continuous improvements plan and corrective action reports (CAR's)
- Contractors and volunteers file
- Diaries and communication books
- Drugs of addiction registers
- Duty statements
- Dysphagia toolbox and flow chart
- Education and training file

- Equipment maintenance and electrical testing and tagging file
- Family conference checklist
- Fire and emergency procedures manual
- Health and professional registrations and police certificates
- Incidents and hazards reporting file
- Infection control manual
- Mandatory reporting records
- Minutes of meetings and memoranda
- New admission checklist and admission planner
- Newsletters
- Nurse initiated and emergency medications checklist
- Observation charts
- Occupational health and safety manual
- Organisational intranet
- Pain monitoring records
- Podiatry booking and handover sheets
- Policies and procedures, and flow charts
- Referrals to other health professionals
- Care recipients' information pack including resident handbook
- Safety data sheets
- Seasonal and daily menus
- Skin tear guide
- Staff handbook
- Staff orientation information and staff training and education file
- Staffing rosters
- Temperature records for food and medication fridges and freezers
- Wanderers list.

## **Observations**

The team observed the following:

- Access to internal/external complaints and advocacy information and secure suggestion box
- Activities in progress
- Charter of residents' rights and responsibilities and mission, vision and core values statements displayed
- Emergency evacuation maps and access to firefighting equipment
- Evacuation kit and gastroenteritis outbreak kit
- Interactions between staff and care recipients
- Kitchen and laundry

- Living environment and care recipients' appearance
- Noticeboards with relevant information displayed including flyer for re-accreditation
- Organisational vision, mission and values
- Refreshments and meal services in progress and assistive crockery and cutlery in use
- Secure storage areas for chemicals and equipment with access to safety data sheets
- Short group observation in lounge area
- Storage and administration of medications
- Suggestion box.



## Assessment information

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

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

**Principle:** Within the philosophy and level of care offered in the residential care 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.

- A revised approach for orientating new staff to the home utilising a self-directed learning package was introduced. This is to ensure that each position has a specified program of orientation. Three suites of orientation have been developed; one for nursing staff, one for care staff and one for hospitality and catering staff. Management advised this is a new initiative is yet to be formally evaluated.
- The home has initiated staff quizzes as an addition to the current education program. The quizzes provide staff with the opportunity to participate in additional self-directed education. The quizzes cover topics such as chemical safety and compulsory reporting. Staff receive certificates of completion and may be awarded a monthly prize, and recognised in the staff newsletter. Staff interviewed gave positive feedback regarding the new quizzes.

#### 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. The organisation's central office provides additional material legislative changes. 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 policy 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 confirmed knowledge of regulatory compliance and that this is discussed at 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 outcome

Management and staff have appropriate knowledge and skills to perform their roles. Staff receive corporate 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's medication and other clinical competency skills are verified through competency assessments. Staff stated that 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.

- Care recipient admission agreement and discharge
- Incident management and mandatory reporting
- Team work and managing conflict.
- Using the computer based documentation 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

Care recipients and 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 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 home's vision, mission and philosophy of care and organisational culture are discussed at corporate induction. The mission and vision are documented in the staff and care recipients' handbook and displayed within the home. Staff reported they are informed of the organisation's mission, vision and philosophy at corporate induction where the Chief Executive Officer presents to all new staff. The home's commitment to the provision of quality throughout the service is established and maintained in all components of the home's continuous improvement framework.

## **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 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, and the organisation has a human resource department to assist management in the initial recruitment and ongoing development of employees. 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 meetings are held regularly with good attendance participation and feedback. 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 a corporate 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 corporate 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 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 overall 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 introduced snack pots, which consist of mashed potatoes and gravy in order to provide care recipients with identified swallowing problems additional snack choices other than soups. Following discussion with dietician and clinical nurses, a trial of snack pots commenced in April 2014. Feedback from care recipients and staff over a two month period was positive, and the snack pots are now part of the meals service. The home has introduced a variety of food combinations to increase the variety of snack pots, and management plan to formally evaluate this within the next few months.
- Blue light therapy was introduced as a strategy to support a care recipient who was experiencing sleep disturbances, and associated behaviours. The home sought advice from an external professional who prescribed the blue light therapy. The care recipients benefited from the intervention and regained some sleep and rest balance. The staff and care recipients representative report that that the intervention has had a positive outcome. The home has purchased the blue light therapy machine, so it is available to other care recipients who may be assessed as requiring it.

### **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 recipient 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.

- Hand hygiene.
- Skin integrity and pressure area care
- Textured modified food and fluids
- Understanding and responding to grief and loss

## **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, regular 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 and enrolled 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 are documented in a nursing care plan and reviewed in accordance with the home’s policy. 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, urinary catheter care and management of 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 physiotherapist who assess care recipients when they move into the home and develop individualised mobility care plans that are reviewed regularly and when care recipients’ conditions change. 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 and enrolled 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 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

Clinical staff assess care recipients’ pain management needs when they move into the home and on an ongoing basis. A multidisciplinary approach to manage care recipients’ pain includes the general practitioner, registered nurses and the physiotherapist. Specific assessment tools are utilised to assist in the identification of care recipients’ pain including verbal and non-verbal descriptions that identify signs of pain in care recipients with a cognitive or speech deficit. Care recipients’ care plans contain strategies to alleviate their pain. In addition to pain relieving medication, the use of alternative methods include heat packs, massage therapy, exercise and repositioning. Staff reported they refer to the nursing staff when pain relief strategies are not effective or care recipients report a new pain. Care recipients stated staff manage their pain effectively.

## **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, nursing staff review the care recipient’s end of life care plan, and implement strategies to manage their care needs such as pain relief and personal care. Support is available through the general practitioner and local palliative care services. Care recipients have access to a spiritual advisor of their choice, and staff provide care recipients and their families with support during the palliative period. Staff reported families have been appreciative of the care and provision of services the home provides.

## **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

Assessment of care recipients’ needs in relation to nutrition and hydration occurs when they move into the home and on an ongoing basis. Care recipients’ meal preferences, special needs, allergies and cultural requirements are documented and communicated to relevant staff. Recording of care recipients’ weights occur during the initial assessment period, monthly thereafter. Nursing staff note variations, and consult with the dietician to determine appropriate interventions. If necessary, care recipients receive nutritional supplements. Referral to the speech pathologist takes place for care recipients identified as at risk. Meals and fluids with altered texture and consistencies are available. Staff were observed assisting care recipients with their meals and drinks. Care recipients stated they are satisfied staff assist them in meeting their nutrition and hydration needs.

## **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

Staff assess care recipients’ skin integrity when they move into the home. Care plans contain strategies and interventions for care staff to follow to maintain care recipients’ skin integrity, hair and nails. Care recipients who require wound management have individual wound assessment and care plans to ensure continuity of care and ongoing monitoring of wounds. Nursing staff liaise with general practitioners and external wound care specialists if care recipients require complex wound care. Strategies to prevent skin breakdown and maintain integrity include the application of barrier creams and emollients, protective devices, repositioning and pressure-relieving equipment. Care staff reported they inform nursing staff of any changes in care recipients’ skin integrity. Care recipients reported they are satisfied with their skin care.



## **2.12 Contenance management**

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

### **Team’s findings**

The home meets this expected outcome

Assessment of care recipients’ continence needs occurs when they move into the home, and care plans are developed and reviewed monthly or as required. Care recipients receive assistance to manage their continence through a range of measures, including scheduled toileting programs, high fibre diets and the use of suitable continence aids. Staff record changes in care recipients’ continence needs and document the effectiveness of any interventions undertaken. Monitoring of care recipients’ urinary tract infections occurs through a process of infection control surveillance, and staff implement strategies as necessary. Staff reported they have sufficient supplies and training to enable them to manage care recipients’ continence needs. Care recipients reported staff are effective in meeting their 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

Assessment of care recipients’ behaviours occurs when they move into the home. Care plans identify interventions to assist in minimising or preventing challenging behaviours. Staff consult with the general practitioner and refer to specialist services including the mental health team, and staff implement recommended behaviour management strategies and monitor for effectiveness. There are policies and procedures to minimise and monitor the use of restraint, which includes a process for authorisation and review. Staff attend training in dementia and behavioural management and reported on strategies they use to manage the needs of care recipients with responsive behaviours. Care recipients stated the behaviours of others do not adversely affect them.

## **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, nursing staff, the occupational therapist and the physiotherapist assess each care recipient’s level of mobility, dexterity and falls risk. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s physiotherapy and activity programs, including individual and group exercise programs and physical activities to improve independent movement. Appropriate seating and other aids are available to assist mobility and maintain care recipients’ independence. An incident reporting system includes analysis of incidents to identify trends and implement strategies to reduce care recipient falls. Care recipients reported they are satisfied with the way staff encourage and support them 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 recipient’s care plan. A dentist from the local community visits the home every four weeks to perform dental examinations and follow up dental treatment. Staff were 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

Nursing staff, the occupational therapist and the physiotherapist assess 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 nursing staff. Care recipients are assisted to access external specialist appointments and information following the appointment is communicated to the home’s staff. Staff described the strategies they use to assist care recipients with their sensory losses and to manage their sensory devices. 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 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 affect care recipients’ sleep including noise, confusion, pain and continence issues. Care recipients and representatives reported they are satisfied with the support care recipients are 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 systems and processes.

Recent improvements undertaken or in progress in relation to Standard 3 – Care recipient lifestyle include the following examples.

- The home identified that occupational therapy assistants and physiotherapy assistants have separate roles, which if combined would optimise skills of both positions allowing staff to cover each other for planned leave and promote continuity of service to care recipients. The home has commenced rotating the staff to enable them to learn about each other’s roles. This new initiative commenced in February 2015 and will be evaluated in May 2015.
- Care recipients requested a sing a long group. As part of the activity program, therapy staff arranged for a weekly choir with care recipients’ as coral members. This is a new initiative which will be evaluated in May 2015.

#### **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.

- Activities and environmental considerations in managing dementia
- Manual tasks for nursing and therapy staff
- Person centred activities.
- Practical skills – ranging of upper and lower limbs

### **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 to 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 their room and the home. Nursing staff and the occupational therapist assess their emotional and social needs. Individual therapy care plans incorporate information relating to the holistic requirements of the care recipient, including emotional and social wellbeing. Staff 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 supported 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

An assessment of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they 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. The occupational therapist and physiotherapist provide specific equipment to maintain 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 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. Care recipients and their representatives have access to activity rooms, lounge rooms and shared spaces in the home. Staff reported how they maintain care recipients' privacy and dignity and are aware of the confidentiality of care recipient information. On employment, all staff receive training in relation to privacy and dignity. Care recipients and representatives reported they are satisfied care recipient privacy, dignity and confidentiality are 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 join in special events. Therapy staff evaluate care recipients' participation and enjoyment of the activities they attend. Care recipients and representatives provide feedback on the program via suggestions, 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

When care recipients move into the home, staff identify individual interests, customs, beliefs and preferences relating to care recipients' cultural and spiritual life, and include this information in the development of their care plans. The home provides monthly church services and organises cultural specific activities such as Remembrance Day, Anzac Day, Australia Day, St. Patrick's Day, Mother's Day, Christmas and Easter. 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

Management and staff support care recipients' 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 systems and processes.

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

- The home experienced difficulty attracting appropriately qualified contractors to do electrical tagging at the home. An organisational approach for the training and licencing of maintenance officers in tagging of electrical equipment was introduced. The maintenance officer was trained and licensed in the tagging of electrical equipment in December and all tagging was completed in the first week of March 2015.
- The home introduced a new cleaning system into the home which reduced use of chemicals and promote more effective time management. A microfibre system has been introduced and staff have received training on the new program and a new cleaners handbook has been developed, which includes stretching exercises to accompany the revised way of working.

### **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
- Evacuation and fire drill
- Food safety training
- Manual handling

#### **4.4 Living environment**

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

##### **Team's findings**

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipients' care needs. Care recipients are accommodated in single or shared rooms with an ensuite or shared bathrooms. Corridors allow for safe passage and carpets are colour coded with colour contrasting edges to provide visual cues and orientation for care recipients, and corridors have handrails for additional care recipient support. The atmosphere in the internal living environment was observed as being calm, and the many gardens provide secure and relaxing space for care recipients and representatives. Key pads are utilised in secure areas and door codes provided to relevant personal. A review of maintenance records demonstrates that preventative maintenance schedules are in place and 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 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 safety and health meetings. Six monthly hazard inspection audits are conducted with deficits documented and acted upon. A nominated staff member is the OHS resource person, and 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

Management and staff actively work to provide an 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 on the doors in care recipients' rooms, and there is an evacuation pack that contains up-to-date information regarding each care recipient's mobility status, a colour photograph 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 effective infection control program. Staff demonstrated the home's infection control program is effective in identifying, containing and preventing infection. The clinical nurse manager along with the home's 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

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 via hot boxes directly from the kitchen ensuring meals are hot when served to the care recipients. 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, mop heads and cloth napkins are 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.