



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Regents Garden - Bateman RACS ID: 7262**

**Approved Provider: Regents Garden Group Pty Ltd**

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

Reconsideration Decision made on 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 14 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 09 October 2015 to 09 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 09 July 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Regents Garden - Bateman**

RACS ID 7262

2 Amur Place

BATEMAN WA 6150

Approved provider: Regents Garden 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 09 October 2018.

We made our decision on 14 August 2015.

The audit was conducted on 07 July 2015 to 08 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**

**Regents Garden - Bateman 7262**

**Approved provider: Regents Garden Group Pty Ltd**

## **Introduction**

This is the report of a re-accreditation audit from 07 July 2015 to 08 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 07 July 2015 to 08 July 2015.

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

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

## Assessment team

Team leader:	Alison James
Team member:	Renee Sweet

## Approved provider details

Approved provider:	Regents Garden Group Pty Ltd
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## Details of home

Name of home:	Regents Garden - Bateman
RACS ID:	7262

Total number of allocated places:	62
Number of care recipients during audit:	61
Number of care recipients receiving high care during audit:	59
Special needs catered for:	Nil identified

Street:	2 Amur Place	State:	WA
City	BATEMAN	Postcode:	6150
Phone number:	08 9332 7280	Facsimile:	08 9310 5604
Email address:	admin@regentsgarden.com.au		

## Audit trail

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

### Interviews

	Number		Number
Facility manager	1	Physiotherapist	1
Manager clinical services	1	Occupational therapist	1
Support and development manager	1	Therapy staff	4
Executive director	1	Administration assistant	1
Registered nurses	2	Chef	1
Enrolled nurse	1	Laundry/cleaning staff	3
Care staff	8	Care recipients/representatives	8
General manager	1		

### Sampled documents

	Number		Number
Care recipients' assessments, progress notes and care plans	6	Medication profiles and signing sheets	13
Wound care plans	12	Restraint authorisations and documentation	5
Authorisations to self-medicate	2	Resident agreements	4
Personnel files	6		

### Other documents reviewed

The team also reviewed:

- Activity calendar and therapy statistics
- Audits and surveys
- Cleaning schedules
- Comments and complaints file
- Emergency evacuation lists and mobility information
- Emergency response plan
- Fire panel monitoring reports, operating instructions, emergency phone numbers and incidents log sheet
- Fridge and food temperatures
- Hazards and incidents
- Job descriptions and duty statements
- Medication refrigerator temperatures
- Meetings, newsletters and memoranda
- Menus and dietary requirement lists

- Observation charts (blood glucose levels, weights, bowel charts and blood pressures)
- Plan for continuous improvement
- Policies and procedures
- Referrals to other health professionals
- Register for drugs of addiction
- Resident and staff handbooks
- Training records, resources and evaluations.

### **Observations**

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Charter of residents' rights and responsibilities displayed in English and other languages
- Equipment and supply storage areas (medical supplies, continence aids, mobility equipment, paper and personal care products)
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Safety data sheets
- Short group observation in dining room (secure wing)
- Wound care trolley.



## 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 audits and surveys, feedback forms, incident analyses 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.

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 staff member completing a diploma in management was required to complete a project to make an improvement in the workplace. As a part of the project, the staff member developed a computer private network (intranet) for the organisation. The intranet provides staff with online access to policies and procedures, leave and hazard forms, training calendars and other documents to support them in their roles. All staff were given education in using the intranet and since implementation the home has shown a reduction in paper usage. Management and staff interviewed advised they found the intranet beneficial.
- The chief executive officer suggested the organisation should offer English classes to staff who were from a non-English speaking background to improve communication between them and care recipients and to give them greater confidence. Participation in the course was voluntary and for those staff who had identified language barriers when communicating with care recipients. The home engaged a teacher from a local vocational education provider to provide English lessons based around the home's documentation resources including policies and procedures, duty statements, progress notes and incident forms. These training sessions included grammar, spelling, reading and pronunciation. Staff advised they found the course beneficial and it has helped in improving communication between themselves and care recipients.

## 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 process 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 executive director and other key members of staff. Management inform stakeholders of changes at meetings, training sessions and via noticeboards and memoranda. Policies and procedures, duty statements and the staff handbook guide staff in relation to legislative and regulatory compliance. Staff, volunteers and contractors are required to have current police certificates. The manager maintains the currency of police certificates, professional registrations and visas, 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, 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 outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. New employees receive corporate and on-site induction, compulsory training, ‘buddy’ shifts and are assigned a mentor to ensure they are competent to perform their roles. An annual training calendar identifies mandatory training and other education session are scheduled on a regular basis. Topics 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 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:

- Bullying, harassment and equal employment opportunities
- Comments and complaints
- Continuous improvement
- Diploma in management
- English language course.

#### **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 complaints processes through information packs, agreements, brochures, case conferences and meetings. Suggestion boxes are located throughout the home to ensure confidentiality and staff assist care recipients to complete forms as required. Comments and complaints are actioned in a timely manner and, where possible, feedback provided to the originator. Management reviews the effectiveness of the comments and complaints process via monitoring mechanisms, and information regarding complaints and suggestions flows into the home's continuous improvement plan. Staff advocate on behalf of care recipients and receive information about the comments and complaints procedure during induction. Care recipients and representatives reported using formal and informal processes with staff and management as 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, values, philosophy, objectives and commitment to quality displayed in the home's foyer, newsletters, on the corporate website and in the resident and staff handbooks.

#### **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 appropriately skilled and qualified staff to ensure care recipients receive services in accordance with their needs and preferences. The management team oversees the recruitment process which includes recruitment, orientation programs, staff training and development opportunities. Management reviews and adjusts the roster in response to care recipients' care needs, operational requirements and feedback from staff. The facility manager manages unplanned leave through casual and agency 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 and representatives stated they are satisfied with the responsiveness of staff and 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 management systems to ensure information is managed, delivered, and stored appropriately. The home conducts regular audits and surveys in clinical and non-clinical areas which are analysed, evaluated and discussed at relevant meetings. The home's policies and procedures are available electronically and in the care station, and are updated as required. Paper based records are stored securely and there is an archiving system. Relevant staff have access to computers which are password protected and information is backed up on a daily basis. A meeting structure, noticeboards, memoranda and communication books promote information dissemination throughout the home. Staff reported they have access to duty lists, up-to-date care plans and policies and procedures to guide them in their roles. Care recipients and staff reported satisfaction with the access to 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

There are processes to ensure externally sourced services are provided in a way that meets the home's needs, requirements and service quality goals. The corporate team is responsible for maintaining and updating an approved contractors list, service agreements and ensuring insurance and police certificates are maintained. Management stated contractor performance is monitored by the home on an ongoing basis through reviewing work completed and feedback received from staff and care recipients. Care recipients, representatives and staff 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, behaviours and 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.

- As a part of a Department of health initiative, the home developed a 'Champions of skin integrity' program. The home nominated staff members to undertake specialised education sessions to increase awareness around skin integrity. The aim of the training was to reduce pressure injuries in the home. The education tools included a DVD (digital video disc) on pressure areas, self-paced learning modules and quizzes. Staff completed the training in March 2015 and a review of clinical indicators showed a reduction in pressure area wounds between May and June 2015. Staff advised they were satisfied with the training they received and had found it beneficial.
- As a result of a successful falls prevention training program run in 2014, the home has commenced the program in 2015 to further develop staffs knowledge and awareness of falls preventions. The home has engaged an external training organisation along with the occupational therapist and physiotherapist to develop training packages which included training in footwear, intrinsic and extrinsic factors, and 'the room of doom'. Clinical indicators showed a reduction in amount of falls from last year and staff advised they found the training insightful and beneficial.

### **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 nurses 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 education and staff development system.

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

- Catheter care
- Continence management
- Dementia and behaviour management
- Falls prevention
- Hand washing techniques
- Heat pack application
- Medication competency
- Oral hygiene
- Palliative care
- Swallowing deficits.

### **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 uses a multidisciplinary team approach including the general practitioner, registered nurses, care staff and allied health professionals to ensure care recipients receive appropriate clinical care. A range of validated assessments are undertaken for each care recipient on moving into the home and a care plan is developed to guide the care staff with the care needs of each care recipient. Care plans are reviewed three monthly or sooner if required. Staff ensure continuity of care by discussing changes to care recipients’ needs at handover and via documentation. Registered nurses follow up on incidents as they occur and these are collated and analysed monthly to identify any trends. Staff reported they are encouraged and supported to attend training and education to maintain their knowledge and skills. Care recipients and representatives reported they are satisfied care recipients receive appropriate clinical care.

## **2.5 Specialised nursing care needs**

*This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.*

### **Team’s findings**

The home meets this expected outcome

Registered nurses are responsible for identifying, monitoring, planning and evaluating care recipients’ specialised nursing care needs. The registered nurse develops a complex nursing care plan that includes recommendations from the general practitioner and other health professionals as required. Registered nurses are onsite on all shifts to monitor and provide support to staff. Care recipients and representatives reported they are satisfied care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff.

## **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

Nursing staff refer care recipients to appropriate health specialists in accordance with their needs and preferences. A multidisciplinary team with the inclusion of the general practitioner contribute to each care recipients’ assessments and identify the need for input from other health professionals. Care recipients are referred to other health specialists including the physiotherapist, occupational therapist, dentist, speech pathologist, dietician and mental health services. A podiatrist visits the home on a regular basis and attends to the needs of care recipients. Registered nurses access information and implement changes to care recipients’ care plans or medication regimes as directed. Care recipients and representatives reported they are satisfied care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences.

## **2.7 Medication management**

*This expected outcome requires that “care recipients’ medication is managed safely and correctly”.*

### **Team’s findings**

The home meets this expected outcome

There are established processes for the safe storage, administration, documentation and disposal of medications. Medication competent staff assist care recipients with their medications via a multi-dose sachet administration system as per the general practitioner’s instructions. An accredited pharmacist reviews care recipients’ medications on a two yearly basis and this information is made available to the general practitioners for their consideration. The home has nurse initiated and emergency medications available, and maintain relevant documentation and permits. Staff reported they undergo an annual medication competency under the direction of a registered nurse. Medication incidents are generally reported, followed up at the time by the registered nurse and analysed monthly to identify any trends. Care recipients and representatives reported they are satisfied care recipients’ medication is 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

The registered nurses assess each care recipient’s pain management needs on moving into the home and on an ongoing basis. The home uses a multidisciplinary approach to manage care recipients’ pain that includes the general practitioner, allied health staff and other health professionals. Specific pain assessment tools are used and include verbal descriptors. Care plans include strategies to manage care recipients’ pain. In addition to pain medication, alternative therapies are used including diversion, repositioning, gentle massage or exercise, heat packs and the use of appropriate pressure relieving equipment. Staff document the effectiveness of interventions and report to the registered nurse if pain management strategies are not effective. Care recipients and representatives reported they are satisfied care recipients’ pain is managed 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. On moving into the home, or at any time during their residency, the care recipient or their representative complete an end of life request form. The home provides support to care recipients and their loved ones during end of life care with input from the general practitioner, allied health staff, religious personnel and external palliative care professionals when required. The registered nurse develops a specific palliative care plan that outlines the comfort, pain management and personal care needs of the care recipient during the palliative process. Staff described ways they support the care recipient and their family during palliation. Care recipients and representatives reported they feel confident staff will, when the time arises, manage care recipients’ palliative care competently including their privacy 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

Nursing staff assess care recipients’ nutrition and hydration status on moving into the home and on an ongoing basis. Care recipients’ cultural needs, beliefs, preferences, allergies and special requirements are identified, documented and communicated to relevant staff. Care recipients are weighed on moving into the home and three monthly thereafter unless otherwise directed by the registered nurse or general practitioner. Nutritional supplements are provided for care recipients identified as having significant weight loss, and referred to the dietician if further weight loss occurs. Texture modified meals and drinks are provided for care recipients identified with swallowing difficulties and referred to the speech pathologist if changes occur. Modified crockery and cutlery is available for care recipients to maintain their independence, and staff were observed assisting care recipients when required. Care



recipients and representatives reported they are satisfied care recipients receive appropriate nutrition and hydration.

### **2.11 Skin care**

*This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.*

#### **Team’s findings**

The home meets this expected outcome

The home has processes to identify and manage care recipients’ skin integrity and associated risks on moving into the home and on an ongoing basis. Where staff identify a potential risk to care recipients’ skin integrity, nursing staff implement relevant treatment and interventions. A range of pressure relieving equipment is available including air-flow mattresses, pressure cushions, protective bandaging, repositioning and the regular application of emollient creams. Staff reported they observe care recipients’ skin integrity during personal care and report any concerns to the registered nurse. Incidents involving care recipients’ skin integrity are reported and the registered nurse undertakes a wound assessment and implements a wound treatment plan. Care recipients and representatives reported they are satisfied care recipients’ skin integrity is maintained and managed appropriately by the home.

### **2.12 Continence management**

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

#### **Team’s findings**

The home meets this expected outcome

The home has processes to assess, monitor and manage care recipients’ continence needs on moving into the home and on an ongoing basis. Care recipients are supported to maintain their continence through a range of measures including scheduled toileting, appropriate equipment and suitable continence aids. Care recipients’ bowel elimination is monitored daily and interventions documented for effectiveness. Urinary tract infections are monitored via the home’s infection log and analysed monthly to identify any trends. A continence advisor is available to provide training, education and support in relation to care recipients’ continence needs. Staff reported they have sufficient time, training and adequate supplies to manage care recipients’ continence needs effectively. Care recipients and representatives reported they are satisfied care recipients’ continence needs are managed effectively.

### **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

On moving into the home an assessment of each care recipient’s behaviours is undertaken. Care plans identify strategies to manage and minimise challenging behaviours. Nursing staff consult with the general practitioner and refer care recipients to mental health services as required, and recommendations are included in the care recipient’s care plan. Staff reported they attend training on dementia and managing challenging behaviours, and described ways they meet the needs of care recipients who display challenging behaviours. Care recipients

and representatives reported they are satisfied the needs of care recipients who display challenging behaviours are met and managed effectively.

#### **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

On moving into the home, each care recipient is assessed by the physiotherapist, occupational therapist and registered nurse to identify their mobility, dexterity and falls risk. Care recipients are encouraged to maintain optimum levels of mobility and dexterity by participating in the home’s exercise and activity programs that include group and individual exercises. Appropriate seating and other aids are available to assist care recipients to maintain their mobility and improve independent movement. Staff report and document care recipient falls and these are followed up at the time of the incident by the registered nurse and analysed monthly to identify any trends. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to maintain optimum levels of mobility and dexterity.

#### **2.15 Oral and dental care**

*This expected outcome requires that “care recipients’ oral and dental health is maintained”.*

##### **Team’s findings**

The home meets this expected outcome

Care recipients’ oral and dental health is assessed on moving into the home and on an ongoing basis. Care plans identify the amount of assistance each care recipient requires to maintain their oral and dental hygiene. Care recipients are offered the opportunity of seeing the government dentist annually, or if preferred, a dentist of their choice. Care recipients’ oral and dental equipment is changed as required. Staff described ways they assist care recipients maintain their oral and dental health. Care recipients and representatives reported they are satisfied care recipients’ oral and dental health is maintained.

#### **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

Qualified staff assess each care recipient’s sensory losses on moving into the home. Care plans include strategies to assist care recipients to manage their sensory losses and maximise their independence and participation in activities of daily living. The home’s activity program includes tactile, sensory and auditory activities to stimulate the senses including cooking, craft and sing-a-longs. Care recipients have access to, and are referred to appropriate health professionals when required. Staff described ways they assist care recipients to manage their sensory losses. Care recipients and representatives reported they are satisfied care recipients’ sensory losses are identified and managed effectively.

## **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 processes to ensure care recipients are able to achieve natural sleep patterns. On moving into the home, each care recipient has a sleep assessment undertaken that identifies preferred rising and settling times, nightly rituals and episodes of sleep disturbance. Staff described ways they assist care recipients to settle including toileting, pain management, a warm drink or snack, extra blankets and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients are able to achieve natural sleep patterns.

### **Standard 3 – Care recipient lifestyle**

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

#### **3.1 Continuous improvement**

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

##### **Team’s findings**

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s 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 recent improvement activities related to Standard 3 – Care recipient lifestyle are described below.

- The home received feedback from care recipients that they wished to have a greater variety in the meal options for the breakfast, lunch and dinner services. The home’s menu offered a hot breakfast option once per week and for lunch and dinner service one cold meal and hot meal option. As a result of the feedback, the home has enhanced the menu to include hot options for breakfast on a daily basis and lunch and dinner services now features two hot meals and one cold meal, along with a glass of beer or wine. Care recipients advised they are happy with the new menu and extra meal choices.
- The home identified the need to have a dedicated therapy room to run events and activities. Activities and events were previously run in the dining room which would mean re-arranging the area on a daily basis. As a result, the home has built a dedicated activities room which has a television, games and seating area. Care recipients, staff and representatives advised they are satisfied with the activities room and observations showed the area was utilised throughout the visit.

#### **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 informs staff of changes relevant to care recipient lifestyle through training, memoranda and meetings. Staff sign an employment contract at the commencement of employment that includes a confidentiality clause. 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 the care recipients’ 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 education and staff development system.

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

- Elder abuse
- Seating and positioning
- Stretch and relaxation therapy for elders.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

Prior to moving into the home, care recipients or their representative receive information about the home including the care and services provided. Care recipients' needs and preferences are discussed and staff orientate care recipients to their room, surroundings and introduce them to other care recipients. The occupational therapist assesses care recipients' emotional and social needs, and staff monitor and support each new care recipient. Individual care plans include information relating to the holistic requirements of the care recipient, including social and emotional well-being. Care recipients are encouraged to personalise their rooms with furniture, pictures and mementos from home, to join in activities and families are encouraged to visit on a regular basis. Care recipients and representatives reported they are satisfied care recipients receive appropriate support in adjusting to life in the new environment 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 plans identify the support care recipients require to be as independent as possible, maintain friendships and participate in the life of the community. Assessment of care recipients' abilities and their wishes in relation to independence and lifestyle occurs when they move into the home. The occupational therapist and physiotherapist recommend or provide appropriate assistive equipment to maintain care recipients' independence. Care recipients are encouraged to maintain friendships inside and outside of the home, and regular social outings and activities are organised. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported 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 information is stored securely and only accessed by authorised personnel. Care recipients and their visitors have access to small lounges, dining areas and communal areas. Staff reported how they maintain care recipients' privacy and dignity and are aware of confidentiality of care recipients' information. Staff sign a contract that includes a statement of confidentiality outlining their responsibilities upon employment at the home. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality are respected and maintained.

### **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. Therapy staff gather information regarding care recipients' past and current interests and a care plan is developed. The program is available six days a week and includes a range of cognitive, sensory, physical and social activities. Staff incorporate special events and outings into the program, and families and friends are invited to special events. Therapy staff record care recipients' attendance and participation in activities and the program is evaluated on a monthly basis to ensure activities remain appropriate. Care recipients and representatives are encouraged to provide feedback on the activities via surveys and at care recipient/representative meetings. Care recipients and representatives reported they are satisfied care recipients are encouraged and 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

Staff identify each care recipient's individual interests, customs, beliefs and cultural and ethnic backgrounds on moving into the home, and this information is included in their care plan. The home provides regular church services and organises individual community ethnic visitors and culturally specific activities as required. Culturally appropriate meals are provided for care recipients from different ethnic backgrounds. Staff described ways they support care recipients to maintain their individual customs and beliefs. Care recipients and representatives reported they are satisfied care recipients' individual interests, beliefs, customs and ethnic backgrounds are valued and fostered.

### **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. There are processes to ensure care recipients' individual needs, preferences and wishes across all areas of care and service delivery. Care recipient/representative meeting, family case conferences, surveys and feedback mechanisms provide opportunities for care recipients and other interested parties to participate in decisions about the services care recipients receive. Staff described strategies to support care recipients' individual choices including their choice of general practitioner, meals, time to attend to personal care, time for rising or settling and participation in activities. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to make choices in all aspects of their daily life.

### **3.10 Care recipient security of tenure and responsibilities**

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

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

The home meets this expected outcome

Organisational processes ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Management offers a residential agreement to care recipients or their representative prior to moving into the home. The agreement outlines the fees and charges, security of tenure, external complaints process and the residents' rights and responsibilities. Care recipients and/or their representative have access to external advocacy and guardianship/administration if required. Staff reported they are aware of care recipients' rights. Care recipients and representatives reported they are satisfied care recipients have secure tenure within the home and understand their rights and responsibilities.

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

- Following a review of policies and procedures, the home identified the need to improve the training given to staff undertaking the role of fire warden in the event of an emergency. As a result, all staff who are required to assume the role of head fire warden in an emergency situation completed an advanced fire warden training course. The training included site specific details of how to use the fire panel and how to safely evacuate the building. Staff interviewed advised the training improved their knowledge and awareness of what to do in an emergency.
- A suggestion was received from a member of staff about improving the privacy for care recipients who were in twin share rooms. Each of these twin share rooms had curtains to be used for activities of daily living and visitors. In consultation with care recipients and representatives, the home installed wooden and glass sliding partitions in each twin share room. Care recipients and representatives interviewed advised they are satisfied with the partitions and the consultation and communication that occurred during the installation process.

### **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. All 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:

- Advance fire warden training
- Emergency management
- Fire safety
- Food safety
- Hazard and incident reporting
- Housekeeping
- Infection control
- Management of chemicals
- Manual handling
- Occupational health and safety
- Pan sterilisation education.

#### **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. The living environment is equipped to assist care recipients with independence, comfort, privacy and security. Qualified staff conduct further assessments for care recipients identified at risk of falls, wandering and compromised skin integrity, and establish environmental and safety strategies to manage such risks. The home conducts preventative and routine building and equipment maintenance to ensure the environment is safe and comfortable. Management undertakes satisfaction surveys and environmental audits, and takes action in response to identified issues, suggestions and potential hazards. Care recipients and representatives reported satisfaction with how the home ensures a safe and comfortable living environment according to the care recipients' needs and preferences.

#### **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 work environment that meets regulatory requirements. On commencement of employment, staff are provided with a site orientation which includes site specific training in the areas of occupational health and safety (OHS), manual handling and chemical safety. Hazards, incidents and accidents are reviewed by the management team and discussed at staff and quality meetings. Management implements improvements or remedial actions as required in response to staff accidents, infection control risks and hazards. Staff receive OHS updates through training sessions, meetings, memoranda and noticeboards. Management and staff monitor the environment using audits and feedback mechanisms. 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

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fires and security breaches. Approved professionals carry out regular inspections and testing of the home's fire systems and equipment. The home displays evacuation maps and emergency evacuations procedures in strategic locations and maintains an updated care recipient mobility list. Fire-fighting equipment is located throughout the home and emergency exits are clearly marked and unobstructed. There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. All staff receive annual training in fire and emergencies. Care recipients, representatives and staff interviewed reported they know what to do in the event of an emergency and feel safe in the home

#### **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 sanitising, 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

Catering, cleaning and laundry services are provided to enhance the care recipients' quality of life and the staff working environment. Management and the chefs regularly review the menu, gaining feedback and input from the care recipients through surveys, feedback forms and meetings. Care recipients are offered multiple choices of foods and drinks at meal times. The home has a cleaning schedule to ensure care recipients' rooms are cleaned weekly and on an 'as required' basis. All personal laundry and flat linen is laundered on-site, and the home has processes to identify lost laundry. The quality of hospitality services is monitored via feedback, audits and surveys. Care recipients and representatives reported satisfaction with the hospitality services provided.