



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

**Reconsideration Decision**

**Wearne Home RACS ID: 7269**

**Approved Provider: Amana Living Incorporated**

**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 02 February 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 29 September 2015 to 29 March 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 02 February 2018

Accreditation expiry date 29 March 2019



**Australian Government**

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**Australian Aged Care Quality Agency**

**Wearne Home**

RACS ID 7269

7 Leslie Street

MANDURAH WA 6210

Approved provider: Amana Living Incorporated

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 29 September 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**

**Wearne Home 7269**

**Approved provider: Amana Living Incorporated**

### **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:	Anne Rowe
Team member:	Niky (Nikole) Parry

## Approved provider details

Approved provider:	Amana Living Incorporated
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## Details of home

Name of home:	Wearne Home
RACS ID:	7269

Total number of allocated places:	47
Number of care recipients during audit:	45
Number of care recipients receiving high care during audit:	41
Special needs catered for:	Nil reported

Street:	7 Leslie Street	State:	WA
City	MANDURAH	Postcode:	6210
Phone number:	08 9550 4300	Facsimile:	08 9581 3311
Email address:	info@amanaliving.com.au		

## Audit trail

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

### Interviews

	Number		Number
Service manager	1	Care recipients/representatives	11
Corporate management staff	3	Physiotherapist	1
Registered nurses	2	Therapy assistants	2
Enrolled nurse	1	Hospitality staff/cleaning and laundry	3
Care staff	9	Cook	1
Administration assistant	1	Maintenance staff	1

### Sampled documents

	Number		Number
Care recipients' files including assessments, care plans, charts and progress notes	15	Medication charts, profiles, signing sheets	8
Service agreements	2	Personnel files	5
Care recipient agreements	2		

### Other documents reviewed

The team also reviewed:

- Activity programs and therapy statistics
- Audits and surveys
- Care recipients' and staff information packages and handbooks
- Cleaning schedules and records
- Clinical files including catheter and stoma care, oxygen therapy, blood pressure and blood glucose monitoring and weight records, tracheostomy care, bowel charts
- Clinical indicator reports, including analyses and identification of risks
- Continuous improvement plan
- Contractor orientations and sign/in books
- Contractor orientations and sign/in books
- Corrective maintenance requests and actions
- Dental, vision and hearing file
- Drugs of addiction register
- Emergency procedures manual and crisis management file
- Feedback forms, including follow up actions
- Food safety program and temperature records
- Hazard and injury management records

- Job descriptions and duty lists
- Meeting minutes
- Menu/care recipients' dietary requirements/drinks lists/nutritional supplements files
- Newsletters, memoranda, handover sheets and communication books
- Operational reports including professional registration and police certificate information
- Policies and procedures
- Preventative maintenance schedule and records
- Restraint authorisation form and monitoring chart
- Roster and agency orientations
- Therapy attendance records
- Training schedules, staff records and evaluations.

### **Observations**

The team observed the following:

- Activities in progress
- Archive room and stored information
- Brochures and information regarding internal and external complaints mechanisms and locked suggestion box
- Care recipient and staff interaction
- Equipment and supply storage areas including mobility equipment, oxygen, continence aids, clinical equipment and food stores
- Fire-fighting equipment including extinguishers, exit doors and lights and location maps
- Living environment, including designated smoking area
- Meal and drink services
- Safety data sheets, personal protective equipment, anti-bacterial gels, sharps disposal, outbreak and spills kits, and secure storage of chemicals
- Short group observation in lounge area
- Staff and care recipient noticeboards with posted information
- Statements including mission, values and philosophy, organisational culture and 3R's
- Storage and administration of medications.



## 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 systems and processes that demonstrate a commitment to continuous improvement across the four Accreditation Standards. Comments, complaints suggestions, audits, incidents, meetings and informal observations are used to identify opportunities for improvement. The manager identifies continuous improvement opportunities at the home and adds them to the continuous improvement plan to action, monitor and evaluate. Continuous improvement is a standard agenda item at staff and care recipient/representative meetings where the manager provides information and progress reports. Care recipients reported management continues to make improvements and they are open to comments and suggestions. Staff gave examples of improvements recently completed that have assisted them in their role.

Recent improvements undertaken or in progress in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- The organisation is implementing an improvement project for cultural change within their homes. The message is for creation of a '3R' culture (right people, right things and right way). All staff have undertaken training and the '3R' message is on display at the home. Monthly nominations are made for staff engaging in the positive culture and awards are presented to successful staff at the staff meeting. The improvement is ongoing and a presentation to the years overall winners will take place at a ceremony in November 2015. Staff reported the '3R' culture is positive and management reported the improvement is continuing to be monitored.
- Following a staff suggestion, the home has implemented a process to communicate to staff and other care recipients that a care recipient has passed away. A high table at the entry of the home holds two leadlight angels and battery operated candles. On the death of a care recipient, the candles are lit and a framed photograph of the care recipient is placed between the angels. Feedback from staff is positive and they reported that following another suggestion they are also sent a text message when a care recipient has passed away. They stated these initiatives in communicating information of significance is a great improvement.

## **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 processes to ensure the home complies with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from numerous departments including government agencies, industry peak bodies and the organisation’s clinical governance team. Corporate management and specific work groups update policies and procedures as changes to regulations, legislation and guidelines occur. Information is provided to staff as required via meetings, memoranda and staff noticeboards. Position descriptions, policies and procedures, staff handbooks and resident agreements are monitored and updated to reflect any changes to legislation. A statutory declaration and police certificate are provided by all staff and volunteers on commencement of employment. Corporate staff monitor the currency of staff, volunteers and contractors’ certificates. Care recipients and representatives were informed a re-accreditation audit was to take place at meetings, through correspondence and via displayed notices.

## **1.3 Education and staff development:**

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

### **Team’s findings**

The home meets this expected outcome

The home has processes to ensure management and staff have appropriate knowledge and skills to perform their roles effectively. All new staff have a corporate induction prior to commencement at which mandatory training is undertaken. Mandatory, optional and competency-based training is provided according to organisational and site specific training planners. Records of staff attendance at training is monitored and provided to the home’s manager via a monthly staff operational report. Evaluation of training is undertaken and additional training needs are identified through performance appraisals, general observation and incident reports. Staff reported they are encouraged to attend appropriate education to enable them to perform their roles effectively. Care recipients and representatives advised staff have adequate skills for their role.

Examples of education and training related to Standard 1 – Management systems, staffing and organisational development conducted within the past 12 months are listed below.

- 3 R’s program.
- Elder abuse and mandatory reporting
- Human resources.

#### **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 mechanisms for internal and external comments and complaints. Information regarding complaint processes is provided to care recipients when they move into the home through the information book and resident agreement. Feedback forms for suggestions, compliments and complaints are accessible at the front foyer and throughout the home, and a locked suggestion box ensures complaints are confidential when preferred. Information brochures regarding external avenues of complaint and advocacy services are located throughout the home. Other opportunities for feedback to management are provided through care conferences, care recipient meetings, surveys, email and informal or formal meetings with the manager. Care recipients and representatives reported they use the feedback process and are satisfied with the manager's action and response.

#### **1.5 Planning and leadership**

*This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".*

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

The home meets this expected outcome

The organisation displays the home's mission, vision, values and philosophy of care at the entry to the home. The information is consistent with the mission, vision, values and philosophy in the care recipient and staff handbook. Management and staff reported they understand and work within the home's mission and vision statements.

#### **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 sufficient to ensure services are delivered in accordance with care recipients' needs and preferences. Corporate human resource staff undertake recruitment with standard guidelines including application, interview and reference checks. Contracts, position descriptions and duty lists are provided to all new staff at commencement of employment. All new staff participate in an orientation program and are buddied with an experienced staff member for a number of days. Permanent, casual or agency staff replace annual or temporary leave. Staff performance is reviewed on an ongoing basis via feedback mechanisms such as complaints, surveys, and care recipient incidents. Staff reported they have adequate skills and sufficient time to carry out their tasks. Care recipients reported they are satisfied with the adequacy of staff and their skills.

## **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

There are processes to ensure adequate stocks of appropriate goods and equipment are available for quality service delivery. Designated staff are responsible for stock control, rotation processes and the purchasing of goods and equipment. The home uses approved products from preferred suppliers. Preventative and corrective maintenance systems ensure equipment is maintained, repaired and replaced as needed. Equipment is stored safely with secure storage of chemicals. Management reported equipment is documented on the asset register for monitoring, and staff advised they have adequate equipment for their role. Care recipients advised 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

The home has effective information management systems. Designated staff review, update and change policies and procedures as required. Computerised information is password protected, secure and backed up. Staff are provided information regarding care recipients' clinical and lifestyle needs via care plans, handovers, meetings, memoranda, noticeboards and informally. Care recipients or their representatives are provided with information via an admission package on moving into the home, formal and informal meetings, care conferences, emails, letters and noticeboards. Clinical data is gathered and monthly reports generated and trended. Audits are conducted according to the audit schedule. Retrieval of archived information is accessed via the archive register and records are stored securely. Staff, care recipients and representatives stated the home provides sufficient information for their needs.

## **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

Externally sourced services are provided in a way that meets the home's needs and service quality goals. The corporate property department negotiate, oversee and monitor all external service agreements. Service agreements include the occupational health and safety requirements, registration compliance, appropriate insurance, confidentiality of information and a police certificate when required. Audits, surveys and feedback from management and staff monitor the quality of goods and services on an ongoing basis. Contractors sign in and out of the home. Management and maintenance staff reported satisfaction with the quality of service they receive from external service providers.

## **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.

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 then 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 improvements undertaken over the past 12 months or in progress in relation to Standard 2 – Health and personal care are described below.

- The organisation has introduced a new thickening product for thickening of fluids. The new thickener is a liquid product via a pump pack and staff were provided training in levels of consistency. Staff reported the thickener is very easy to use, doesn't coagulate into lumps and doesn't change when not consumed immediately. Evaluation showed care recipients have provided positive feedback regarding the thickening product.
- Following an audit, the home has introduced a new system to store information regarding care recipients' clinical treatments. The information, previously kept in a number of files, was streamlined into one clinical file. The file includes information regarding care recipients' clinical needs including wound care treatment plans, self-medication authorities and indwelling catheter management. Registered staff reported the new system has improved clinical care as clinical care needs are easily accessed from a file in each of the home's two sections. Evaluation is dated for July 2015 following staff feedback and further monitoring by management.

### **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 and processes to identify and ensure the home meets regulatory compliance requirements in relation to care recipients' health and personal care. The home provides care recipients' needs in accordance with the specified care and services schedule. Registered nurses carry out initial and ongoing assessments of care recipients and undertake, direct and supervise care recipients' clinical care. Professional registration of registered staff is monitored and maintained for currency. Medication is administered and stored safely and correctly. There are systems of reporting care recipients with an unexplained absence. Staff reported they are informed about legislation and regulatory compliance requirements at meetings, through memoranda and education.

### **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 conducted in the past 12 months related to Standard 2 – Health and personal care are listed below.

- Behaviour assessment and management
- Catheter care
- Diabetes management
- Dysphagia management
- Pressure area care
- Registered staff development day
- Sensory 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. On moving into the home, registered staff assess care recipients’ clinical needs using a range of validated assessment tools. Care plans are developed and reviewed as per the home’s schedule or more frequently if required, and changes are made in consultation with care recipients, their families and the multidisciplinary team. There are processes to monitor and communicate care recipients’ changing needs and preferences including regular reviews by the general practitioner, care plan reviews, shift handovers and clinical meetings. Clinical audits ensure the provision of clinical and personal care is reviewed and evaluated. Care recipients and representatives reported satisfaction with the clinical care received by 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. The home is staffed by registered nurses on each shift, and there is access to external specialist services to provide support if required. Clinical care plans are developed to guide nursing staff in the delivery of care, and all care provided is documented to ensure appropriate provision of interventions. General practitioners are involved in the management of care recipients’ specialised care needs and the home, as well

as the organisation, monitor clinical indicator data to identify opportunities for improvement and further education. Specialised nursing care provided at the home includes oxygen therapy, diabetes management, tracheostomy management and continence/stoma management. Care recipients and representatives stated they are satisfied appropriate specialised nursing care is delivered.

## **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. Nursing staff, the general practitioner and other allied health staff contribute to care recipients’ assessments and identify the need for input from other health specialists. Nursing staff refer care recipients to other health professionals as the need is identified including a speech pathologist, dietician, palliative care services and mental health services. A podiatrist visits the home regularly and attends to the needs of care recipients. Registered nurses access information and recommendations from specialist reviews and implement changes to care as appropriate. Care recipients and representatives reported satisfaction with 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

The home ensures care recipients’ medication is managed safely and correctly. Qualified and competent care staff administer medication via a pre-packed system and regulatory requirements and professional guidelines are adhered to. The general practitioner liaises with the registered nurses regarding care recipients’ medications and reviews care recipients’ medication needs and preferences regularly. Medication care plans specify instructions concerning the administration of medications and correspond with medication profiles. Care recipients who self-administer medications are regularly assessed and any changes are documented. Medication audits and incidents are used to monitor the medication management system, and a consultant pharmacist undertakes regular medication reviews. Care recipients and representatives reported 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 home’s pain management approach aims to ensure all care recipients are as free from pain as possible. A multidisciplinary approach to manage care recipients’ pain includes the general practitioner, nurses and the physiotherapist. Specific assessment tools are used to assist in the identification of care recipients’ pain, including verbal and non-verbal descriptors. Care plans contain individual strategies to alleviate pain, and pain interventions

are evaluated. In addition to pain-relieving medication, the use of alternative methods include heat packs, transcutaneous electrical nerve stimulation therapy, massage therapy, exercise and repositioning. Care staff reported they refer to nursing staff when pain relief strategies are not effective or care recipients report a new pain. Care recipients reported they are satisfied with the way staff assist them to manage their pain.

## **2.9 Palliative care**

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

### **Team’s findings**

The home meets this expected outcome

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients is maintained in accordance with their identified 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 recipients’ end of life care plans 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. The home provides the support and services of a chaplain to care recipients and their families, or can assist with access to a spiritual advisor of their choice. Staff provide care recipients and their families support during the palliative period, and the home has received positive feedback from care recipients’ families regarding the provision of services provided. Care recipients and their representatives reported they are satisfied the home would ensure comfort and dignity of terminally ill care recipients is maintained and their wishes would be respected when the time comes.

## **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

The home demonstrates care recipients receive adequate nutrition and hydration. An assessment on moving into the home determines care recipients’ food and fluid preferences, factors impacting nutritional intake, nutritional risk, and assistance required to maintain nutrition and hydration. Re-assessment occurs on an ongoing basis, and information on care plans is kept updated and available for all staff. Recording of care recipients’ weights occurs monthly or more frequently if required. Variations are noted by nursing staff and referrals made to the dietician to determine appropriate interventions. Care staff complete education on identifying swallowing difficulties and assisted feeding, and speech pathology services are referred to as indicated. Care recipients have access to fluids in their rooms and communal areas. Care recipients and representatives reported care recipients receive adequate 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

Care recipients’ skin integrity is consistent with their general health. Validated screening tools identify care recipients at risk of impaired skin integrity, and assessments identify the condition of the skin, hair and nails of the care recipient. Care plans are reviewed regularly and contain individual strategies to guide staff. Pressure areas and wounds are monitored and individual assessments and care plans ensure continuity of care. Nursing staff liaise with general practitioners and external wound care specialists as required. The home monitors their approach to skin care via audits, regular care recipient reviews and analyses of incident data. Staff reported various preventative measures to maintain care recipients’ skin integrity including regular repositioning, daily application of emollients, protective and cushioning support of areas prone to pressure, and encouraging mobility. Care recipients and representatives reported they are satisfied with the care provided to care recipients in relation to skin integrity.

## **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 ensures that care recipients’ continence is managed effectively. Validated assessments are completed on moving into the home and an ongoing basis to determine care recipients’ continence needs and monitor the effectiveness of care provided. Care plans contain individualised strategies, which consider the functional, medical, pharmacological and behavioural factors that may affect continence. The home has appropriate continence aid ordering, stock control and supply processes, which are overseen by external suppliers in consultation with the service manager. Care recipients undergo urinalysis if symptomatic, and staff are trained to implement preventative or corrective strategies as necessary. The home’s continence program is monitored via audits and an infection surveillance program. Staff identified appropriate continence management strategies and described how care recipients’ privacy and dignity is maintained when assisting care recipients with continence requirements. Care recipients and representatives reported care recipients’ continence needs are met.

## **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

The needs of care recipients with challenging behaviours are managed effectively. An assessment of care recipients’ behaviours occurs when moving into the home and on an ongoing basis. Nursing staff review information and develop care plans, which identify individual interventions to assist in minimising or preventing challenging behaviours. Staff consult with the general practitioner and refer to specialist services including the local mental health team, psychologists and an organisational dementia management consultant, and staff implement recommended behaviour management strategies and monitor for

effectiveness. The need for restraint is assessed and authorised, and monitoring of interventions is documented. Staff complete training on providing care to those care recipients with challenging behaviours and demonstrated knowledge of a variety of strategies to support care recipients. Care recipients and representatives reported the home meets the care needs of care recipients with challenging behaviours.

#### **2.14 Mobility, dexterity and rehabilitation**

*This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.*

##### **Team’s findings**

The home meets this expected outcome

The home has a program to optimise the mobility and dexterity of care recipients. When care recipients move into the home, and on an ongoing basis, nursing staff and the physiotherapist assess each care recipient’s level of mobility, dexterity and falls risk. Care recipients are encouraged to optimise their mobility and dexterity by participating in the home’s physiotherapy and activity programs, including individual and group exercises to promote 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. The physiotherapist is available to review care recipients post fall, and staff reported appropriate falls prevention and management strategies. Care recipients commented they are satisfied the home supports them to achieve optimal mobility and dexterity.

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

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

##### **Team’s findings**

The home meets this expected outcome

The home has systems to maintain care recipients’ oral and dental health. An oral and dental health assessment is undertaken to identify oral function, hygiene and dental care needs, as well as any potential impacts on swallowing and eating, when moving into the home and on an ongoing basis. The home encourages care recipients or their representatives to access dental care, and nursing staff follow up any required actions in consultation with the care recipient and their family. Oral care equipment is provided to care recipients and a system ensures equipment is replaced regularly. Staff have attended education on oral hygiene, and report any change in care recipients’ oral health, eating or oral hygiene practices. Care recipients and representatives reported 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

The home has processes to identify and manage care recipients’ sensory losses effectively. Care recipients are assessed across all five senses on admission, and on an ongoing basis. Care needs and preferences are detailed on care plans, including application of sensory aids and individualised strategies to manage sensory loss. The home has access to visiting optometrists and audiologists, and supports care recipients to access these or other external

services as required. Staff practices and the suitability of the home's equipment are monitored to ensure effective interventions are available. Sensory activities such as cooking, tactile groups and hand massage groups are available, and large print books and activity materials, as well as talking books are provided. Care recipients and representatives confirmed they are satisfied with the home's approach to managing care recipients' sensory loss.

## **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 when moving into the home and on an ongoing basis. Interventions to assist care recipients establish appropriate sleep routines are documented in their care plans. Staff reported practices to encourage sleep include settling routines, noise minimisation, emotional support, pain management, warm drinks, attending to continence needs and medication. Care recipients and representatives reported they are satisfied with the support provided to enable care recipients 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.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from all lifestyle and care activities. 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 improvements undertaken in the past 12 months or in progress in relation to Standard 3 – Care recipient lifestyle are described below.

- To provide care recipients an alternative environment to the large activity room, the home has re-organised a small lounge area. Following a meeting with therapy staff, the room was cleared of the wheelchairs it stored and new lounge chairs were purchased. It is planned to utilise the room to hold small group activities and as a quiet area for representatives to spend time with care recipients. The craft group and a high tea were held in the room this month and feedback forms showed positive comments following the high tea. Management reported the improvement will be monitored before evaluation is undertaken.
- The home had ongoing negative feedback from care recipients regarding the evening meals. Complimentary feedback was provided when a different staff member was cooking Thai food. As a result, management has negotiated with the staff member to cook the evening meal once a fortnight. The new menu does not yet include the meals to be served but formal feedback is positive including meals such as Thai beef salad and stir fry. Management reported the improvement has recently been introduced and will be formalised, monitored and evaluated.

#### **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 an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipients’ lifestyle. Care is provided in line with *Quality of Care Principles 2014 and User Rights Principles 2014*. The home has policies regarding confidentiality of care recipients’ information and staff and contractors are informed of their responsibilities. Care recipients’ rights and responsibilities are displayed at the entry to the home and included in the information pack. Processes guide

staff in the mandatory reporting requirements, and staff reported they are aware of their code of conduct and responsibilities regarding the confidentiality of care recipients' information.

### **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 conducted during the past 12 months related to Standard 3 – Care recipient lifestyle are listed below.

- Choice and decision making
- Person centred care
- Privacy and dignity.

### **3.4 Emotional support**

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

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

The home meets this expected outcome

The home provides support to care recipients while they are adjusting to life in the new environment and on an ongoing basis. On moving into the home, care recipients and their families receive information about the home and the services offered, they are orientated to their new environment, and their needs and preferences are discussed. The home's occupational therapist and therapy assistants assess care recipients' emotional and social needs, which are reflected in individual care plans, and referrals to pastoral services are generated as required. Care recipients are encouraged to personalise their rooms and to join in activities at the home and in the community where appropriate. Care recipients and representatives stated representatives are welcomed at the home and they are satisfied with the emotional support provided.

### **3.5 Independence**

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

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

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Care plans and ongoing assessments inform staff of the level of assistance required and, where appropriate, care recipients are prompted and encouraged to maintain their independence. Suitable aids and therapy programs support care recipients to maintain their mobility, senses, cognitive status and dignity. Staff reported they assist care recipients to attend activities within and outside of the home. Care recipients and representatives reported visitors are welcomed to participate

in meals, activities, celebrations and outings and stated they are satisfied with the assistance provided by staff to support care recipients 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

The home recognises and respects each care recipient's right to privacy, dignity and confidentiality. Established systems ensure secure storage of confidential records and personal information, and care recipients' right to privacy is acknowledged in the home's policies. Care recipients are asked on arrival to the home their preferred name and these are documented. Privacy and dignity practices are monitored via audits, and staff reported they receive training on how to provide personal care services discreetly. Staff identified strategies to maintain care recipients' privacy and dignity, including knocking on doors before entering, ensuring doors are closed when attending to personal care and being mindful of privacy when discussing care recipients' care needs. Care recipients and representatives confirmed care recipients' privacy, dignity and confidentiality is 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

The home encourages and supports care recipients to participate in a wide range of activities that interest them. The occupational therapist and occupational therapy assistants complete assessments of the care recipients' lifestyle history and preferences on entry into the home and on an ongoing basis. Assessment information is used to develop therapy care plans and contribute to the development of the lifestyle and activity program. Activities are evaluated through recording attendance, activity satisfaction surveys and via verbal feedback and requests. The activity program includes physical, cognitive, cultural, sensory and spiritual activities of both group and individual formats. Staff invite care recipients and their family and friends to attend activities, and ensure care recipients are supported to access activities that reflect their needs, preferences and capabilities. Care recipients and their representatives reported staff support care recipients' participation in activities that interest them.

### **3.8 Cultural and spiritual life**

*This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".*

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

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. On moving into the home, care recipients complete personal profiles that identify any cultural or spiritual needs and preferences and these are documented in care plans and reviewed as per the home's schedule. The home holds regular church services and supports care recipients to attend outside services if they wish. A chaplain is available for support, and other religious leaders are welcome to access the

home following a care recipients' request. Culturally significant days and events, such as Easter, Christmas, Anzac day and Remembrance Day are celebrated and families are invited to attend. Staff reported they have access to a multicultural resource kit if required, and can access local community volunteers to visit care recipients. Care recipients and representatives reported satisfaction with the cultural and spiritual care provided.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

Care recipients and their representatives participate in decisions about the services received, and care recipients are able to exercise choice and control over their lifestyle. There are systems and processes to ensure management and staff encourage and support care recipients to make individual choices and decisions, and next-of-kin or enduring power of attorney is documented to guide staff on who can make decisions if the care recipient is unable to do so themselves. Care recipients and representatives have the opportunity to discuss and provide feedback on services through surveys, formal and informal meetings and feedback forms. Feedback forms and information on rights and responsibilities and advocacy are available in various languages. Staff described strategies for supporting care recipients' individual choices in relation to lifestyle and care interventions. Care recipients and representatives stated they feel comfortable participating in discussions about care and services and care recipients have sufficient opportunity to make choices and decisions on a daily basis.

### **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

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On moving into the home, care recipients or their authorised representatives receive a copy of the care agreement. The agreement includes information regarding complaint mechanisms and advocacy groups, financial aspects, care recipients' rights and responsibilities and associated schedules. Management consult with care recipients and representatives and ensure approval is documented in the care recipient's record prior to a room transfer. Care recipients and representatives reported they are satisfied care recipients have security of tenure at 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.

Examples of recent improvements undertaken in the past 12 months or in progress in relation to in relation to Standard 4 – Physical environment and safe systems are described below.

- An occupational safety and health audit identified the storage of incontinence aids was not load rated and unsafe for staff handling the aids. Equipment stored in the area was relocated to other areas and the shelves clearly labelled. Staff reported the continence aids are now easy to access and the changes have improved the health and safety of staff involved in continence aid distribution.
- Following ongoing negative feedback from care recipients regarding the evening meal, the menu and meal service was reviewed and improved. Improvements include a new food warmer being purchased to ensure meals are stored at the correct temperature, and the trialling of four types of sandwich makers before satisfaction by care recipients was reported. New processes for the serving of the evening meal have been implemented and memoranda issued directing staff of the changes. The meal service is discussed at care recipient/representative meetings and they were provided with a copy of the new menu at the July 2015 meeting. The home is continuing to monitor the improvements and care recipients reported satisfaction with the meals.

### **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

Systems and processes identify ongoing regulatory compliance in relation to the physical environment and safe systems. The home has an audited and endorsed food safety program and staff are trained in safe food hygiene practices. Alerts were provided to management and registered staff stating they are no longer to notify the Aged Care Complaints Scheme of infectious disease outbreaks. Workplace, building and fire emergency preparedness are routinely inspected and audited. Safety data sheets are accessible by staff, waste disposal requirements are managed effectively and infection control guidelines are available. Staff confirmed their knowledge of regulatory compliance requirements.



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

Examples of education and training conducted over the past 12 months related to Standard 4 – Physical environment and safe systems are listed below.

- Chemical awareness
- Fire safety and evacuation
- Fire warden
- Food safety
- Infection control
- Manual handling
- Occupational safety and health.

#### **4.4 Living environment**

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

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

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipients' needs. Care recipients are accommodated in a single or two person's room with an ensuite or shared ensuite bathroom. The home is secured at designated times and staff follow a lock-down procedure to ensure the security of care recipients at night. An external security service monitors the perimeters of the home during the night. Maintenance programs ensure equipment and buildings remain operational, and the organisation monitors the maintenance programs undertaken. Electrical items are tagged, cleaning programs are in use, and call bells, safety rails and suitable equipment are provided. Staff reported the use of restraint is minimised and care recipients reported satisfaction with the comfort of their living environment.

#### **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

The home has systems and processes to provide a safe environment for care recipients and staff. Management and staff monitor the safety of the environment using maintenance requests, hazard forms and monthly audits. The home's occupational safety and health (OSH) representative undertakes a monthly workplace inspection and items identified are

actioned. An organisational OSH audit is conducted by corporate staff annually and actioned as required. The home's OSH representative participates in quarterly corporate meetings to discuss outstanding and current incidents. OSH and manual handling training are provided at orientation and on an ongoing basis and staff injury is overseen by corporate staff. Staff reported they are satisfied with the training and equipment provided by management to ensure a safe working environment.

#### **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, fire, and breaches of security. External providers complete regular checks on fire-fighting equipment including fire alarms, the sprinkler system and fire panel. Emergency procedure files, standard fire orders, evacuation maps, packs, and safety equipment are located throughout the home, and exits are clearly marked and unobstructed. Information regarding emergencies such as a loss of essential services, intruder or personal threat and care recipients mobility needs is included in the emergency procedure manuals. Staff demonstrated an awareness of their responsibility in the case of an emergency. Care recipients and representatives advised they would follow the instructions on the back of their door, or from staff in the event of a fire or evacuation.

#### **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

Management has systems and processes to identify and contain infectious outbreaks. Staff are provided infection control training on commencement of employment. Personal protective equipment, a care recipient and staff vaccination program, sharps disposal, and anti-bacterial gels enable staff to minimise the risk of infection transmission. Outbreak and spills kits are available for staff to access. The manager attends the corporate clinical meeting where clinical incidents, including wounds and infections are discussed, and monitors infections for analysis and trending. An external infection control consultant is available for assistance as required. Refrigerator temperatures are recorded, and regular audits including hand hygiene and waste management are conducted and actioned as required. Staff reported processes they use to minimise the spread of infection.

#### **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's working environment. Staff and management use policies and procedures to supply hospitality services that reflect care recipients' needs and preferences. A dietician approved four-weekly rotating menu is used by the cook to provide care

recipients' meals which are served in a number of dining rooms, or when preferred, on a tray in care recipients' rooms. Cleaning schedules and duty lists identify the cleaning duties. Designated staff undertake laundering of all linen and personal items, and iron clothing as required. Care recipient and staff feedback and linen, laundry and cleaning audits monitor hospitality services. Staff reported they have adequate time and equipment to provide catering, cleaning and laundry services. Care recipients and representatives advised they are satisfied with the cleaning, meals and laundry services.