



Australian Government

Australian Aged Care Quality Agency

Aegis Hilton

RACS ID 7431
19 Laidlaw Street
HILTON WA 6163

Approved provider: Aegis Aged Care Group Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 06 May 2019.

We made our decision on 09 March 2016.

The audit was conducted on 16 February 2016 to 17 February 2016. 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



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Audit Report

Aegis Hilton 7431

Approved provider: Aegis Aged Care Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 16 February 2016 to 17 February 2016 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

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 16 February 2016 to 17 February 2016.

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

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

Assessment team

Team leader:	Anne Rowe
Team members:	Ann-Marie Phegley Ben (Benedict) Carroll

Approved provider details

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

Name of home:	Aegis Hilton
RACS ID:	7431

Total number of allocated places:	136
Number of care recipients during audit:	135
Number of care recipients receiving high care during audit:	135
Special needs catered for:	Nil specified

Street:	19 Laidlaw Street
City:	HILTON
State:	WA
Postcode:	6163
Phone number:	08 9314 0500
Facsimile:	08 9314 3295
E-mail address:	aegis@aegiscare.com.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Clinical nurse managers	3
Clinical consultants	2
Registered nurses	4
Enrolled nurses	2
Assistants in nursing	16
Catering services manager	1
Chef manager	1
Cook/catering staff	3
Care recipients/representatives	22
Occupational therapist	1
Physiotherapists	2
Lifestyle coordinator	1
Therapy assistants	4
Administration assistants	3
Laundry staff	2
Cleaning staff	4
Maintenance staff	1

Sampled documents

Category	Number
Care recipient files including assessments, charts, care plans, referrals, external reports and progress notes	16
Care recipient agreements	2
External contract files	2
Care recipient files including occupational therapy assessments, charts and care plans	13
Medication summaries and signing sheets	15
Personnel files including contracts, confidentiality agreements and performance appraisals	7

Other documents reviewed

The team also reviewed:

- Audits and survey reports including summaries
- Care recipients' information package, including handbook
- Cleaning and laundry schedules and records
- Comments and complaints file
- Communication books and diaries
- Compulsory reporting file
- Continuous improvement plan
- Corrective and preventative action reports
- Delivery dockets
- Fire equipment and systems inspection reports, pest control records
- Food safety program, menus, care recipient diet lists, food and equipment temperature control records, menu choice forms, allergen declaration forms and recipes that include allergen content
- Hazard alert reports
- Laundry and cleaning manuals
- Lifestyle program and individual activity evaluations
- Matrix to monitor staff police certificates, visas and professional registrations

- Meeting minutes
- Monthly clinical indicator reports including analyses
- Newsletters
- Nurse-initiated medication and imprest log files
- Policies, procedures and guidelines, duty statements and job descriptions
- Refrigerator temperature records
- Registers of drugs of addiction
- Restraint assessments and authorisations
- Self-administration of medication authorities
- Staff competency records, training attendance sheets, calendar and evaluations
- Staff welcome pack
- Standard two accreditation files
- Vaccination records and consent forms.

Observations

The team observed the following:

- Activities in progress
- Cleaning and laundry services in progress
- Complaints forms and brochures, and secure feedback box
- Equipment and supply storage areas
- Gastro outbreak kit
- Interactions between staff and care recipients
- Living environment
- Meal and morning tea services in progress including staff assisting care recipients
- Noticeboards with relevant information posted
- Secure storage of equipment, clinical supplies and chemicals, and staff access to safety data sheets and personal protective equipment
- Short group observation in Blackwood dining area
- 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 organisation actively pursues, plans, implements and evaluates continuous improvement activities. Reporting and feedback mechanisms guide staff to identify opportunities for continuous improvement. Information from sources such as suggestion and feedback forms, audits, hazard/incident reports, surveys and meetings are logged, actioned, evaluated for effectiveness and feedback given to stakeholders via meetings or noticeboards. Staff, care recipients and representatives reported they are encouraged to provide feedback and are satisfied the home is actively pursuing continuous improvement.

Examples of current or recent improvements in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- The organisation is continuing to expand the functionality of its new care system program. The management team reported the system now captures therapy assessments and statistics. They stated staff have access to current information and are better able to respond to care recipients' needs. Staff provided positive feedback regarding the new system and stated they receive relevant ongoing support and training.
- The organisation has engaged a learning and development consultant. The consultant and clinical team have developed a series of toolbox sessions which are developed and/or delivered in response to indicators, incidents and staff requests. Prepared toolbox sessions, including elder abuse and dementia, are delivered in conjunction with staff meetings and video training. The management team reported the timing of the delivery makes such sessions more effective. Initial feedback received via staff meetings and independently is positive.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

The home has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The home receives legislative updates from government agencies, industry representative bodies and external consultants. Policies and procedures are reviewed and updated accordingly. Information is disseminated to relevant staff via compliance bulletins. New staff are provided with information regarding employee and employer work arrangements. The home monitors compliance with legislative requirements through internal and external auditing programs, observation and performance appraisals. The home monitors the currency of professional registration, police certificates and visas of staff. Care recipients’ fees and charges are set according to legislation, and care recipients and representatives are informed of external complaints processes. Care recipients and representatives were informed of the re- accreditation audit via correspondence, newsletters, on-site posters 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

The home’s education program ensures management and staff have appropriate knowledge and skills to perform their roles effectively. Management identifies training needs through feedback and requests from staff, surveys, audits, accident/incident reports and observation of work practices. Site orientation and ‘buddy’ shifts are provided to new staff, and induction, mandatory and optional training is regularly provided. Evaluation of the effectiveness of training is monitored via staff feedback and recording of staff attendance. Staff reported they have access to a variety of internal and external training opportunities.

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

- Accreditation
- Archiving
- Care systems training
- Complaint handling
- Customer service
- ‘Pride’ (explanation of core values of the organisation).

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, representatives and other interested parties have access to internal and external comments and complaints mechanisms. The home provides confidential and secure channels for submitting feedback. Information regarding external complaints services is provided in care recipient agreements, and information regarding advocacy services is displayed and available at the home. The home monitors response times to comments and complaints and provides feedback to stakeholders in a timely manner. The home measures the effectiveness of the comments and complaints process via satisfaction surveys and feedback obtained via care recipients' meetings. Issues identified through the complaints process feeds into the home's continuous improvement plan. Staff described ways in which they advocate on behalf of care recipients. Care recipients and representatives reported satisfaction with access to the complaints mechanisms without fear of retribution.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The home's mission and values statement is documented and available for care recipients, representatives and staff. Staff are informed of the home's vision and values via the handbook, and the organisation's values are displayed at the home. All such documents have consistent content.

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

There are appropriately skilled and qualified staff sufficient to ensure services are delivered in accordance with the standards and the home's philosophy and objectives. The facility manager and senior clinical staff review staffing levels based on assessed care needs and feedback from staff. The recruitment of staff is based on criteria reflecting care recipients' needs and position descriptions, and the qualifications and experience of candidates are considered during the recruitment process. New and temporary staff are 'buddied' with experienced staff. Staff performance is monitored via performance appraisals, observation, surveys and the review of audit results. Staff reported they have sufficient time to complete their duties, and the home effectively manages planned and unplanned leave. Care recipients reported satisfaction with the skill level and number of staff to provide 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 has adequate supplies of appropriate stock and equipment to deliver quality services. The home monitors the effectiveness of storage, condition and availability of goods and equipment via stocktakes, inspections and reporting mechanisms. Designated members of staff oversee stock levels, and the home maintains a list of preferred suppliers. Audits and stocktakes are conducted to maintain appropriate stock levels. Staff are trained or supported in the use, maintenance and storage of new equipment. Staff reported they have enough equipment and supplies to undertake their duties. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment to meet their needs.

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 management systems that provide stakeholders with access to appropriate information. Management routinely collates and trends data from clinical records and indicators, surveys and audits to identify and meet the needs of care recipients. Scheduled meetings specific to roles and handovers ensure information is disseminated to relevant staff. The organisation reviews standardised documents, policies and procedures via audits and reviews, and notifies key staff of updates via meetings, training and internal communications. Electronic guidelines and reporting templates are available to meet legislative reporting requirements. The home has a secure on-site storage area for archived documents and documents awaiting destruction, and additional storage area is available off-site. The home maintains a directory of archived files. Electronic information is password protected and electronic records are saved daily at an off-site location. Staff reported they have access to information relevant to their roles. Care recipients and representatives reported satisfaction with the access to information to assist them to make decisions about their care and lifestyle.

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 home uses preferred suppliers to maintain required standards which meet care recipients' needs. All external contractors are required to maintain police certificates, currency of insurance and professional registrations, and the home retains copies of these. The quality of work provided by external contractors is monitored through regular reviews, and past performance is considered prior to renewing agreements. Care recipients,

representatives and 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 an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, staff record care recipient accidents and incidents, and this information is collated and analysed for trends. Clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are satisfied the organisation actively promotes and improves care recipients' physical and mental health.

Examples of current or recent improvements in relation to Standard 2 – Health and personal care are described below.

- The home has reviewed the procedure for replacing continence pads. Responding to feedback from care recipients that the delivery of continence pads to rooms by night staff disturbed their sleep, storage units are filled by morning staff and placed in care recipients' rooms by afternoon staff. Care recipients interviewed reported satisfaction with the change, noting their sleep is uninterrupted.
- The home is trialling different types of skin moisturisers. This is a corporate initiative and allows care recipients to sample and select preferred moisturisers. The management team reported a pilot group of 15 care recipients with dry skin trialled three different products. The effectiveness of each product was monitored weekly before determining and ordering each care recipient's preferred moisturiser. Staff will monitor clinical indicators in the following months to evaluate the effectiveness of this initiative.

2.2 Regulatory compliance

This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team's findings

The home meets this expected outcome

The organisation has systems and processes to identify and ensure compliance with ongoing regulatory obligations regarding care recipients' health and personal care. Clinical staff conduct initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. Internal and external audits ensure medication is administered and stored in compliance with relevant guidelines. The home

monitors changes to clinical guidelines and alerts staff of relevant changes via meetings and/or written communication. Care recipients and representatives reported care services are provided 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

Management and staff have the knowledge and skills to provide appropriate health and personal care to care recipients. Refer to expected outcome 1.3 Education and staff development for a description of the system.

Recent examples of education related to Standard 2 – Health and personal care are listed below.

- Continence management
- Dysphagia
- Hearing loss
- Oral and dental
- Palliative care
- Skin integrity
- Wound management.

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 processes to ensure care recipients receive appropriate clinical care. A range of assessments are undertaken when care recipients move into the home by a multi- disciplinary team to identify care recipients’ clinical care needs and preferences. Care plans are developed based on assessment information to guide staff in the provision of care for each care recipient. Care plans are reviewed annually or following a change in the care recipients’ health status. Daily work logs guide care and registered staff in care recipients’ personal care and clinical requirements. A family conference is conducted with care recipients and representatives following the establishment of a care plan, and as required thereafter. Care recipients’ clinical incidents are monitored and analysed by the senior clinical nurse manager. Staff advised they provide personal care to care recipients throughout their shift and report any changes to registered staff for clinical follow up. Care recipients and representatives advised they are satisfied with the clinical care provided to care recipients.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered staff assess care recipients’ specialised nursing care needs when they move into the home, or as required thereafter. Registered staff access external specialist services for further assessment and support. Registered staff or specialist service providers undertake all specialised nursing care, including wound care, catheter care and diabetes management. Registered staff advised there is sufficient equipment, products and clinical information to support care recipients’ specialised nursing care. Staff stated registered nurses undertake clinical care and they report any changes in care recipients’ health status to registered staff. Care recipients and representatives advised they are satisfied with the specialised nursing care provided to care recipients.

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

The home refers care recipients to appropriate health specialists in accordance with their needs and preferences. The multi-disciplinary team, including an occupational therapist and physiotherapist, assess all new care recipients as they move into the home and podiatry services are provided every six weeks. Following referral, other health services visit the home to undertake care recipients’ assessments or treatments including a dietician, palliative care service, dermatologist and older adult mental health service. Staff reported the work log gives them changes in directives when care recipients’ needs have changed following an appointment with other health services. Care recipients and representatives reported they are satisfied with the range of services available to care recipients.

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

Care recipients’ medication is managed safely and correctly. Medication competent multi-skilled carers administer medications from multi-dose sachets and bottles. Care recipients’ identification, medication allergies and special instructions for administration are stated on the medication summary sheet. An imprest system is monitored by registered nurses, and nurse-initiated medication processes are clearly stated. Medication incidents and audits monitor medication errors, and pharmacy reviews are conducted bi-annually by an accredited pharmacist. Care recipients who wish to administer their own medication have an authority to do so, and are provided a secure drawer for storage. All ‘as required’ medication is

administered by registered staff, and the effectiveness is evaluated. Staff reported they follow safe and correct practices in medication administration, and care recipients reported they are satisfied with the way staff manage their medication and it is given at the time ordered.

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

Care recipients are as free as possible from pain. On moving into the home, care recipients’ pain is assessed by registered nurses and allied health staff. Care plans are developed and referrals are made to the physiotherapist for additional pain management treatments, including regular massage, exercises and heat packs. Assessment and charting is conducted when care recipients’ pain needs change, and evaluation is undertaken following changes in pain management medication. Staff reported they assist care recipients manage pain by light massage with medicated cream, repositioning and emotional support, and advised they report any observation of care recipients’ pain to registered staff for further intervention. Care recipients and representatives reported staff assist care recipients manage their pain effectively.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill care recipients. Care recipients or their representatives have the opportunity to discuss their end of life wishes and complete an advanced care plan when care recipients move into the home, or at any time throughout their residency. Staff have access to additional resources for care recipients’ terminal care, including slow release pain management equipment. External palliative care specialists are accessed as required for assistance in care recipients’ terminal phase, and families have the opportunity to remain with the care recipient if preferred. Staff are trained in the provision of palliative care, and reported they follow the directives of the work log to provide additional comfort to care recipients during this stage of life. We noted formal compliments received from representatives following end of life care provided at the home.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Nutrition, hydration, dietary needs and preferences, and swallow assessments record care recipients’ dietary requirements. Modified diets and thickened fluids are provided and following referral, the speech pathologist undertakes assessments of care recipients with additional needs. A clinical

manager monitors care recipients' weights and three day assessments are conducted for care recipients with weight loss of concern. Referrals are made to the dietician, and specialised diets and nutritional supplements are ordered as required. Staff advised they assist care recipients with eating and drinking, and they have adequate time to do so. Care recipients and representatives reported they are satisfied with the care recipients' meals and drinks.

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. Care recipients' skin integrity and pressure area risk are assessed when they move into the home. Care plans detail interventions and equipment to maintain care recipients' skin integrity. Specialised mattresses and cushions, limb protectors and repositioning assist maintaining care recipients' skin care needs. Wound care is attended by registered staff, and an external service is accessed for further assistance when required. Skin tears and wounds are monitored by registered staff and via monthly clinical indicators that are reviewed by the senior clinical nurse manager. Staff advised they have adequate resources to maintain care recipients' skin health, and they reposition care recipients regularly. Care recipients and representatives reported they are satisfied with the assistance provided by staff to maintain care recipients' skin care.

2.12 Continence management

This expected outcome requires that "care recipients' continence is managed effectively".

Team's findings

The home meets this expected outcome

Care recipients' continence is managed effectively. Care recipients' continence needs are assessed on moving into the home and a care plan is developed and reviewed annually, or sooner if required. Continence is specialised nursing care managed by registered staff, and external services provide assistance when required. Other interventions used to manage care recipients' continence needs include appropriate assistance in toileting and suitable continence aids. Bowel management strategies include daily monitoring and interventions such as adequate fluids, high-fibre diets and medication. Staff advised they assist care recipients to the toilet and with personal hygiene following, and report any problems to registered staff. Care recipients and representatives advised they are satisfied with staff assistance to manage care recipients' continence.

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. The home identifies care recipients' behaviours of concern via charting and progress notes over a

number of days soon after they move into the home. Possible triggers and interventions are identified and a behaviour assessment is completed by registered staff. Staff have access to other health services including the older adult mental health service and the dementia behavioural management advisory service for further review as required. Monthly reporting systems and clinical indicators monitor incidents of behaviour. Staff have training in dementia care and reported they have adequate skills to assist care recipients who may impact negatively on other care recipients. Care recipients and representatives reported care recipients are not disturbed by other care recipients' behaviour.

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 allied health team assess care recipients' mobility, dexterity and associated falls risk when they move into the home. Care recipients are assisted to rehabilitate or maintain their mobility and dexterity by participating in the physiotherapy program that includes individual and group exercises, tai-chi and a walking program. The physiotherapy assistants undertake the five day a week program with assistance and oversight by the physiotherapist.

Equipment used in the programs includes parallel bars, weights and foot pedals. Care recipients' falls are recorded and monitored by the physiotherapist and the clinical managers. Staff reported they liaise with the physiotherapist when they identify changes in care recipients' mobility and dexterity needs. Care recipients and representatives reported satisfaction with the home's management of care recipients' mobility and dexterity needs.

2.15 Oral and dental care

This expected outcome requires that "care recipients' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

The oral and dental health of care recipients is maintained. Care recipients' oral and dental requirements are assessed when they move into the home by registered staff, and information of their dental requirements are recorded on the care plan. Care recipients are offered an annual dental examination, and information of recommended treatment is provided to care recipients and representatives for follow up. Care recipients are assisted to access government dental clinics and private dental care, and treatments ordered are undertaken by staff. Staff advised they assist care recipients with cleaning their teeth, and oral care as required. Care recipients and representatives are satisfied with the assistance from staff with care recipients' oral health needs.

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

Sensory losses of care recipients are identified and managed effectively. Registered and allied health staff assess care recipients’ sensory impairments when they move into the home. A toolkit is used by the occupational therapist as required for a smell, touch and taste assessment. Care recipients have the opportunity of an annual optometry assessment conducted at the home by a specialist service, including provision of identified sensory aids. Government audiology assessment is offered to care recipients or, if preferred, they attend external services for hearing examinations and provision or repair of hearing aids. Staff advised they assist care recipients with sensory activities including hand massage. Care recipients and representatives reported they are satisfied with the assistance provided by staff to care recipients with 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

Care recipients are able to achieve natural sleep patterns. A sleep observation record is undertaken soon after care recipients move into the home. Care plans describe the care recipients’ preferences at night, and interventions to assist and achieve a natural sleep. Progress notes report sleep patterns overnight, and care given to care recipients with sleep disturbance. Staff reported they receive information regarding care recipients who find it difficult to sleep overnight, and rearrange their personal care if required. Care recipients reported they are able to achieve sufficient sleep, and staff assist them overnight if required.

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 an overview of the home’s continuous improvement system.

In relation to Standard 3 – Care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff encourage and support care recipients and others to provide feedback and suggestions.

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

- A lifestyle coordinator has been appointed to direct the therapy program. The management team reported this allows the part-time occupational therapist to focus on completing assessments, care plans and welcoming care recipients to the home. Consequently, the range of activities provided has increased, and management reported an increase in care recipient participation. They reported positive feedback was received via care recipients’ meetings.
- After the home accepted an invitation from Alzheimer’s Australia and the Museum of Moving Objects to participate in an oral history project, nine male care recipients were interviewed by boys from a local school. The resulting exhibition ‘Great Men by Great Boys’ was shown at the state library and local libraries, and we observed the exhibit is currently displayed at the home. The management team stated the care recipients involved in the project established links with the broader community. Feedback from care recipients and representatives regarding the project is positive.

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 identifies and ensures compliance with all relevant legislation, regulatory requirements, professional standards and guidelines regarding care recipient lifestyle. Care recipients are informed about their rights and responsibilities via welcome packs and agreements. The home provides care recipients with agreements outlining fees, level of care

and services to be provided, and tenure arrangements. Staff sign a confidentiality agreement on commencement of employment, and have access to training and guidelines regarding the reporting of assaults. Care recipients and representatives reported they are consulted in regard to making decisions about services, and are advised when changes in the provision of care occurs.

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

Management and staff have the knowledge and skills to enable them to perform their roles effectively in relation to care recipient lifestyle. For details regarding the home's systems, refer to expected outcome 1.3 Education and staff development.

Recent examples of education related to Standard 3 – Care recipient lifestyle are listed below.

- Elder abuse
- Privacy and dignity
- Training for therapy assistants.

3.4 Emotional support

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

Team's findings

The home meets this expected outcome

The home provides support to care recipients while they are adjusting to life in their new environment and on an ongoing basis. On moving into the home, care recipients' needs and preferences are discussed and they are shown around the home and introduced to other care recipients and staff. Care recipients have increased monitoring in the early period and the occupational therapist and lifestyle coordinator assess care recipients' emotional and social needs with input from clinical and therapy staff. Individual care plans incorporate information relating to the holistic requirements of the care recipient, including their emotional and social wellbeing. Staff described strategies they use to provide care recipient emotional support, including extra time for frail care recipients. Care recipients are encouraged to personalise their room and join in activities at the home and in the community, where appropriate. Care recipients and representatives stated representatives are encouraged to visit the care recipients, and they are satisfied care recipients' emotional needs are met by staff at the home.

3.5 Independence

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

Team's findings

The home meets this expected outcome

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

3.6 Privacy and dignity

This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Electronic records are password protected, and confidential documentation is stored securely and accessed by authorised personnel. We observed staff interacting with care recipients in a respectful manner. Staff and care recipients advised general practitioner treatments occur in the privacy of care recipients' rooms. Care recipients and their families have access to lounges and outdoor entertaining areas. Staff described strategies for maintaining confidentiality of care recipient information and strategies to maintain care recipients' privacy and dignity. Care recipients and representatives reported they are satisfied care recipients' privacy, dignity and confidentiality are maintained and respected.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

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

representatives reported they are satisfied care recipients are supported to participate in a wide range of activities and leisure interests.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

When care recipients move into the home their individual interests, customs and beliefs related to their cultural and spiritual life are identified and this information is documented in the care plan. Specific cultural events are included in the lifestyle program and staff support care recipients to attend these activities. A number of religious personnel conduct services in the home. Staff reported they use care plans to gain an understanding of care recipients' specific cultural and spiritual practices. Care recipients and representatives reported staff respect care recipients' customs, beliefs and culture.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems to enable care recipients and their representatives to participate in decisions about the services care recipients receive, and to exercise choice and control over care recipients' lifestyle. Care recipients and representatives have the opportunity to provide feedback through feedback forms, care recipient meetings, informal and formal family meetings and surveys. Care recipients are supported and encouraged to maintain control over their lifestyle within their assessed abilities. Staff described ways in which they encourage care recipients to make decisions about their care and lifestyle. Care recipients and representatives stated they feel comfortable providing feedback, and the choices and decisions of other care recipients and representatives do not infringe on the rights of other people.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

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

recipients' rights. Care recipients and representatives reported they are satisfied care recipients have secure tenure in the home.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

In relation to Standard 4 – Physical environment and safe systems, staff conduct environmental audits and collect information in relation to hazards and incidents to identify trends. Surveys and feedback systems are used to measure and review the living environment and ensure safety of care recipients, staff and others. Care recipients and staff are satisfied management actively works to improve the home’s physical environment.

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

- The organisation has engaged a sous chef. The management team reported this has provided the home’s chef and kitchen staff with additional training and support, and consequently improved care recipients’ dining experience. The management team stated kitchen staff have provided positive feedback regarding this initiative. Care recipients and representatives reported satisfaction with the meals provided.
- After a review of their occupational health and safety (OHS) procedures and training, the organisation appointed an OHS consultant. The management team reported this resulted in the appointment and support of local OHS representatives and fire wardens, and localised training and support for general staff. The management team stated this initiative promotes compliance with procedures and guidelines, and subsequently increases the safety of care recipients. Initial feedback from staff is positive.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

The home has systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace buildings, catering and fire equipment and procedures are regularly inspected. Safety data sheets and infection control guidelines are available to relevant staff. The home has a food safety program and staff are provided with relevant training to deliver safe practices and follow procedure. Staff are knowledgeable 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 details of the home's systems for ensuring management and staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education relevant to Standard 4 – Physical environment and safe systems are listed below.

- Chemical safety
- Excellence in dining
- First aid and life support
- Kitchen plating and food texture
- Manual handling
- Prevention of shoulder injuries
- Safety awareness day
- Seating and positioning.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home has a range of single and double rooms with ensuite. Air conditioning ensures temperatures are controlled and pleasant. Monitored access, gated entry and a well-lit car park at night provide security. Care recipients are encouraged to personalise their rooms with furniture, paintings and personal mementos, and they have access to communal and private areas for social interactions and activities. There are pleasant outdoor gardens and courtyards for care recipients to enjoy. Environmental audits and inspections are regularly undertaken and actioned, and a maintenance program provides linkage to hazard management

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe working environment that meets regulatory requirements. Staff are oriented to their occupational health and safety responsibilities, and relevant training such as manual handling and injury prevention is provided regularly by physiotherapists and registered nurses. Staff representatives attend local and corporate meetings, and the management team and relevant staff regularly assess the physical environment via inspections. A full audit of the environment is completed twice each year. The home has a maintenance program, and equipment is routinely inspected and serviced. Staff receive information on their occupational health and safety responsibilities during induction, training sessions and staff meetings. Staff reported they identify and report hazards and accidents, and stated the management team provides 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

Management and staff actively work to provide a safe and secure environment and to minimise the risk of fire and other emergencies. Fire, security and emergency procedures are available to staff, care recipients and visitors and inform them how to proceed in the event of an emergency. The home is equipped with a range of fire prevention and firefighting equipment including extinguishers, sprinklers and fire blankets. Approved professionals carry out independent inspection and testing of fire systems and signage, and tagging and testing of electrical equipment is routinely undertaken. The home has a smoking policy. There is a designated smoking area and the home identifies care recipients requiring supervision. Staff attend regular fire and evacuation training and the home maintains a current evacuation list. Staff interviewed described procedures to be followed in the event of a fire or other emergency. Care recipients and representatives reported they feel safe and secure within 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. The facility manager and clinical nurse manager hold overall responsibility for management of infection control, and staff are informed of infection control practises at orientation and at mandatory education sessions. Staff have access to online procedures and guidelines regarding infectious outbreaks and use personal protective equipment to minimise the risk of infection.

Information on care recipients' infections is collected and analysed monthly and disseminated to staff at meetings and handovers. There is a food safety program, and staff performance appraisals and internal and external audits monitor compliance to the program. Measures identified by staff to reduce the spread of infection include hand washing and vaccination programs for staff and care recipients.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

Catering is undertaken at the home and meals are cooked according to a four-weekly rotating menu. There are processes to ensure care recipients' individual dietary needs are met on an ongoing basis. Cleaning staff undertake planned cleaning duties within the home in accordance with duty statements and cleaning schedules. Care recipients' personal laundry is serviced at the home, and clothing is labelled to minimise loss. Management monitor the quality of laundry services via feedback mechanisms such as comments and complaints, audits, surveys and meetings. Staff reported they have adequate time and equipment to undertake their hospitality role. Care recipients and representatives reported they are satisfied the home's hospitality services meet care recipients' needs and preferences.