



**Australian Government**

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**Australian Aged Care Quality Agency**

**Aegis Shawford**

RACS ID 7263  
8 Twyford Place  
INNALOO WA 6018

**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 01 May 2019.

We made our decision on 08 March 2016.

The audit was conducted on 10 February 2016 to 11 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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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**Australian Aged Care Quality Agency**

# **Audit Report**

**Aegis Shawford 7263**

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

## **Introduction**

This is the report of a re-accreditation audit from 10 February 2016 to 11 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 10 February 2016 to 11 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

<b>Team leader:</b>	Philippa Brittain
<b>Team members:</b>	Anne Rowe Cristian Moraru

## Approved provider details

<b>Approved provider:</b>	Aegis Aged Care Group Pty Ltd
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## Details of home

<b>Name of home:</b>	Aegis Shawford
<b>RACS ID:</b>	7263

<b>Total number of allocated places:</b>	102
<b>Number of care recipients during audit:</b>	101
<b>Number of care recipients receiving high care during audit:</b>	101
<b>Special needs catered for:</b>	Nil specified

<b>Street:</b>	8 Twyford Place
<b>City:</b>	INNALOO
<b>State:</b>	WA
<b>Postcode:</b>	6018
<b>Phone number:</b>	08 9244 8477
<b>Facsimile:</b>	08 9244 8488
<b>E-mail address:</b>	<a href="mailto:aegis@aegiscare.com.au">aegis@aegiscare.com.au</a>

## 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	2
Care staff	12
Administration assistant	1
Catering staff	3
Hospitality services managers	2
Occupational therapy assistants	4
Care recipients/representatives	18
Physiotherapy consultant	1
Laundry staff	2
Cleaning staff	3
Maintenance staff	1
Occupational therapists	2
Clinical consultants	3

### Sampled documents

Category	Number
Care recipient occupational therapy assessments, care plans and activity records	10
Medication profiles and signing sheets	16
Care recipient files including assessments, work logs, charts, meetings, progress notes and care plans	12
Care recipient agreements	5

### Other documents reviewed

The team also reviewed:

- Activity calendar
- Agency orientation records
- Archiving records

- Audits and surveys
- Care recipient information handbook
- Cleaning schedules
- Clinical indicators file, including monthly reports and analyses
- Comments and complaints file
- Consulting pharmacist medication management reviews
- Continuous improvement file and quality improvement reports
- Contractors file
- Cultural and religious list
- Emergency response plan and evacuation maps
- Food safety records and inspections
- Hazards file
- Imprest stock and nurse-initiated medication files
- Infection control gastroenteritis outbreak file
- Key standards and procedures
- Maintenance records and external contractor schedule, including electrical tagging file
- Mandatory reporting file
- Medication self-administration consent forms
- Meeting minutes
- Menu and dietary information
- Order forms for continence and surgical aids and products
- Performance appraisals, police certificates, professional registrations, corporate orientation and skills reports
- Pest control management file
- Podiatrist file
- Position descriptions and duty statements
- Refrigerator and food temperature monitoring records
- Register drugs of addiction

- Rosters and allocation sheets
- Staff education records, training calendar and toolbox training resources files
- Staff handbook
- Standard One, Two and Three information files
- Vaccination records
- Volunteer file.

## **Observations**

The team observed the following:

- Access to, and availability of, internal/external feedback and reporting mechanisms
- Activities in progress
- Charter of care recipients' rights and responsibilities
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Living environment
- Morning tea and lunch meal service including staff assisting care recipients
- Noticeboards and displayed information
- Palliative care resources and equipment
- Short group observation in dementia secure wing
- 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 actively pursues continuous improvement and encourages staff and care recipient participation. The framework for continuous improvement includes a quality management system that relates across all four Accreditation Standards. This encompasses mechanisms for measuring and reviewing the home's performance, identification, implementation and monitoring of improvements, and processes for feedback. The continuous improvement program is responsive to stakeholders' feedback, auditing systems and management protocols. The management team, who oversees the home's quality management system, tracks and monitors progress of the quality improvement reports. Staff, care recipients and representatives reported they are encouraged to provide feedback and ideas for improvements.

An example of recent improvement activity related to Standard 1 – Management systems, staffing and organisational development is described below.

- In response to a number of information system issues identified, the organisation implemented a new modern and consistent browser-based user interface at the home where the care recipient is central to all functionality. The system was implemented in September 2015 following a trial and education has been provided to staff. Management reported the complete transition of clinical aspects has been successful. Electronic additions to the system are planned for 2016 and include medication, maintenance, catering and housekeeping modules. Management reported it is anticipated the new system will provide data collection and analysis efficiency related to work flow, improved care planning and enhanced quality systems.

## 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 organisation’s management has systems and processes to ensure the identification of and compliance with relevant legislation, regulatory requirements and professional standards and guidelines. Established corporate committees identify changes to, and receive updates on, relevant regulations and legislation, and the home’s management team accesses information through electronic updates, intranet and bulletins. Management advises staff of relevant changes and updates as required through established communication channels and training sessions. Management information systems include references to regulatory requirements within position descriptions, policies and procedures, and manuals. The management team monitors legislative and regulatory compliance via an auditing program, external inspections and operational processes including the currency of police certificates, professional registrations and mandatory training. Care recipients and representatives were informed of the re-accreditation audit via notices, letters 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 has a system to ensure management and staff have the knowledge and skills to perform their roles effectively via a recruitment process, orientation/training and up-skilling programs. The home’s management team develops the annual training calendar using information from feedback, key gaps identified and set mandatory requirements.

Management monitors staff attendance at training sessions and the home uses a set competency based approach to assess staff skills. Staff are satisfied with the training program available and stated they are required to evaluate training sessions. Care recipients reported staff are knowledgeable and skilled to perform their roles effectively.

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

- Corporate orientation
- Electronic care management system competency
- New pharmacy training.

## 1.4 Comments and complaints

*This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".*

### **Team's findings**

The home meets this expected outcome

There are processes to ensure care recipients and representatives receive information regarding the internal and external comments and complaints processes through information packs, agreements, brochures and meetings. The home provides care recipients and representatives with confidential and anonymous access to internal and external feedback mechanisms. Care recipient meetings provide opportunities for complaints or suggestions, and feedback logs have a provision for evaluation and discussion of the resolution process with the complainant. Management measures the effectiveness of the complaint process via internal audits and monthly reports of verbal and written complaints, and information regarding complaints flows into the home's continuous improvement system as appropriate. Care recipients and representatives reported using informal processes with staff and management as ways of resolving issues, and are satisfied with their access to complaints processes.

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

The organisation has a documented and displayed mission statement, vision, philosophy, objectives and key standards, which reflect the home's commitment to quality residential care. Key standards provide a framework for staff and management to work together to fulfil the organisation's mission and achieve objectives.

## 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 a system to manage human resources that includes recruitment and orientation programs and staff training and development processes. Management reviews staff mix, levels and supervision requirements, and can adjust rosters and shift hours in response to the complexity of care recipients' care needs and operational requirements. Staff generally cover planned and unplanned leave through the home's pool of workforce staff and temporary staff. The home actively employs qualified personnel across all designation of staff in accordance with specified position descriptions. Management monitors staff performance via feedback and reporting mechanisms, performance appraisals and supervision. Staff interviewed confirmed the adequacy of staff skills and reported they have enough time to complete their tasks. Care

recipients and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided by staff.

## **1.7 Inventory and equipment**

*This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".*

### **Team's findings**

The home meets this expected outcome

There are systems and processes to ensure appropriate stocks of goods and equipment are available for quality service delivery. The home has stock, inventory and ordering systems for medications, care equipment, clinical and continence supplies, consumables, chemicals and food products. The organisation's web shop facilitates the purchase of falls management equipment, pain therapy supplies, uniforms and stationery directly from a preferred supplier. Therapy staff review the use of suitable aids and equipment for care recipients and make recommendations to purchase equipment to meet care recipients' needs. There are maintenance programs for relevant equipment, buildings and grounds. Staff receive training for appropriate use of electronic, care and mechanical equipment. Staff reported they have enough equipment and supplies to undertake their tasks. Care recipients and representatives reported satisfaction with the availability and suitability of goods and equipment provided to care recipients.

## **1.8 Information systems**

*This expected outcome requires that "effective information management systems are in place".*

### **Team's findings**

The home meets this expected outcome

The home has information management systems to allow for an effective flow of information including the collection, analysis and dissemination of information related to care recipient care, business and operational matters. Both the organisation's intranet provides a centralised point of current information and the home uses computerised information systems for the management of clinical and rostering/training information. Management routinely collates, analyses/reviews and tables relevant information from clinical records and indicators, monitoring and reporting mechanisms and operational processes. The home schedules meetings specific to roles and groups, and minutes are available for review. There are procedures for the storage and management of records via archiving and maintaining security of information. Staff reported they have access to current information relevant to their roles, attend regular meetings/handovers and have access to feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information relevant to them.

## 1.9 External services

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

### **Team's findings**

The home meets this expected outcome

The home has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation and the home contract externally sourced services in response to identified requirements and specify these in written agreements that set out obligations and criteria. Corporate committees and the home's management team monitor the level of performance with external services through service records, audits and feedback mechanisms. The organisation's representatives review agreements or contracts based on service provision and performance. Care recipients, representatives and staff reported satisfaction with externally sourced services, including grooming and beautician services.

## **Standard 2 – Health and personal care**

**Principle:** Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

### **2.1 Continuous improvement**

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

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

The home meets this expected outcome

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

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

- Following a meeting in June 2015, it was identified not all care recipients could hear the discussion. As a result, management purchased a microphone to be used at meetings so all can hear. The microphone was taken to the care recipient meeting in August 2015 and minutes reviewed showed all participants agreed they could hear. Management reported no further issues were raised by care recipients.
- The clinical team identified the need to improve staff clinical skills. As a result, a structured clinical tool box education program was implemented and resources are available on the organisation's intranet. The sessions are facilitated by the clinical management team when morning and afternoon shifts overlap and in response to identified needs and as scheduled. Management reported the ongoing monitoring of training evaluation forms and clinical indicators showed increased staff skills in the topics presented.

### **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 management team ensures ongoing regulatory compliance in relation to health and personal care. Management demonstrates its compliance with legislation and regulations, including through results of monitoring activities and authority/independent reports and via a clinical auditing program and periodic review of clinical indicators. Processes are used to monitor renewal dates of registrations for health professionals who provide nursing and therapy services. Competent and registered nursing staff administer medication and oxygen, and manage storage of these in accordance with relevant legislation. The home has a policy and procedure for compulsory reporting of care recipients' unexplained absences. Care

recipients and representatives reported care recipients receive care services in accordance with specified care services 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 an overview of the education and staff development system.

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

- Catheter and stoma care
- Clinical tool box education
- Continence aids training
- Dementia care
- Heat pack competency
- Medication competency
- Nutrition and hydration, and dysphagia competency.

### **2.4 Clinical care**

*This expected outcome requires that “care recipients receive appropriate clinical care”.*

#### ***Team’s findings***

The home meets this expected outcome

Care recipients receive appropriate clinical care. Health care needs of care recipients are identified when they move into the home with a range of assessments conducted by multi-disciplinary staff. Registered nurses and clinical managers develop care plans that are reviewed when their health status changes, or annually. Daily work logs guide care and registered staff in care recipients’ personal care and clinical requirements. Clinical managers analyse clinical incidents, review audits and have daily clinical meetings to monitor care recipients’ clinical care. Staff advised they provide personal care to care recipients throughout their shift including full or partial assistance to shower and dress, 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 nurses assess care recipients’ specialised nursing care needs and access external specialist services for further assessment and support as required. Registered staff 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 them in the provision of care recipients’ specialised nursing care. 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

Care recipients are referred to other health specialists according to their needs and preferences. The multi-disciplinary health team assess care recipients when they move into the home and podiatry services are provided every six weeks, or as required. Registered nurses or clinical managers initiate referrals to other health services such as the Parkinson’s nurse, residential care line, dietician, speech pathologist and mental health services. Care recipients are assisted to attend external specialist appointments and clinics, and instructions following appointments are communicated to staff. 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 health 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 each care recipient’s profile or care management summary. An imprest system is monitored by a clinical manager, 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.

The effectiveness of 'as required' (PRN) medication is evaluated and the use of PRN medication is monitored by registered nurses. 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. Care recipients and representatives reported medications are managed safely and correctly.

## **2.8 Pain management**

*This expected outcome requires that "all care recipients are as free as possible from pain".*

### **Team's findings**

The home meets this expected outcome

Care recipients are as free as possible from pain. On entry into the home, care recipients' pain is assessed by registered nurses, clinical managers 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. A clinical manager monitors pain management monthly, and staff described ways in which they identify pain and advised they report any observation of care recipients' pain to registered staff for further intervention. Care recipients and representatives reported they are satisfied with staff assistance 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

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 final wishes, and complete an advanced care directive. Clinical resources and relaxation items are available to support terminally ill care recipients. Staff have access to external health specialists for assistance in palliative care as required, and clinical managers, registered staff and general practitioners provide care for care recipients who remain at the home during palliation. Staff are trained in the provision of palliative care, and reported they have adequate skills to provide comfort and personal care during palliation, such as regular mouth and skin care.

Representatives expressed confidence staff would manage care recipients' palliative care competently when it is required.

## **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. The speech pathologist undertakes assessments of care recipients with swallowing impairment, and modified diets and thickened fluids are provided as required. 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, and when they ask for an alternative meal it is provided.

## **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 management team. 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. Invasive devices are 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 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 by staff. The home identifies care recipients’ behaviours of concern with staff recording the identified behaviour, including a possible trigger, when care recipients move into the home, and thereafter when behaviours are demonstrated. Registered and lifestyle staff develop care plans to guide staff that are reviewed as required and annually. Referrals are made to external health specialists including the dementia behavioural management advisory service (DBMAS) or mental health services for further review. Staff reported they spend additional time with care recipients who have behaviours that may impact on others. Care recipients and representatives reported staff are responsive in their assistance to care recipients who disturb others.

## 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 assesses care recipients’ mobility, dexterity, and complex pain and falls risk when they move into the home. The physiotherapist develops a program to maintain physical function that includes group or individual exercises and walking programs. Dexterity assessments are completed by the occupational therapist and assistive devices ordered as required. A referral is made to the physiotherapist for further review following a care recipient’s fall. Care recipients’ attendance at therapy sessions are recorded, and incidents of falls are monitored via the falls committee meetings and clinical indicator analyses. Staff reported hip protectors and sensor mats are used to reduce the risk of a fall or prevent injury. Care recipients and representatives advised staff are skilled in the assistance they provide, and they are satisfied with the 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 access external dental care, and treatments ordered are undertaken by staff. Care recipients are referred to the speech pathologist when a swallowing impairment is identified and interventions are documented. 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 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 and servicing of identified sensory aids. Care recipients attend external services for hearing examinations and provision or repair of hearing aids. Hearing aid batteries are checked weekly and replaced as required. Staff advised they assist care recipients with sensory activities including hand massage and craft. 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 chart is completed over a number of days when care recipients move into the home to identify waking patterns or disturbed sleep. Registered staff undertake a sleep assessment and care plans describe the care recipients' preferences at night, and interventions to assist achieve a natural sleep. Staff monitor care recipients overnight and report altered sleep patterns in the progress notes.

Staff described factors that can influence a care recipient's sleep including pain and continence issues. Care recipients and representatives reported they are satisfied with assistance overnight when care recipients are finding it difficult to sleep.

## 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

In relation to care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions. Feedback is 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 activities related to Standard 3 – Care recipient lifestyle are described below.

- Following an education session on dementia and sexuality, it was suggested all staff be educated on LGBTI (Lesbian, gay, bisexual, transgender and intersex) principles. A toolbox training resource was made available and the home delivers the session as scheduled commencing January 2016. Management reported a symbolic flag was printed and laminated and then placed on windows to each entrance to recognise that Shawford Lodge welcomes future LGBTI care recipients. Management reported senior staff are prepared for future admissions of, and care staff can deliver appropriate care to, LGBTI seniors.
- An evaluative study demonstrated benefits of participating in intergenerational playgroups for care recipients. As a result, the home commenced in February 2016 an intergenerational playgroup following a suggestion from a DBMAS consultant. The group is facilitated weekly, and management reported they will monitor and evaluate the benefits through therapy processes of the care recipients’ participation and engagement.

### 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 management team ensures ongoing regulatory compliance in relation to care recipient lifestyle. The home displays the care recipients’ rights and responsibilities, and provides information about care recipients’ rights and complaints resolution process in relevant information packages and agreements. The organisation has processes to review the information provided to care recipients to ensure it remains current and meets legislative requirements. The home has a policy and procedure for compulsory reporting of alleged and suspected assaults, and there is a confidential register for consolidated records as

applicable. Care recipients or their authorised representatives reported they are consulted for making decisions about services, and consent to disclosure of confidential information and provision for care.

### **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. Refer to expected outcome 1.3 Education and staff development an overview of the education and staff development system.

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

- Dementia and sexuality
- LGBTI in aged care
- Protecting people from abuse
- Therapy training days.

### **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 environment, and their needs and preferences are discussed. The home's occupational therapist and therapy assistants assess care recipients' emotional and social needs using validated assessment tools, which are reflected in individual care plans, and changes are monitored and reported on. Care recipients are encouraged to personalise their rooms and to join in activities at the home and in the community where appropriate, including access to weekly church services. 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 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. Staff practices are monitored, 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. Care recipients and their families are invited to complete a personal profile, and the occupational therapist uses this to complete assessments of the care recipients' lifestyle history and preferences. Assessment information is used to develop therapy care plans, which are reviewed annually or as required, and contribute to the development of the lifestyle and activity program. Activities are evaluated through recording attendance, activity evaluations and satisfaction surveys and via verbal feedback and requests. The activity program includes physical, cognitive, cultural, sensory and spiritual activities of both group and

individual options. Staff invite care recipients and their families 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 a personal profile that identifies any cultural or spiritual needs and preferences, which 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. Chaplains are available for support, and other religious leaders are welcome to access the home following a care recipient's request. Culturally significant days and events, such as Easter, Christmas and St Patrick's Day, are celebrated and families are invited to attend. Staff reported they have access to local community volunteers or groups for resources and support. 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. Staff described strategies for supporting care recipients' individual choices in relation to lifestyle and care interventions, and the home acknowledges the rights of care recipients to take risks. 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 consults with care recipients and representatives and ensures 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 current or recent improvement activities related to Standard 4 –Physical environment and safe systems are described below.

- Following a staff survey in October 2015, the organisation’s management implemented a staff wellness program. This included topics such as healthy weight week, competition for healthy recipes, run for reason activity, off the floor mystery tour, and provision of fresh fruit once a week for staff. Management reported they anticipate the program will improve health and morale of staff. Evaluation of the initiative was positive and staff feedback was complimentary of the program.
- The home now conducts in-house electrical tagging of equipment to ensure electrical equipment is regularly inspected and tested. In doing so, the maintenance staff were facilitated to obtain competency to test electrical appliances and equipment to relevant Australian Standards, and the task is now undertaken and monitored as part of preventative maintenance program. The home is currently formalising the skill required in the maintenance staff position description.

### 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 management team ensures ongoing regulatory compliance in relation to physical environment and safe systems. Internal and external resources and statutory bodies inspect and audit the workplace and building, fire emergency preparedness and the catering environment. Management or delegates act on recommendations from audits and inspections as required. The home stores chemicals safely, facilitates mandatory training for staff and has infectious disease management information available. Staff advised attending relevant mandatory training. The home has an occupational health and safety focus, and catering service is subject to a food safety program to comply with legislative requirements and to provide guidance to staff.

### 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

Management and staff have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for an overview of the education and staff development system.

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

- Competency to test electrical appliances and equipment
- Commercial cleaning equipment
- Fire safety and emergency
- Hand hygiene
- Infection control
- Manual handling.

### 4.4 Living environment

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

#### **Team’s findings**

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipients’ care needs. The home is comprised of single rooms with ensuite bathrooms and a secure wing for care recipients requiring additional support. There are communal areas inside and outside the home for social interactions and activities. The environment appears well-maintained, clean and clutter free. Care recipients are encouraged to personalise their rooms with furniture and mementos. Management ensures care recipients’ safety within the home by providing keypad access to internal and external doors. There are maintenance, cleaning and hazard management programs, and systems are reviewed at an organisational level as well as through audits, inspections and regular meetings. Care recipients and representatives expressed satisfaction with the safety and comfort of the 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

There are systems and processes to provide a safe working environment that meets regulatory requirements. Management, maintenance representatives and staff monitor the safety of the working environment using feedback/reporting mechanisms and audits.

Management implements remedial actions or improvements as required in response to accidents, hazards and safety and infection control risks. The home's meetings minute communication of information to staff regarding occupational safety and health as well as staff practices and environmental and equipment issues, and further communication with staff occurs via hazard alerts. Personal protective equipment and safety data sheets are available, and equipment and buildings are subject to routine and preventative maintenance. Staff reported they are aware of safety management processes through training and meetings, and management is active in providing 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 security breaches. Approved professionals carry out regular inspections and testing of the home's fire system and equipment. The home displays emergency response procedures in strategic locations, and evacuation maps show orientation and information regarding exit routes and location of fire-fighting equipment.

There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Staff described the home's security systems and emergency procedures as effective. An admission process and displayed posters inform care recipients and representatives of what to do if they hear a fire alarm. Care recipients and representatives confirmed, as appropriate, fire panel testing occurs and they would follow the instructions from staff.

#### **4.7 Infection control**

*This expected outcome requires that there is "an effective infection control program".*

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

The home meets this expected outcome

The home has an effective infection control program that includes policies, procedures and guidelines, registered nurse portfolio holder, preventative measures and management of care recipients' infections, and equipment and resources for the management of outbreaks. The home's management team monitors and reviews the infection control program through a

system of collecting data on infections, undertaking relevant audits and observing staff practices. Nursing staff identify and manage care recipients' specific infections through an assessment process, treatments required and evaluations of management strategies.

Equipment and signage is in use to lessen the risk of infection, and there are processes and facilities for cleaning equipment and laundry items. Staff described their practice of infection prevention strategies including vaccination programs, hand hygiene and containment of sharps, and food temperature monitoring.

#### **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

The home has systems and processes to ensure hospitality services are provided in a way that enhance care recipients' quality of life. Meals are cooked on site and transferred to satellite kitchenettes where meals are plated. There is a seasonal menu that provides care recipients with choices while meeting specialised dietary requirements. Catering staff receive up-to-date information regarding each care recipient's dietary requirements including allergies, special or modified dietary needs, likes/dislikes, preferences and cultural choices. The home has cleaning schedules, and ad hoc cleaning is undertaken when required. An on-site laundry manages care recipients' personal laundry and an external contractor launders the home's flat linen. Staff explained the process for minimising lost laundry. Care recipients and representatives reported they are satisfied with the home's hospitality services.