



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Amaroo Village McMahon Caring Centre**

RACS ID 7909  
74 Lissiman Street  
GOSNELLS WA 6110

**Approved provider: Amaroo Care Services Inc**

Following an audit we decided that this home met 43 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 23 November 2017.

We made our decision on 25 September 2014.

The audit was conducted on 20 August 2014 to 21 August 2014. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

### **ACTIONS FOLLOWING DECISION**

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table of Most recent decision concerning performance against the Accreditation Standards.

## Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 4 December 2014 concerning the home's performance against the Accreditation Standards is listed below.

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

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

### Standard 3: Resident lifestyle

Expected outcome	Quality Agency's latest decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

### Standard 4: Physical environment and safe systems

Expected outcome	Quality Agency's latest 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**

**Amaroo Village McMahon Caring Centre 7909**

**Approved provider: Amaroo Care Services Inc**

### **Introduction**

This is the report of a re-accreditation audit from 20 August 2014 to 21 August 2014 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:

- 43/44 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 4.4 Living environment

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 20 August 2014 to 21 August 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. 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 1997.

## Assessment team

<b>Team leader:</b>	Cristian Moraru
<b>Team members:</b>	Jacqueline Gillespie Wendy Scott

## Approved provider details

<b>Approved provider:</b>	Amaroo Care Services Inc
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## Details of home

<b>Name of home:</b>	Amaroo Village McMahon Caring Centre
<b>RACS ID:</b>	7909

<b>Total number of allocated places:</b>	92
<b>Number of care recipients during audit:</b>	91
<b>Number of care recipients receiving high care during audit:</b>	91
<b>Special needs catered for:</b>	Care recipients with dementia and other related conditions

<b>Street:</b>	74 Lissiman Street
<b>City:</b>	GOSNELLS
<b>State:</b>	WA
<b>Postcode:</b>	6110
<b>Phone number:</b>	08 9398 7722
<b>Facsimile:</b>	08 9398 8327

## Audit trail

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

### Interviews

Category	Number
Residential care manager	1
Clinical nurse	1
Physiotherapist	1
Occupational therapists	2
Care staff	10
Human resource coordinator	1
Catering staff	1
Property coordinator	1
Property and assets manager	1
Care recipients/representatives	16
Registered nursing staff	3
Therapy assistants	3
Lifestyle coordinator	1
Hotel services manager and coordinator	2
Cleaning staff	1
Volunteers	2
Administration assistant	1
Operations assistant	1

## Sampled documents

Category	Number
Care recipients' files, including assessments, care plans and progress notes files	9
Diabetic care plans	3
Advanced health directive	1
Care recipients' therapy files	7
Occupational therapy care plans	7
Physiotherapy care plans	7
Medication charts	7
Deceased care recipient's file	1
Acknowledgment of risk assessments	3
Residential agreements	2
Personnel files	8
Pictorial communication charts	3

## Other documents reviewed

The team also reviewed:

- Activities and special events file
- Agency orientation file
- Assessment schedules
- Audits and surveys, and action plans
- Bus trip file
- Care recipients on electoral role list
- Care recipients' admission information and handbook
- Case conference meetings file
- Clinical risk indicators and reports
- Comments and complaints file
- Communication books
- Continence management file



- Continuous improvement file and plan
- Contractors file and service agreements
- Diet and nutrition information file
- Emergency procedures file and evacuation plan
- Evening meal choice file and menus
- Fire contractors log books
- Fire-fighting equipment, fixtures and evacuation maps
- Incidents and accidents file
- Infection control manual and gastroenteritis management file
- Job descriptions and duty statements
- Mandatory training file, police certificates, staff registrations and visas information
- Meeting minutes files
- Memoranda file
- Missing laundry forms
- Multicultural associations and church services information
- Newsletters file
- Pain management logs, and pain management project and associated records
- Physiotherapy care plans file
- Policies and procedures
- Preventative and corrective maintenance file
- Safety data sheets file
- Self-directed learning packages file
- Service kitchen, fridge temperatures and cleaning schedules
- Staff employment package and handbook
- Staff roster and allocation file
- Therapy statistical data
- Training matrix file

- Treatment files, including weight charts, restraint and repositioning logs and wound care and bowel management plans
- Workplace health and safety file.

## **Observations**

The team observed the following:

- Activities in progress
- Brochures, forms and information on care recipients' rights, advocacy services and external and internal complains
- Care recipients' general appearance
- Chemical, equipment and supply storage areas
- Interaction between staff and care recipients
- Living environment
- Locked suggestion box
- Meal and refreshment services and staff assisting care recipients with meals
- Medication administration rounds and medication storage areas
- Notice boards, posted notes and displayed information
- Poison permit
- Short group observation in Ashburton secure house
- Visitors and contractors signing in/out register.

## 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 uses the organisation's framework to assist management to pursue continuous improvement. There are multiple methods of identifying areas of improvement including feedback forms, surveys, care recipient/representative meetings, internal/external audits and hazard forms. Information from these sources is transferred to the home's plan for continuous improvement where appropriate. Improvements are discussed at staff and care recipient/representative meetings. Staff interviewed reported they are encouraged to participate in the home's continuous improvement process and gave examples of improvements. Care recipients and representatives interviewed reported they are encouraged to contribute to the home's pursuit of continuous improvement.

Improvement activities initiated by the home in the last 12 months in relation to Standard 1 – Management systems, staffing and organisational development are described below.

- The organisation has introduced a new performance appraisal document where staff rate their own performance as well as the areas they would like to improve prior to the interview. Management advised staff performance, objectives and educational requirements are discussed at the interview and targets set for the coming year. Staff advised they like the new appraisal format and view their own performance.
- Following feedback, management advised they have reviewed care recipient files, archiving out-dated information and using dividers to assist with the location of different information. Archived information is kept in a separate file. Staff advised information is more accessible and the care recipients' files are not so bulky.

## 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

Management uses the organisation’s processes to ensure the identification and implementation of changes in legislation, regulatory requirements and professional standards and guidelines. Information is sourced in a variety of ways that includes industry related newsletters, peak bodies, Commonwealth, State and local government departments and other statutory bodies. Policies and procedures are updated or introduced accordingly, and the residential manager disseminates this information to the relevant staff at the home through meetings, handovers, education and memoranda. The home uses the organisation’s internal and external audit process to monitor compliance, and has processes for monitoring visas, statutory declarations and police certificates of new, existing staff and contractors. Care recipients’ fees and charges are set according to legislation and care recipients and other interested parties have access to external complaints information. Care recipients and representatives reported they were advised of the re-accreditation audit via correspondence, meetings, newsletters and flyers displayed at the home.

## 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 skills and knowledge to perform their roles effectively. Management uses feedback and requests from staff, satisfaction surveys, observation of staff practices, and incident/accident reports to identify training needs. There is a ‘buddy’ system to support new staff through the orientation process. Staff reported they are encouraged and supported to attend internal, external and online training to maintain and enhance their knowledge and skills. Care recipients and representatives reported they are generally satisfied staff have appropriate skills and knowledge to perform their roles effectively.

Examples of education and training undertaken in relation to Standard 1 are listed below.

- Aged care services conference
- Better practice conference
- Board of management roles and responsibilities
- Documentation and funding assessments
- Management of elder abuse and bullying in the workplace
- Team work.

## 1.4 Comments and complaints

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

### **Team's findings**

The home meets this expected outcome

Care recipients and representatives receive information regarding the comments and complaints mechanisms via the residential handbook, information pack and care recipient/representative meetings, and reported information regarding the external complaints and advocacy is readily available. There is easy access to the home's feedback forms and management ensures confidentiality via a secure suggestion box. Staff advocate on behalf of the care recipients when required. Care recipients and representatives reported they have access to the comments and complaints system and external services to advocate on their behalf.

## 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 displays its vision, purpose, values and guiding principles statement in the entry of the home and this information is documented consistently in the care recipient and staff handbooks. Staff reported management discuss the organisation's vision, purpose, values and guiding principles at induction and performance appraisals.

## 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 uses the organisation's recruitment process to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of care recipients. Processes are in place to adjust staffing levels or skill mix in response to the changing needs of care recipients. The residential care manager is responsible for the recruitment of staff, and new staff receive site orientation and are supernumerary until competent to complete the required duties. Mandatory, optional and competency-based training is provided, and staff performance is monitored via observation, feedback, incidents/accidents, surveys and performance appraisals. The home's own staff and temporary staff cover absenteeism. Staff interviewed reported they generally have enough time to complete their duties. Care recipients and representatives reported the knowledge and abilities of staff and adequacy of care generally satisfy them.

## 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 uses the organisation's systems to ensure stocks of appropriate goods and equipment are available for quality service delivery. There is a corrective and preventative maintenance program in place. Agreements and contracts established by the organisation meet legislative and regulatory requirements. Identified staff are responsible for stock rotation and control processes, and the purchase of goods and equipment is carried out using the organisation's preferred suppliers. Equipment is stored to provide accessibility for staff and to prevent damage, and appropriateness of equipment is monitored via staff and care recipient feedback. Staff, care recipients and representatives reported appropriate goods and equipment are provided, and that maintenance issues are dealt with in a timely manner.

## 1.8 Information systems

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

### **Team's findings**

The home meets this expected outcome

The home has processes to facilitate the collection, analysis and dissemination of information related to care recipients' care needs, as well as business and operational issues. On employment, staff sign a confidentiality statement, and information is readily available via the home's policies and procedures, care recipient care plans, memoranda, meetings and handovers. Electronic information is backed up daily and access to computers is password protected with specific levels of access. Archived information is stored securely and there is a process that allows for easy retrieval. Staff interviewed reported they have access to information that enables them to perform their duties. Care recipients and representatives interviewed stated they have access to information that enables care recipients 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

Systems are in place to ensure that external service selection is based on quality services and the needs of the care recipients and the home. The organisation and the home monitor police certificates and indemnity insurance. Documented procedures outline the process implemented to effectively use the home's external service providers and staff are aware of scheduled maintenance visits. External contractors perform audits, review and service equipment and provide training/information pertaining to education, pharmacy and fire-fighting equipment. A list of preferred suppliers and contractors is in place to assist with the purchasing of goods and services. Staff, care recipients and representatives reported they are satisfied with the home's externally sourced services.

## Standard 2 – Health and personal care

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

### 2.1 Continuous improvement

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

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

The home meets this expected outcome

Refer to continuous improvement Standard 1 – Management systems, staffing and organisational development for an overview of the home's continuous improvement process.

In relation to Standard 2 – Health and personal care, staff report care recipient falls, skin tears, challenging behaviours, medications and missing care recipients, and this information is then collated and analysed to identify any trends. Care recipients and staff are satisfied the home actively improves and promotes care recipients' physical and mental health.

Improvements initiated by the home over the past 12 months in relation to Standard 2 – Health and personal care and listed below.

- Medication competency training is being implemented for all trained nursing and medication competent care staff. Management advised the training ensures medications are managed safely and correctly according to the organisation's policies.
- Following an external training course attended by the clinical nurse, a skin care resource manual is now available in all wings. A selected group of staff have attended training in wound management. As a result, care recipients' skin integrity and wound care improved.

### 2.2 Regulatory compliance

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

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

The home meets this expected outcome

The organisation and home monitor changes in legislation and alert staff using a range of communication methods. A monitoring system is used to ensure professional staff are registered as required. There are procedures to report unexplained absences of care recipients. The poison permit is current, medication is stored safely and correctly, and administered by staff deemed competent by a registered nurse. Qualified staff carry out initial and ongoing assessments of care recipients. Care recipients and representatives reported care recipients receive appropriate care and services appropriate to individual care needs and preferences.

## 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

See education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training undertaken in relation to Standard 2 are listed below.

- Asthma management
- Continence products and management
- Dementia care
- Diabetes care
- Falls management
- Hearing and sight management
- Medication competency
- Motor neurone disease management
- Pain management
- Parkinson disease
- Percutaneous enteral feeding care
- Pharmacy update
- Sleep 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

When care recipients move into the home, registered nurses assess their clinical care needs using pre-admission and care recipient and family information, and develop interim care plans. Following completion by interdisciplinary staff within set time, using validated assessment tools care plans are developed to guide staff in the provision of care recipients’ individual care requirements, and these are reviewed six monthly and as required. General practitioners and relevant allied health practitioners regularly review care recipients. Clinical incidents are reported and analysis occurs monthly to identify risks, trends, opportunities for improvement



and the need for further education. Care recipients and representatives reported they are consulted about care recipients' clinical care and expressed satisfaction with the care recipients receive.

## **2.5 Specialised nursing care needs**

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

### **Team's findings**

The home meets this expected outcome

Registered nurses plan and direct the implementation of care recipients' specialised nursing care needs. Complex nursing care plans are developed and include information and directives from the general practitioner and allied health practitioners. The home provides specialised nursing care to care recipients requiring complex wound management, insertion, care and maintenance of tubes, and catheter care. Registered nurses are on site each day to provide nursing care. The home monitors care recipients' specialised nursing care outcomes through review of care plans and internal audits. Care recipients and representatives stated care recipients receive specialised nursing care according to their needs and preferences.

## **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 health specialists in accordance with their assessed needs and preferences. The home's occupational therapist and physiotherapist assess and review all care recipients, on entry to the home and as required. A podiatrist attends the home once every month and referrals are made to other specialist services, including dietitians, speech pathology, hearing services, the residential care line and mental health services. Reports from specialists are reviewed and recommendations implemented by the home, and external visits are documented and acted upon. Care recipients and representatives reported satisfaction with care recipients' access to health specialist services.

## 2.7 Medication management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients’ medications are managed safely and correctly. Clinical and medication competent care staff administer care recipients’ medications via a pre-packaged multi-dose system. Medication profiles and signing sheets contain photographic identification and clear information pertaining to prescription instructions including ‘as required’ medication. General practitioners regularly review care recipients’ medications and sign an authority for care recipients who wish to self-medicate. Care recipients requiring insulin are monitored per general practitioner instructions.

Medication audits are undertaken according to the audit schedule and incidents are recorded and data is collated and analysed monthly to identify areas for improvement. Care recipients and representatives stated they are satisfied care recipients’ medication are administered and managed safely and correctly.

## 2.8 Pain management

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

### **Team’s findings**

The home meets this expected outcome

The home has systems to ensure care recipients are as free as possible from pain. Registered nursing staff assess care recipients’ pain management needs when they move into the home and on an ongoing basis. Assessment tools include a verbal and non-verbal descriptor scale to identify signs of pain in care recipients with a cognitive or speech deficit. There is a multidisciplinary approach to manage care recipients’ pain that includes the general practitioner, registered nurse, the occupational therapist and the physiotherapist.

Care recipients assessed as having a particular need for pain relief have access to the home’s pain management team and individual pain management care plans are developed and delivered by allied health staff. Strategies to alleviate pain are identified in their care plans. In addition to pain relieving medication, the use of alternative methods to manage care recipients’ pain includes heat packs, massage, mobilisation and bandaging. Staff reported they refer to the registered nurse when pain relief strategies are not effective or care recipients report a new pain. Care recipients and representatives reported staff manage care recipients’ 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

On entry to the home, or soon after, advanced care planning is discussed with the care recipient and representative and future care wishes are discussed. When necessary, following consultation with representative and the general practitioner, the registered nurse records a specific palliative care plan with strategies to manage care recipients’ care needs such as pain relief and personal care. Support is available through the general practitioner and external specialist palliative care services and the home has access to specialised equipment, including a medication pump for effective symptom management. Care recipients have access to a spiritual advisor of their choice, and staff provide care recipients and their families with support during the palliative period. Staff reported families have been appreciative of the care and services the home provided. Cards and letters of appreciation from families were sighted.

## 2.10 Nutrition and hydration

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

### **Team’s findings**

The home meets this expected outcome

Assessment of care recipients’ needs in relation to nutrition and hydration occur when they move into the home and on an ongoing basis. Relevant staff are notified of care recipients’ meal preferences, special needs, allergies and cultural requirements. Recording of the care recipient’s weight occurs during the initial assessment period, monthly thereafter and more frequently if required. The clinical nurse notes variations and determines appropriate interventions, and if necessary care recipients receive nutritional supplements. Referral to the speech pathologist and dietician take place for care recipients identified at risk. Meals and fluids with altered texture and consistency are available, as well as modified cutlery and crockery. Staff reported they assist care recipients with their meals and drinks. Care recipients and representatives stated they are satisfied care recipients’ nutrition and hydration needs are being met.

## 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

An assessment of skin integrity and a risk assessment for pressure areas is completed when care recipients move in to the home, six monthly thereafter and as required using validated assessment tools. Care plans contain strategies and interventions for care staff to follow in maintaining care recipients’ skin integrity, hair and nails, including regular application of barrier cream, repositioning and pressure reducing devices and equipment. Care recipients who require wound management have an individual wound care plan to ensure continuity of care

and ongoing monitoring. For complex wound care, registered nurses liaise with external wound care specialists and care recipients' general practitioners. Adverse events are reported and analysis occurs monthly to identify risks, trends and opportunities for improvement. Care recipients and representatives reported care recipients are satisfied with their 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

The home has systems to ensure care recipients' continence management is effective. On entry to the home, a registered nurse assesses the care recipients' continence management needs, and individualised continence management plans are developed and reviewed annually or as required. Strategies include toileting regimes, appropriate continence aids, catheter management, adequate fluid intake, cranberry capsules, prescribed medication and daily monitoring. Registered nurses liaise with external nurse specialists for advice and support. There is an infection control program to monitor urinary infections and analysis occurs to identify risks, trends and opportunities for improvement. Staff reported they receive training regarding continence management and have sufficient supplies and equipment. Care recipients and representatives generally reported staff are effective in meeting care recipients' continence needs.

## **2.13 Behavioural management**

*This expected outcome requires that "the needs of care recipients with challenging behaviours are managed effectively".*

### **Team's findings**

The home meets this expected outcome

On moving to the home, care recipients undergo behaviour assessments during the initial phase and when behaviours change. A registered nurse and the occupational therapist use behaviour charts and assessments, past history information and family feedback to develop individual care plans. Documented strategies include attendance at the home's activity program, bus trips and diversion. Care recipients who exhibit challenging behaviours have individual strategies documented. Referrals to specialist services including mental health teams are made in consultation with the general practitioner and family. There are procedures in place to authorise and monitor the use of restraints. Incidents are recorded and data collated and analysed monthly to identify areas of improvement. Care recipients and representatives reported staff are effective in meeting care recipients' challenging behaviours.

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

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

### **Team's findings**

The home meets this expected outcome

On moving into the home, a comprehensive assessment of each care recipient is undertaken by the physiotherapist, registered nurse and occupational therapist to identify their level of

mobility and dexterity. Therapy and care staff encourage care recipients to maintain their mobility and dexterity by participating in the home's activity program that incorporates group and individual exercise programs and activities that focus on motor skills. The environment of the home, equipment and mobility aids promote and encourage care recipients to maintain their mobility and independence. The incident reporting process includes an analysis of incidents to identify trends and implementation of strategies to reduce care recipient falls.

Therapy staff described examples of optimal changes to care recipients' care as a result of incidents and loss of mobility. Care recipients and representatives generally reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

The home has processes to maintain the oral and dental health of care recipients. Care plans and strategies for maintaining oral and dental health are documented to provide guidance for care staff. Care plans identify the assistance care recipients require to maintain their oral and dental hygiene, including assisting them to clean their teeth or dentures. Care recipients are offered the opportunity to be assessed by the visiting dentist, and family can arrange for care recipients to attend external dental appointments. Staff reported they routinely undertake oral care for care recipients and ensure they have appropriate oral health equipment and products. Care recipients and representatives reported they are satisfied with the oral and dental care provided.

## **2.16 Sensory loss**

*This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".*

### **Team's findings**

The home meets this expected outcome

The home has a system to assess care recipients' needs in relation to all five senses. Assessment of care recipients' sensory losses in all five senses occurs when they move into the home by the occupational therapist and a registered nurse. Care plans are developed and reviewed six monthly or as required. Care plans include strategies to manage care recipients' sensory losses and to maximise care recipients' independence and interaction in activities of daily living. The home liaises with optometry and audiology services who visit the home. Staff described the strategies they use to assist care recipients with sensory loss and to manage their sensory devices. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage sensory losses.

## 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

Assessment of care recipients' sleep patterns occurs when they move into the home and if sleep disturbances are identified. Care recipients settling routines are recorded and care plans are developed to assist staff to promote and optimise strategies to enhance natural sleep patterns. Night sedation medication is administered as prescribed and is regularly reviewed by care recipients' general practitioners. The home provides a safe and peaceful environment, and staff are available at night to assist care recipients if required. Care recipients and representatives reported they are satisfied with the way staff assist care recipients to achieve a restful sleep at night.

## Standard 3 – Care recipient lifestyle

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

### 3.1 Continuous improvement

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

#### **Team’s findings**

The home meets this expected outcome

Refer to continuous improvement Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement process.

In relation to Standard 3 – Care recipient lifestyle, meetings, surveys and feedback forms are used to gather suggestions and information. Staff and volunteers contribute to improvements for care recipients’ lifestyle through suggestions and training. Staff and volunteers encourage and support care recipients and others to provide feedback and suggestions.

Examples of improvements initiated by the home over the last 12 months in relation to Standard 3 – Care recipient lifestyle are listed below.

- Following an external two day education course on dementia, the lifestyle coordinator provided training to therapy staff who is introducing a new range of activities for care recipients and has compiled a reference booklet for staff. The lifestyle coordinator described the principles behind the activities which are bright and colourful and how care recipients are attracted to them and occupy themselves with the activity. Activity boxes were created on the same principles, with laminated instructions for staff use when activity staff are not available, or when care recipients are restless. Feedback indicates the care recipients are happier and occupied. A formal evaluation is taking place.
- Volunteers advised how they are involved in the individual gardens being established for care recipients who rarely, or are unable to go out into the surrounding gardens. The home obtains favourite plants, vegetables and garden ornaments depending upon care recipients’ preferences. These are planted outside the windows so care recipients can watch the plants grow and bloom/fruit. Care recipients described their enjoyment in observing the plants grow.

### 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

Care recipients and/or their representative receive a copy of the Charter of residents’ rights and responsibilities on moving to the home via the residential handbook and information pack, and this is also displayed in the foyer of the home. Care recipients or their representatives are

offered an agreement that outlines the fees and tenure arrangements, and provides information of any changes to services, fees and charges. Staff reported knowledge of care recipients' privacy, dignity and confidentiality, and the requirement for mandatory reporting.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

See education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training undertaken in relation to Standard 3 are listed below.

- Advocacy – care recipients' rights and responsibilities
- Cultural care
- Dignity of care recipients
- 'Montessori' approach in dementia.

### **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

Processes to assist new care recipients adjust to life in their new environment include the provision of information regarding the home's services, an orientation and welcoming process, and encouraging family and friends to visit. After a settling-in period, relevant staff conduct assessments to identify care recipients' emotional needs. Individual care plans incorporate information relating to the holistic requirements of the care recipient, and therapy or individual behaviour support programs are developed to assist care recipients. Clinical and non-clinical staff refer care recipients to allied health professionals about emotional health concerns, and volunteers and pain management/activity programs further assist care recipients with emotional needs. The home uses monitoring mechanisms, evaluations of programs and surveys to review its processes for supporting care recipients' emotional needs. Care recipients and representatives reported the support provided by the home meets care recipients' needs and preferences.



### 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

The home has processes to ensure regular assessment of care recipients' needs in achieving maximum independence. Clinical and therapy staff assess and review the level of ability and cognition of care recipients to participate in their own activities of daily living. Care plans include considerations of care recipients' sensory, communication, mobility and dexterity function and levels of assistance required to promote independence. Care recipients are encouraged and assisted to maintain links with the community and to continue participating in external groups and activities they have previously been involved with.

Clinical and therapy staff seek consent and authorisation for treatments and risk taking activities from care recipients and representatives to allow care recipients to remain independent and/or safe. Staff described strategies to assist care recipients maintain independence in aspects of their lives within their abilities, including environmental factors, the use of equipment/aids for mobility and sensory needs, and the civic ability to exercise the right to vote. Care recipients and representatives reported they are satisfied with the assistance provided by the home in relation to care recipients' independence and participation in the life of the community within and outside the home.

### 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 has processes to ensure that care recipients' rights to privacy, dignity and confidentiality are recognised and respected. An initial and ongoing assessment process identifies the care recipient's need for privacy and dignity that includes continence, mobility, palliative and cognition considerations. The environment promotes privacy, dignity and confidentiality, including the provision for quiet indoor/outdoor areas, clothing protectors drapes in shared rooms, and secure storage of care recipients' information. The home provides care recipients with health, therapy and personal care services in their rooms and allocated facilities, and staff use covertly discreet signs during the provision of care. Staff interviewed described strategies and protocols for supporting personal and clinical care that protect the dignity and privacy of care recipients. Care recipients and representatives reported staff respect care recipients' privacy, dignity and confidentiality.

### 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

There are processes to encourage and support care recipients to participate in a wide range of interests and activities of interest to them. The occupational therapist conducts assessments of care recipients, including the identification of any barriers to participation, and develops and reviews care plans and individual programs to complement other areas of care. The lifestyle coordinator develops focused activity programs from the assessed information and care recipients' social profiles to accommodate individual and group needs, including for those care recipients with cognitive impairments and sensory losses. Therapy staff and volunteers deliver activity programs that include a range of cognitive, gross motor, sensory and social group activities as well as special events and outings. Therapy staff described strategies to facilitate and encourage care recipients to participate in activities, including informing and assisting care recipients to attend. Processes are in place to evaluate the care recipients' lifestyle and activity programs via feedback, evaluations of activities and attendance records, and review of care planning. Care recipients and representatives reported care recipients are satisfied with the range of activities offered to 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

There are processes to identify care recipients' cultural and spiritual needs and preferences when moving to the home. Therapy staff undertake lifestyle assessments and communicate this information to relevant staff via care recipients' care plans. The home makes provision to enable care recipients' access to church services and visits from spiritual support personnel as requested. The activity program includes community activities and celebration of commemorative events and special days. Therapy staff reported they use evaluations of programs and care plans to ensure individual care recipient's cultural and spiritual interests are fostered and valued, including care staff gender preference for care procedures, appropriate catering and communication requirements. Care recipients and representatives reported satisfaction with the cultural and spiritual support provided by the home.

### 3.9 Choice and decision-making

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

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

The home meets this expected outcome

Management and staff encourage and support care recipients and their representatives' individual choices and decisions about care and service delivery. Clinical and therapy staff assess care recipients' individual needs, abilities and preferences across areas of care, lifestyle and service delivery when moving into the home and as required. The home conducts meetings and case conferences to provide care recipients and representatives with a forum to express views and participate in decisions about care and service. Complaints mechanisms are available to care recipients and their representatives, and authorised representatives make decisions on behalf of care recipients who are unable to act for themselves. Staff reported strategies for supporting care recipients' individual preferences, including daily routines, cultural/spiritual pursuits, modes of communication and participation in activities. The home uses feedback mechanisms, satisfaction surveys and evaluations of programs to monitor the effectiveness of care recipients' choices and preferences. Care recipients and representatives reported they are supported to exercise choices and decisions in aspects of the care recipients' daily life.

### 3.10 Care recipient security of tenure and responsibilities

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

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

The home meets this expected outcome

The home has processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. On moving to the home, care recipients or their representatives receive an updated admission information package that includes an agreement and associated annexures. Independent sources of advice are available for care recipients from non-English backgrounds to access information in different languages.

Management provides care recipients or their representatives with consultation prior to room transfers. Management ensures care recipients are protected from abuse through the provision of protocols for compulsory reporting and staff training. Care recipients and representatives reported care recipients feel secure in their tenure, and are aware of availability of independent sources of advice as appropriate.

## **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 continuous improvement Standard 1 – Management systems, staffing and organisational development for an overview of the home’s continuous improvement process.

Examples of improvements initiated by the home over the last 12 months in relation to Standard 4 – Physical environment and safe systems are listed below.

- The human resource coordinator advised all trained staff have attended a day’s training in workplace safety. The training addresses the legislation and practical application of workplace safety to ensure the safety of staff and other stakeholders. The hazard/workplace injury form was explained to the staff, including the correct completion, investigation and resolution of problems identified. The trained staff have become mentors in the program. Workplace injuries have decreased as a result. Trained staff advised they now feel confident in overseeing and investigating any workplace injuries.
- Following preparation for an external catering audit the organisation revised the catering policy and procedures in consultation with external suppliers. Staff have been trained in the new procedures, and the food safety plan was updated. Management advised monitoring confirmed the staff are compliant with the new procedures.

### **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

Management and staff use the organisation’s systems to manage the physical environment and safe systems of the home. All staff attend mandatory fire, safety and emergency training, environmental audits are completed in accordance with the organisation’s audit schedule, and there is a food safety program. Visitors, contractors, care recipients and their representatives record their arrival and departure at the home, and reporting mechanisms are used for accidents, incidents and hazards. The home supplies staff with personal protective equipment and safety data sheets are readily available.

### 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

See education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training undertaken in relation to Standard 4 are listed below.

- Chemicals and their use
- Fire safety and fire warden
- Food safety
- Infection control
- Manual handling
- Safety mentor.

### 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 does not meet this expected outcome

The home's environment does not reflect the safety and comfort needs of care recipients. Management cannot demonstrate its practices and actions to provide a safe and comfortable living environment are effective. The home's approach in meeting individual care recipients' safety needs by access to working call bells is not effective. Care recipients and representatives reported dissatisfaction with how the home ensures a safe and comfortable environment according to care recipients' needs.

### 4.5 Occupational health and safety

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

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

The home meets this expected outcome

Management and staff use the organisation's systems and processes to provide a safe working environment that meets regulatory requirements. Policies and procedures are provided in key areas to guide and direct staff. The home routinely conducts environmental and safety audits and hazard monitoring is undertaken on a regular basis. Reporting of

incidents, the use of maintenance programs and tracking of care recipient infections are monitored for trends and opportunities to improve identified. New staff receive a site orientation that includes occupational health and safety training and questionnaire. Staff confirmed they are satisfied with the provision of a safe working environment. Care recipients and representatives reported that management provides a safe 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 established processes to maintain a safe environment and reduce the risk of emergencies, fire and security breaches. Approved professionals carry out regular testing of fire detection systems, fire-fighting equipment and emergency and exit lighting. The home has emergency procedures that are followed when an emergency occurs, and relevant staff maintain a current care recipient evacuation list. Evacuation maps show orientation and information regarding exit routes and location of fire-fighting equipment and are located throughout the home. Staff receive fire and evacuation training at orientation and annually thereafter. Staff described the home's security systems, including the process for securing the home at night. Security staff patrol the home and make telephone contact with senior night staff. Maintenance staff reported there are processes to check and tag new and existing electrical appliances, and to identify and resolve electrical hazards. A designated smoking area is provided for care recipients who choose to smoke and fire blankets and aprons are available. Care recipients and representatives are informed via the handbook and notices within the home of what to do if they hear a fire alarm.

#### **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 and guidelines, infection preventative measures, management of care recipients' infections, equipment and resources for the management of outbreaks. The home's infection portfolio holders review the infection control program through a system of collecting data on infections, actioning internal and external audit recommendations and observing staff practices. Registered nursing staff identify and manage care recipients' specific infections through an assessment process, treatments and evaluation of management strategies. Equipment and signage is in use to lessen the risk of infection, and there are processes and facilities for cleaning, disinfecting and sterilising equipment. Staff orientation and mandatory training includes topics on infection control, and staff provided examples of infection prevention strategies.

Care recipients and representatives reported satisfaction with the home's infection control program.

#### **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 provides catering, cleaning and laundry services that enhance the care recipients' quality of life and staff's working environment. The home informs care recipients about hospitality services and dining arrangements via information handbook, noticeboards and meetings, and there are provisions for care recipients to provide feedback about their experience. The kitchen rotates a seasonal menu that takes in account care recipients' preferences, choices and special dietary requirements. The menu provides hot meals and alternatives, and changes to the menu occur in response to care recipients' surveys and feedback. Cleaning staff, who are guided by scheduled tasks and duties, provide cleaning and laundry services throughout the week. Colour coded and delineation laundry protocols are in use for the prevention of contamination, and there is a lost property system that includes labelling, reporting and sorting processes to prevent loss of and retrieve clothes. Hotel services encompass the home's food safety and infection control requirements, and supervising hotel services staff monitor quality via feedback, internal compliance checks and audits. Care recipients and representatives reported satisfaction with the food, cleaning and laundry services provided.