



Australian Government

Australian Aged Care Quality Agency

Cumberland Manor

RACS ID 4297
Cnr Wiltshire St & Cumberland St
SUNSHINE NORTH VIC 3020

Approved provider: Primary Caring 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 20 October 2018.

We made our decision on 25 August 2015.

The audit was conducted on 21 July 2015 to 22 July 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



Australian Government

Australian Aged Care Quality Agency

Audit Report

Cumberland Manor 4297

Approved provider: Primary Caring Pty Ltd

Introduction

This is the report of a re-accreditation audit from 21 July 2015 to 22 July 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 21 July 2015 to 22 July 2015.

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

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

Assessment team

Team leader:	Doris Hamilton
Team member:	Jill Packham

Approved provider details

Approved provider:	Primary Caring Pty Ltd
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Details of home

Name of home:	Cumberland Manor
RACS ID:	4297

Total number of allocated places:	74
Number of care recipients during audit:	71
Number of care recipients receiving high care during audit:	Not applicable
Special needs catered for:	Nil

Street:	Cnr Wiltshire St & Cumberland St
City:	Sunshine North
State:	Victoria
Postcode:	3020
Phone number:	03 9311 7079
Facsimile:	03 9311 7048
E-mail address:	cumberlandmanor@netspace.net.au

Audit trail

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

Interviews

Category	Number
Management/administration	3
Clinical/care staff	11
Allied health	2
Care recipients/representatives	17
Hospitality services	4
Lifestyle staff/volunteers	4

Sampled documents

Category	Number
Care recipients' files	12
Care recipient agreements	8
Medication charts	8
Personnel files	10

Other documents reviewed

The team also reviewed:

- Audits and surveys
- Care recipients' information handbook
- Care recipients' information package and handbook
- Cleaning and laundry management documents
- Clinical records and documents
- Comments and complaints records
- Compulsory reporting register
- Continuous improvement documents
- Education records
- External service provider records

- Fire, security and emergency documents
- Food safety plan and monitoring records
- Human resource management documents and records
- Infection control program
- Inventory and equipment records
- Kitchen external certifications
- Leisure and lifestyle records and documents
- Memoranda
- Minutes of meetings
- Occupational health and safety program
- Policies and procedures
- Preventative and responsive maintenance records.

Observations

The team observed the following:

- Activities in progress
- Equipment and supply storage areas
- Fire, security and emergency equipment and signage
- Information displays for care recipients and representatives
- Interactions between staff and care recipients
- Internal feedback forms and suggestion box
- Living environment
- Meal and refreshment services
- Short group observation
- Waste management processes.

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

Management have quality systems that effectively identify, action and evaluate continuous improvements across the Accreditation Standards. Information is sourced through stakeholder feedback, analysis of audits and monthly clinical data collection, care recipients' needs, legislative changes and strategic planning. Management logs, monitors and evaluates actions with input from relevant departments. Continuous improvement is an agenda item at all relevant meetings. Identified improvement opportunities may result in reviews of policies and procedures, equipment purchases, additional staff training and updates to the audit schedule. Care recipients, representatives and staff are aware of the various avenues to make comments, complaints and suggestions and are encouraged to be part of continuous improvement at the home.

Improvements over the last 12 months relating to Standard 1 - Management systems, staffing and organisational development include:

- Management were distributing a quarterly combined care recipient/staff newsletter. Staff requested a separate newsletter containing information more specific to their work practices. Management developed a monthly staff newsletter with tips, policy updates and articles of interest. They also invited staff to contribute. Staff feedback is positive to the new format, stating the improved information sharing increases their skills and knowledge.
- Management sourced an external, professional human resources service to assist with implementing and monitoring staffing policies and procedures. The service provides advice on performance management, policy updates and workplace relations. The new program provides support to management and staff and ensures compliance with legislation and industry guidelines.

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 receives regular information and updates on professional guidelines and legislative requirements through subscription to a legal advisory service, membership to peak bodies and notifications from professional networks and government departments.

Processes ensure the revision of relevant policies and procedures when required. Monitoring of compliance is through internal and external reviews and the auditing schedule.

Dissemination of information to staff regarding changes to regulations and the home’s practices is through meetings, newsletters, memoranda and education sessions. The home notifies care recipients and representatives of any relevant changes to legislation.

Regulatory compliance at the home relating to Standard 1 - Management systems, staffing and organisational development includes:

- Staff, volunteers and external contractors have current police certificates and signed statutory declarations as needed.
- All nursing staff have current professional registrations.
- The home notifies staff, care recipients and representatives of re-accreditation site audits.
- Staff receive a Fair Work statement on commencement of employment.
- Confidential documents are stored and destroyed securely.
- Information is available to care recipients and representatives on external complaints and advocacy services.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have the knowledge and skills required to effectively perform their roles. An annual calendar schedules mandatory education and other relevant topics and is responsive to current care recipients' needs and suggestions from staff. The home records attendances at education sessions and has an evaluation system to monitor their effectiveness. Staff undertake appropriate competencies to maintain and monitor their practices. Staff are encouraged and supported to attend external courses and conferences to increase their skills and qualifications. Staff stated they are satisfied with the education opportunities offered to them.

Education undertaken in the last 12 months relating to Standard 1 - Management systems, staffing and organisational development includes:

- continuous improvement
- understanding accreditation
- auditing.

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

Management provides stakeholders with access to internal and external complaints handling mechanisms. Information on the complaints process is in the information handbook and agreements given to care recipients and representatives. The home displays external complaints and advocacy brochures and provides access to internal feedback forms and a secure suggestion box. Management has an open door policy and regularly consults with staff, care recipients and representatives providing group and individual forums to raise issues or concerns. Analysis of complaint data occurs and feeds into the continuous improvement system. Care recipients, representatives and staff are aware of the process and documentation shows matters are actioned appropriately and in a timely manner.

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

Management have documented the mission, vision and objectives of the home in all information about the organisation designed for stakeholders. Management and staff's commitment to quality is demonstrated through gathering and communication of data regarding the home's performance against quality indicators.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has appropriately skilled and qualified staff to ensure care and service delivery is in accordance with regulatory requirements, professional guidelines, policies and procedures and the current needs of care recipients. Management recruit staff based on position descriptions, minimum qualifications, reference checks and current police certificates.

Successful applicants sign a contract and undertake an orientation program. Staff appraisals, audits, surveys, competencies and management observations ensure maintenance of optimal staff practices. Monitoring of staffing levels occurs to reflect changes in care recipient numbers and care needs. Staff said there is sufficient and appropriate skill mix to meet care recipients' needs. Care recipients and representatives are satisfied with the responsiveness of staff and the quality of care provided.

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

Management ensures appropriate goods and equipment are available for quality service delivery. Key personnel monitor stock levels and re-ordering processes are through an approved suppliers list. Adherence to maintenance and cleaning programs occurs and electrical equipment is tested and tagged for safety. Reviewing and updating of goods and equipment reflects identified special needs of the current care recipient population. New equipment is trialled prior to purchase and staff receive training. Equipment, supplies and chemicals are securely stored with access restricted to authorised personnel. Care recipients and staff stated adequate supplies of appropriate goods and equipment are available at all times.

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

Management provide a range of strategies to ensure staff have access to current information necessary for the effective delivery of services and to inform care recipients and representatives of activities and care management. Staff are provided with position descriptions, duty lists and policies and procedures relevant to their departments. Distribution of new information is through meetings, newsletters, memoranda, handover sheets, care plans and progress notes. Management inform care recipients and representatives at meetings, in newsletters, noticeboard displays and individual case conferences as needed.

The computer system is password protected with restricted levels of access. Care recipient and staff files are stored, archived and destroyed securely according to regulations. Staff, care recipients and representatives are satisfied with their level of access to relevant information.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management ensures ongoing quality and responsiveness of externally sourced services. Effective monitoring occurs of contractors' insurance cover, police certificates and qualifications and ensures services meet relevant regulations. Contractors receive orientation and a handbook prior to commencing. Management regularly reviews satisfaction with externally sourced services including feedback from staff, care recipients and representatives, audits, surveys and observations. A list of preferred service providers is available and staff have access to after hours' emergency assistance. Staff and care recipients are satisfied with the quality of currently sourced external suppliers.

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

Management and staff actively pursue continuous improvement in relation to care recipients' health and personal care. The audit schedule includes monitoring of clinical outcomes and monthly incident/infection data is collated and analysed. Identified issues result in corrective actions through the quality system. Refer to expected outcome 1.1 Continuous improvement for more information about the home's systems and processes.

Improvements over the last 12 months relating to Standard 2 – Health and personal care include:

- Management reviewed practices relating to wound monitoring. They introduced a sheet to display photographs of wounds. This ensures consistent capturing of the progress of wounds and the effectiveness and evaluation of healing strategies. Staff are more aware of care recipients' wounds and the new tool improves the timely identification of any issues to be addressed.
- Staff requested improved documentation to clearly identify insulin injection sites. Management developed a form which includes diagrams of each scheduled injection site. This ensures staff accurately and consistently rotate insulin administration areas to reduce the risk of infection and trauma to care recipients' skin.

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

Management ensures compliance with regulations and guidelines regarding health and personal care through their policies and procedures, regular auditing, staff education and clinical competencies. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 2 – Health and personal care includes:

- Appropriately qualified staff provides medication management and specialised nursing care.
- Medication is stored securely.
- The home has a policy for the unexplained absence of care recipients with appropriate incident reporting and notification processes

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 appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education system and processes.

Education undertaken in the last 12 months relating to Standard 2 - Health and personal care includes:

- managing challenging behaviours
- palliative care
- oral and dental care.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients receive appropriate clinical care. Clinical staff undertake assessments and develop care plans in consultation with care recipients, their representatives and medical practitioners. Care plans contain information regarding past medical and surgical histories and interventions to achieve goals for each aspect of care. Care recipients have their choice of medical practitioners who visit the home regularly. Staff transfer care recipients to acute care services and refer to medical specialists and allied health practitioners as appropriate. Management monitor clinical care through regular audits and feedback. Care recipients and representatives expressed satisfaction with care recipients’ clinical care.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

The home identifies and meets specialised nursing care. Registered nurses coordinate the assessment and care planning of specialised nursing care including diabetes management, colostomy and urinary catheter care. Staff said they have sufficient equipment and resources to provide specialised nursing care and attend relevant education sessions. Management monitor specialised nursing care through regular audits and feedback. Care recipients and representatives expressed satisfaction with care recipients’ specialised nursing care.

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

Clinical staff refer care recipients to appropriate health specialists in accordance with their needs and preferences. Allied health professionals including physiotherapists, dietitians, podiatrists and ophthalmologists visit the home regularly. Staff assist care recipients to visit external health services. Allied health professionals document and review plans of care. The home has an allied health assistant who implements care as directed. Staff said communication, including regular meetings, with allied health professionals is effective.

Management monitor other health and related services through regular audits, contract review and feedback. Care recipients and representatives expressed satisfaction with care recipients’ access to allied health 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 safe and correct management of care recipients’ medication. Registered nurses coordinate the assessment and care planning for medication management. Medical practitioners complete and regularly review medication charts.

Consultant pharmacists, in liaison with medical practitioners, regularly review medication regimes. Medication is stored and disposed correctly and dispensing pharmacists conduct regular audits. Staff administer medication according to their qualifications and competency. Staff, in consultation with medical practitioners, support care recipients to self-administer medications. Management monitor the system through incident reports, feedback and audits. Care recipients and representatives expressed satisfaction with care recipients’ medication management.

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

Management and staff ensure all care recipients are as free from pain as possible. A physiotherapist assesses all care recipients for pain on their entry to the home and in conjunction with an allied health assistant provides pain relieving strategies. Clinical staff assess pain using verbal and nonverbal pain assessment tools and refer care recipients to medical practitioners for treatment. Management monitor the pain management program through regular audits and feedback. Care recipients and representatives expressed satisfaction with care recipients’ pain management.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home has systems to maintain the comfort and dignity of terminally ill care recipients. Registered nurses discuss terminal care wishes with care recipients and representatives on entry to the home and document needs and preferences. Staff liaise with medical practitioners and palliative care specialists to develop palliative care plans when appropriate. Staff ensure care recipients and their representatives are made as comfortable as possible responding to special requests and adapting care according to changing needs.

Management monitor the palliative care program through regular audits and feedback. Care recipients expressed satisfaction with care and consultation and representatives expressed satisfaction with care recipients’ palliative care.

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. Clinical care staff assess care recipients on entry to the home for their nutrition and hydration needs and preferences and develop a plan of care. Care plans include dietary likes and dislikes, directions for modified textured food and fluids, allergies and assistive devices as appropriate. Staff weigh care recipients to identify changes and regular weight reviews are conducted by the dietitian and care coordinator. Staff refer to the dietician and speech pathologist as appropriate. Staff assist care recipients to consume food and fluids according to needs and preferences.

Management monitor nutrition and hydration through regular audits and feedback. Care recipients expressed satisfaction with meals and drinks.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients’ skin integrity is consistent with their general health. Clinical staff assess care recipients’ needs and preferences and document plans of care. Staff monitor care recipients’ skin for changes and refer to medical practitioners for treatment of skin conditions. Staff assist care recipients to maintain skin integrity applying moisturisers, identifying allergies and providing assistance with hygiene and position changes. Registered nurses oversee the management of wounds and refer to a wound care consultant as necessary. Management monitor skin care through audits, feedback and the analysis of clinical data. Care recipients and representatives expressed satisfaction with 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

The home has systems to effectively manage care recipients’ continence. Clinical staff assess care recipients for their continence needs and preferences on entry to the home and develop care plans. Staff monitor care recipients and identify strategies to reduce episodes of incontinence and maintain social continence. Care recipients are referred to medical practitioners who order medications to promote continence as appropriate. A continence aid supplier provides education and liaises with staff. Management monitor continence management through regular audits and feedback. Care recipients and representatives expressed satisfaction with the assistance care recipients receive to manage 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

Management and staff have systems to manage the needs of care recipients with challenging behaviours. Clinical staff interview care recipients and representatives on entry to the home and document interim care plans. Staff assist care recipients to settle in the home and use assessment tools to identify challenging behaviours and their contributing factors. Staff assess care recipients for their cognitive abilities and mood. Staff provide meaningful activities to support care recipients to occupy their time. Management monitor the behaviour management program using regular audits and incident reports. Care recipients said they feel safe and secure in the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure care recipients achieve optimum levels of mobility and dexterity. Clinical staff and physiotherapists assess care recipients for mobility and dexterity on entry to the home. Care plans include falls risk ratings and strategies to assist mobility and dexterity. A physiotherapist designs exercise programs and delivers individual rehabilitation programs aided by the allied health assistant. Staff assist care recipients to mobilise and change location. Management monitor incidents of falls and the mobility program through audits and feedback. Care recipients and representatives expressed satisfaction with mobility and dexterity assistance for care recipients.

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

Management and staff have systems to maintain the oral and dental health of care recipients. Clinical staff assess care recipients’ oral and dental health on entry to the home and develop a plan of care. Care plans include oral and dental needs and preferences and the level of care required. Staff refer care recipients to dentists and dental technicians who visit the home. The home has processes to ensure staff check and replace dental hygiene equipment regularly. Management perform regular audits of the oral and dental care management program. Care recipients and representatives expressed satisfaction with care recipients’ oral and dental care.

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 systems to identify and manage care recipients’ sensory losses effectively. Staff assess care recipients on entry to the home for their abilities regarding all five senses. Individualised plans of care include strategies to maximise senses and assist with sensory loss. Staff review care plans regularly and refer care recipients to specialists as necessary. Ophthalmology and hearing services visit the home. Staff assist with cleaning eye glasses and replacing hearing aid batteries in addition to modifying communication methods. Medical practitioners review care recipients and prescribe treatment for conditions affecting sensory loss. Management monitor sensory loss through regular audits and feedback. Care recipients expressed satisfaction with the care they receive for their 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 achieve natural sleep patterns. Clinical staff interview care recipients on entry to the home to establish needs and preferences for sleep. Staff document patterns of rest and wakefulness to ensure care recipients are achieving adequate sleep. Staff refer to medical practitioners for strategies to assist sleep as appropriate. Care recipient care plans detail individual preferences such as preferred rising and settling times and bed time rituals. Staff assist over night by providing physical and emotional comfort measures if care recipients have difficulty sleeping. Management monitor sleep through regular audits and feedback. Care recipients said the home is quiet, they have comfortable beds and get a good night’s 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

Management and staff actively pursue continuous improvement in relation to the care recipients’ lifestyle experiences. Feedback on the effectiveness of the program and ideas for improvement are from care recipients surveys, meetings and evaluation of activity participation levels. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements over the last 12 months relating to Standard 3 – Care recipient lifestyle include:

- Male care recipients stated they would prefer a male lifestyle worker to provide separate, more meaningful activities of interest to them. Management employed a male staff member to run a men’s program which includes woodwork. Male care recipients stated they enjoyed constructing items and are proud of their completed work on display. Staff report an increase in male participation in activities and improved socialising and interactions between the male care recipients.
- Care recipients requested more outdoor activities as they did not like being inside all the time. Management upgraded a courtyard area with new furniture, sensory garden beds and a shade sail to provide protection from the weather. This provides a safe, pleasant area for care recipients to be outside and enjoy the fresh air.

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

Policies and procedures, staff education and monitoring systems ensure staff are aware of and comply with relevant regulations relating to care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 3 – Care recipient lifestyle includes:

- The home has appropriate documentation to record incidents of elder abuse and maintains a consolidated register for mandatory reporting matters.
- Information for care recipients on their rights and responsibilities, security of tenure and privacy and consent issues are contained in their handbooks and/or service agreements.
- Guardianship and powers of attorney information is on file.
- The home displays posters of the Charter of care recipients’ rights and responsibilities.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. Refer to outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education undertaken in the last 12 months relating to Standard 3 - Care recipient lifestyle includes:

- elder abuse and mandatory reporting
- information on the Maltese culture
- care recipients’ rights and responsibilities.

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

Management and staff have systems to support care recipients adjust to life in the home and provide ongoing emotional support. Management provide prospective care recipients and representatives with information regarding fees and charges and the care and services provided by the home. Staff orientate care recipients to the home and liaise with representatives to develop emotional support plans of care. Clinical staff assess for mood on entry to the home and regularly review plans of care with care recipients and representatives. Staff provide one on one social and emotional support as required. Care recipients and representatives said staff provide emotional support and make representatives feel welcome.

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

Management and staff assist care recipients to achieve optimum independence and social connectivity. Clinical staff assess cognitive abilities, mobility, sensory loss and communication methods and barriers. The home has a dedicated area for gym equipment and assists care recipients to exercise in a social setting which promotes participation and inclusion. Leisure and lifestyle staff discuss preferences for maintaining friendships and links with the community. Staff facilitate regular shopping trips, outings to community groups and provide mobile voting booths. Management monitor the environment for risks. Care recipients expressed satisfaction with the support they receive to maintain independence and community connections.

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 ensures care recipients' rights to privacy, dignity and confidentiality is recognised and respected. Management provide care recipients with a privacy statement on entry to the home. Staff consult to ensure care plans are individualised to needs and preferences across all care domains and provide care in privacy and with dignity. Staff obtain consent to display photographs, names and make birthday announcements. Management monitor privacy and dignity through regular audits and feedback. Care recipients and representatives expressed satisfaction with 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

Management and staff support care recipients to participate in a wide range of activities of interest to them. Leisure and lifestyle staff assess care recipients on entry to the home for their interests and the activities they enjoy. Care plans detail recreational activities in which care recipients participate. Lifestyle staff develop a program to incorporate activities for physical, spiritual, cognitive and social needs and preferences. Staff ensure each care recipient has a monthly activities program and encourages them to participate to the extent they wish. Staff document care recipients' engagement in and enjoyment of the program and perform monthly reviews. Care recipients expressed satisfaction with the lifestyle program, discussing the art and craft they make and the outings and entertainment they enjoy.

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

Management and staff value and foster the customs and beliefs of care recipients in the home. Staff assess and document culture, language and spiritual beliefs on entry to the home. Staff develop care plans in consultation to acknowledge culture and spiritual beliefs. The home hosts religious services for denominations to which care recipients belong and for those who wish to participate. Staff acknowledge cultural and spiritual days of significance with dance, food and music. Staff are multicultural, interpreter services are available and staff place cue cards with words in relevant languages and information regarding language specific television programs in care recipients' rooms. Care recipients and representatives expressed satisfaction with cultural and spiritual life.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

The home has systems to enable and encourage care recipients and representatives to participate in decisions about the home's services and care recipients' lifestyle. Management foster care recipient and representative feedback by coordinating meetings, promoting comments and complaints forms and holding family conferences. Care recipients and representatives have access to advocacy information including in languages other than English. Staff assess preferences across all care and lifestyle domains and offer choice of medical practitioner and pharmacy. Care recipients have the right to refuse treatment and

participate in activities that involve risk. Management collect and record information on powers of attorney. Care recipients expressed satisfaction with the opportunities for choice and decision-making.

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

Management and staff have systems to ensure care recipients have security of tenure in the home and understand their rights and responsibilities. Management provide each care recipient with a residential care agreement and the charter of care recipients' rights and responsibilities. Management discuss limitations in providing appropriate care if the need arises and assist care recipients to access a more appropriate care provider if required. Care recipients and representatives said they are satisfied with the information they receive from management.

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

Management and staff actively pursue continuous improvement to ensure care recipients live in a safe and comfortable environment. Evaluation of current strategies and ideas for improvements are through feedback from care recipients, representatives and staff, maintenance requests, environmental audits and incident and infection data analysis. Refer to expected outcome 1.1 Continuous improvement for more information about the home’s systems and processes.

Improvements over the last 12 months relating to Standard 4 – Physical environment and safe systems include:

- To improve the variety of the menu, staff invited care recipients to a food tasting. Management forwarded the results of feedback on their choices and suggestions to the dietitian to ensure the seasonal menus contain appropriate nutritional value. Care recipients enjoyed being involved in planning the menu and management report a reduction in complaints.
- Care recipients reported an increase in the number of lost items after sending their clothes to the laundry. Management reviewed laundry practices and introduced individual net bags for each care recipient. Clothing is washed and dried in the bags and then items removed before folding and placing in individual laundry baskets and returned to rooms. Management report the new system is working well and have only received one complaint since its introduction.

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 has systems to identify and ensure compliance with relevant regulations to provide a safe and comfortable environment for care recipients and staff. Refer to expected outcome 1.2 Regulatory compliance for more information about the home’s systems and processes.

Regulatory compliance at the home relating to Standard 4 – Physical environment and safe systems includes:

- Staff attend ongoing education on fire and emergency procedures, safe food handling, infection control and manual handling.
- Chemicals are stored appropriately with accompanying material safety data sheets.
- The kitchen has a current food safety program and certifications by external authorities.
- Effective monitoring and maintenance of fire and safety regulations occurs.
- The home adheres to occupational health and safety policies.

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 in the area of the physical environment and safe systems. Refer to outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Education undertaken in the last 12 months relating to Standard 4 – Physical environment and safe systems includes:

- food safety refresher course
- infection control
- fire and evacuation.

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

Management and staff at the home are actively working to provide a safe and comfortable environment. Care recipients live in single or double personalised rooms with ensuite bathrooms. The home provides well maintained internal and external environments with appropriate signage and security features. Furnishings and equipment are consistent with care recipients' care and safety needs. Care recipients and visitors have access to a variety of private and communal areas to meet and refreshments are available. Monitoring of safety and satisfaction with the environment is through surveys, audits and a preventative and responsive maintenance program. Policies and procedures guide staff practices and meet regulatory requirements. Care recipients and representatives are complimentary of the comfort and safety of the environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

The occupational, health and safety management program provides a safe working environment for staff that meets regulatory requirements. Trained representatives meet regularly to review safety related issues and suggestions. Responsibilities include conducting environmental audits and monitoring and mentoring staff practices. Staff receive ongoing training for manual handling, fire and emergency, safe chemical management and infection control. They have access to policies and procedures to guide work practices. Incidents and infections data is analysed and hazards and maintenance requests dealt with in a timely manner. Identified opportunities for improvement feed into the continuous improvement plan. Staff stated they have access to appropriate equipment and aids to reduce the risk of injury to themselves and care recipients.

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

There are effective systems for the detection, prevention and management of fire, security and other emergencies. Regular maintenance and servicing of fire equipment and alarms occurs. Evacuation boxes are available with a current list of care recipients noting their mobility levels. Evacuation maps are on display, exits are clearly signed and free of obstruction and external assembly areas are marked. The home has keypad and closed circuit camera security systems and provides effective after hours' emergency measures. Visitors are required to sign

a register on entry and exit. Staff attend mandatory fire and emergency training at orientation and annually thereafter. Care recipients receive relevant information in their handbook, alert notices displayed in their rooms and throughout the home and at meetings. Staff are able to detail their actions in the event of an emergency evacuation and care recipients and representatives are satisfied with fire and security measures in the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

There is an effective infection control program. Strategies include mandatory staff education, vaccination programs, pest control, a food safety program, appropriate waste disposal and use of personal protective equipment. Outbreak procedures including kits are available and accessible. Clinical staff record, monitor and evaluate individual care recipients' infections until resolved and refer to specialist practitioners when required. Infection data is analysed and reported to appropriate meetings for discussion. Staff are aware of infection control practices in accordance with their role and responsibilities. Care recipients and representatives expressed satisfaction with the 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

Management and staff provide hospitality services in a way that enhances care recipients' quality of life. Food is prepared onsite with a seasonal menu providing variety and choice according to care recipients preferences and special needs. Cleaning staff work to a schedule for care recipient rooms, common areas, furniture and equipment. There are provisions for ad hoc cleaning. Staff launder personal items and linen on site and have strategies to reduce the risk of lost clothing. Management monitor hospitality services through audits and feedback from staff and care recipients. Care recipients and representatives expressed satisfaction with catering, cleaning and laundry services provided.