



Australian Government

Australian Aged Care Quality Agency

Stirling Aged Care Facility

RACS ID 7277
32 Spencer Avenue
YOKINE WA 6060

Approved provider: Aegis Aged Care Group Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 01 September 2017.

We made our decision on 08 July 2014.

The audit was conducted on 11 June 2014 to 12 June 2014. 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 residents, 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:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (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: Resident lifestyle

Principle:

Residents 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 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

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



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Audit Report

Stirling Aged Care Facility 7277

Approved provider: Aegis Aged Care Group Pty Ltd

Introduction

This is the report of a re-accreditation audit from 11 June 2014 to 12 June 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents 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, resident 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 11 June 2014 to 12 June 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

Team leader:	Alison James
Team members:	Philippa Brittain Steven Allison

Approved provider details

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

Name of home:	Stirling Aged Care Facility
RACS ID:	7277

Total number of allocated places:	117
Number of residents during audit:	115
Number of high care residents during audit:	111
Special needs catered for:	Nil identified

Street:	32 Spencer Avenue
City:	YOKINE
State:	WA
Postcode:	6060
Phone number:	08 9375 0800
Facsimile:	08 9375 7560
E-mail address:	fm.stirling@aegiscare.com.au

Audit trail

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

Interviews

Category	Number
Facility manager	1
Group manager clinical	1
Clinical nurse managers	2
Clinical nurse	1
Registered nurses	2
Care staff	14
Physiotherapist	1
Therapy consultant	1
Occupational therapists	2
Therapy staff	5
Administration officer	1
Hospitality staff	5
Senior clinical consultant	1
Laundry staff	2
Cleaning staff	3
Maintenance staff	1
Residents/representatives	25

Sampled documents

Category	Number
Residents' physiotherapy assessments and mobility care plans	10
Residents' occupational therapy assessments and therapy care plans	12
Residents' medication profiles and sign sheets	13
Residents' assessments, files and care plans	14
Residents' agreements	2
Personnel files	10
Authorisations for residents to self-medicate	2

Other documents reviewed

The team also reviewed:

- Activity program and activity evaluation records
- Agency orientation file
- Audits and surveys files
- Care assessment planner and family conference schedule
- Cleaning handbook and cleaning schedule
- Clinical indicators and clinical monitoring records including wound management, diabetes, bowels, weights and records for indwelling catheters
- Communication books and diaries
- Continuous improvement plan and corrective action reports
- Corrective and preventative maintenance records
- Electronic policies and procedures and hard copy flowcharts
- Emergency medication supply/nurse initiated medication records and signing book for drugs of dependency
- Fire and emergency procedures
- Food safety program, food register, refrigeration and food temperatures
- Incident, accident and hazard reports for staff and residents
- List of multicultural residents
- Memoranda file
- Menu sheets, drinks lists and diet analysis forms
- Minutes of minutes
- Newsletters
- Poison's license
- Position descriptions/duty statements
- Staff and resident information pack, including handbook
- Staff education and training attendance records and evaluations
- Staff rosters and allocation sheets
- Therapy information and statistics

- Visitor/contractor sign in/out book
- Wound care files.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information and locked suggestion boxes
- Activities in progress
- Administration and storage of medication, including oxygen storage
- Cleaning and maintenance in progress
- Emergency exits and fire fighting equipment, fire panel and location maps
- Interactions between staff and residents
- Living environment and residents' appearance
- Meal preparation areas and mealtime/refreshment services
- Noticeboards, signage, evacuation maps and displayed information, including re-accreditation poster and Charter of residents' rights and responsibilities
- Short group observation in dining room
- Storage of goods and equipment including wound care, continence products, and personal protective equipment.

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 residents, 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 actively pursue continuous improvement. There are multiple methods of identifying areas of improvement including feedback forms, resident/representative and staff meetings, family conferences, internal/external audits, incidents/accidents and hazard forms. Information from these sources are transferred to the home's continuous improvement plan where appropriate. Initiatives are discussed at staff meetings to ensure effective management of the home's systems. Staff reported they are encouraged to participate in the home's continuous improvement program and gave examples of improvements. Residents and representatives reported they are satisfied the home actively pursues continuous improvement.

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

- The organisation identified the ordering of stock and clinical supplies could be improved. In response, an electronic web shop was implemented with a list of regularly purchased items. The management team reported this has simplified ordering of products and ensures they are readily available. Staff and residents interviewed reported they have plenty of supplies available when required.
- The organisation identified a significant amount of paper was being used when following up with staff injuries. In response, a software program was implemented. Appropriate staff received training on how to use the system. The management team reported it has significantly reduced the amount of paper used, and the information is readily available to those personnel involved in the management and rehabilitation of staff following an injury at the home.

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 systems to ensure the identification and implementation of changes in legislation, regulatory requirements, professional standards and guidelines. Information is sourced from industry related newsletters, State and Commonwealth government departments, peak body groups and statutory authorities.

Policies and procedures are updated accordingly and the facility manager disseminates this information to relevant staff at the home through education, meetings and memoranda. The home uses the organisation’s internal and external audit processes to monitor compliance and has processes for monitoring of statutory declarations and police certificates on new and existing staff. Residents’ fees and charges are set according to legislation and residents and other interested parties have access to external complaints information. Management informed residents and representatives of the re-accreditation audit via correspondence, meetings and information displayed on noticeboards.

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 and residents, 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. Residents and representatives reported they are satisfied staff have appropriate knowledge and skills to perform their roles effectively.

Examples of education and training related to Standard 1 are listed below.

- Accreditation overview
- Corporate induction
- Documentation
- Electronic care planning and use of intranet
- Injury management.

1.4 Comments and complaints

This expected outcome requires that "each resident (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

Residents and representatives receive information regarding the comments and complaints mechanisms via the resident information pack and handbook and resident/representative meetings. Information regarding external complaints and advocacy is readily available around the home. There is access to the home's feedback forms, and management ensures confidentiality via secure suggestion boxes. Staff interviewed reported they advocate on behalf of the residents. Residents and representatives reported they have access to the comments and complaints system without fear of retribution and are satisfied management addresses concerns effectively.

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 mission, vision and philosophy statement in the entry of the home and this information is documented consistently in the staff information pack and resident handbook. These statements include the home's commitment to continuous improvement and support to enhance the quality of life for residents. Staff reported that management discusses the home's mission, vision and philosophy and objectives at corporate induction.

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 utilises the organisation's recruitment process to ensure there are appropriately skilled and sufficient staff employed to meet the care needs of residents. Processes are in place to adjust staffing levels or skill mix in response to changing needs of residents. The facility manager is responsible for staff recruitment and new staff receive site orientation and are supernumerary until competent to perform the required duties. Mandatory, optional and competency-based training is provided. Staff performance is monitored via feedback, incidents and accidents, surveys and performance appraisals. Absenteeism is covered by staff doing extra shifts or by using agency staff. Staff reported they have sufficient time to carry out their tasks and staff skills are adequate. Residents and representatives reported they are satisfied by the responsiveness of staff and adequacy of care.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home uses stock ordering systems to ensure there are appropriate goods and equipment for quality service delivery. A preventative and corrective maintenance program is in place. Agreements and contracts established by the organisation include quality goals to 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 resident feedback. Staff, residents and representatives reported that 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 residents' care needs, business and operational issues. On employment, staff sign a contract that includes a confidentiality statement, and information is readily available via the home's policies and procedures, resident care plans, memoranda, handovers and meetings. Electronic information is backed up daily with secure passwords and levels of access. Archived information is stored securely and there is a process that allows easy retrieval of archived information. Staff interviewed reported they have access to information that helps them to perform their roles. Residents and representatives reported they have access to information that allows residents 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 are based on quality services and the needs of the residents and the home. The organisation and the home monitor police certificates and indemnity insurances. Documented procedures outline the processes implemented to effectively use the home's external service providers. External contractors perform audits, review and service equipment and provide training/information pertaining to chemicals, infection control, 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, residents and representatives reported satisfaction with the home's externally sources services.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (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 in Standard 1 Management systems, staffing and organisational development for an overview of the home's continuous improvement system.

In relation to Standard 2 Health and personal care, staff record residents accidents and residents information is then collated and analysed for trends. Residents and staff are satisfied the organisations actively promotes and improves residents' physical and mental health.

An example of an improvement initiative related to health and personal care implemented by the home over the last 12 months is listed below.

- The home identified residents' pain could be managed better. In response, the home has implemented a 'power over pain' clinic that includes massage, wax baths and heat packs and is available for residents to attend five days a week. Documentation reviewed showed 76 residents attend on a regular basis. Residents interviewed reported their pain is managed appropriately and they enjoy attending the clinic.

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 mechanisms. A monitoring system is used to ensure professional staff are registered as required. There are procedures to report the unexplained absences of residents. Medication is stored safely and administered by staff deemed competent by a registered nurse. Registered nurses carry out initial and ongoing assessments of residents assessed as requiring high care. Residents and representatives reported residents receive specified 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 in relation to Standard 2 are listed below.

- Care planning
- Charting and observations
- Continence management
- Dementia training
- Hand hygiene
- ‘Head to toe’ assessments
- Heat packs
- Medication management
- Responding to dementia behaviours
- Restraint minimisation
- Skin integrity
- Texture modified food and fluid.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

The home uses a multidisciplinary approach to the provision of care, which includes the general practitioner, nursing staff, occupational therapist and physiotherapist to ensure residents receive appropriate clinical care. Relevant staff conduct a range of assessments when a resident first moves into the home, and the registered nurse develops an electronic care plan to guide all staff in the provision of care for each resident. Care plans are reviewed when changes occur and further assessments are implemented annually according to a formal schedule, or as needed. Staff ensure the continuity of information by discussing residents’ changing needs at handovers, through written documentation and face-to-face consultations. Management uses clinical indicators, reviewed at the time of occurrence and via a monthly

trend analysis, to monitor the care provided. Management provide staff with the opportunity to attend education and training to maintain their knowledge and skills. Residents and representatives reported they are satisfied residents receive appropriate clinical care according to residents' needs and preferences.

2.5 Specialised nursing care needs

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

Team's findings

The home meets this expected outcome

Registered nursing staff are responsible for the assessment, care planning and ongoing management of residents' specialised nursing care needs. Registered nurses devise complex nursing care plans, which they develop to include information and directives from the general practitioner, allied health practitioners and other health advisory services as appropriate. Registered nursing staff are on site to provide care and supervision, and other health professionals are contactable as required. Residents and representatives reported they are satisfied residents receive specialised nursing care in accordance with their needs and preferences.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings

The home meets this expected outcome

Relevant staff refer residents to health specialists in accordance with their needs and preferences. A multidisciplinary team, with the involvement of the general practitioner, contribute to residents' assessments and identify the need for information from other health specialists. Nursing staff make relevant referrals to specialist services both internally and externally of the organisation including speech pathology, dietician, dentist, optometrist, mental health team, palliative and external nursing advisory services. A podiatrist visits the home regularly and attends to the needs of the residents. Registered nurses access information and recommendations resulting from specialist reviews and implement changes to care or medication regimes as appropriate. Residents and representatives reported satisfaction with the action of staff to refer the residents to health specialist services.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

The home has established processes for the safe administration, storage, documentation and disposal of medications. Medication competent staff assist residents with their medications using a pre-packed administration system as per the general practitioners' instructions. The home maintains a supply of nurse initiated medication to assist with the timely administration outside of doctor or pharmacy hours. Medication audits are undertaken regularly and

medication incidents are reported, actioned and analysed monthly to identify any trends. A registered pharmacist conducts regular reviews of residents' medications and this information is made available to the general practitioner for their consideration. Staff review issues involving residents' medications via a medication advisory committee at an organisational level. Processes are in place for residents to self-administer their medications if they so wish. Residents and representatives stated they are satisfied residents' medication is administered and managed safely and correctly.

2.8 Pain management

This expected outcome requires that "all residents are as free as possible from pain".

Team's findings

The home meets this expected outcome

There are processes to identify, implement and evaluate each resident's pain management strategies to ensure they remain as free as possible from pain. Assessment tools include a verbal and non-verbal descriptor scale to identify signs of pain in residents with a cognitive, linguistic or speech deficit. Use of a multidisciplinary approach to manage residents' pain includes the general practitioner, registered nurse and the physiotherapist. Nursing staff identify strategies to alleviate individual residents' pain and include these in their care plans. Strategies employed include pain relieving medications as well as alternative therapies and the use of pain and pressure relieving equipment. Staff document and report unresolved pain, and the nurse evaluates the effectiveness of pain interventions including 'as required' medications. Nursing staff refer to the general practitioner if further interventions are required. Staff described their role in pain management including identification and reporting of pain. Residents and representatives stated staff are responsive to any indication of pain.

2.9 Palliative care

This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings

The home meets this expected outcome

On moving into the home, management provides residents and their representatives with the opportunity to complete the residents' wishes for palliative/terminal care, or if preferred, they can address this topic at any time during their residency. The home provides support to the resident and their family during end of life care with input from the general practitioner, allied health professionals, visiting religious personnel and external palliative support services if required. The clinical nurse manager discusses advanced health directives with residents and representatives as appropriate and provides additional palliative care equipment via a 'rainbow box' as the need arises. Staff reported they consult with the representatives regularly throughout the palliative process. Residents and representatives expressed their confidence that, when required, staff would manage residents' palliative care competently, including their comfort and dignity.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Nursing staff assess residents’ nutritional status on moving into the home and convey their individual dietary requirements to the relevant catering and care personnel including residents’ meal preferences, special needs, allergies and cultural requirements. Staff weigh residents on moving to the home and on a monthly basis thereafter unless otherwise indicated by the registered nurse, general practitioner or dietician. Relevant staff commence residents identified as having significant weight loss on nutritional supplements, and refer them to the general practitioner or dietician if weight loss continues or residents experience a weight gain of concern. Nursing staff refer to the speech pathologist for residents identified as at risk of swallowing problems and provide meals and fluids with altered texture and consistency as appropriate. Modified cutlery and crockery is available for residents to maintain their independence, and staff assist residents as required during mealtimes.

Residents and representatives interviewed reported they are satisfied residents receive adequate nutrition and hydration.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home has processes to ensure staff identify and react to residents’ skin integrity and associated health risks on moving into the home via a complete physical assessment by the registered nurse. Where staff note the potential risk of altered skin integrity, nursing staff implement relevant treatments and interventions. A range of equipment is available including pressure-relieving mattresses, cushions, protective bandaging, pressure area care and emollient creams. Staff report incidents involving residents’ skin integrity, and the registered or enrolled nurses implement a wound assessment, treatment chart and begin photographic monitoring of the wound. The home has access to external wound care specialists if required. Staff report they monitor each resident’s skin integrity daily during personal care and forward any concerns to the registered nurse. Residents and representatives reported they are satisfied residents’ skin integrity is maintained and managed well by the home.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

There are processes to identify, assess, monitor and evaluate residents’ continence needs on moving into the home and on an ongoing basis. Staff monitor the changes in residents’ needs daily via a hardcopy form, and the registered nurse documents and evaluates any interventions they undertake. Staff use appropriate equipment, scheduled toileting and suitable

continence aids to manage residents' needs. Urinary tract infections are monitored and actioned as they occur. The management team analyses collected data monthly, reports on and reviews any trends noted. Staff reported they have adequate equipment and supplies to manage residents' continence needs effectively. Residents and representatives stated they are satisfied residents' continence needs are managed appropriately.

2.13 Behavioural management

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

Team's findings

The home meets this expected outcome

Residents' behavioural management needs are assessed on moving to the home and when clinically indicated. During assessments, staff identify the triggers for residents' behaviours and document appropriate interventions in the residents' care plan. Nursing staff monitor the effectiveness of behavioural management strategies via observations and a review of documented episodes. Referrals to the general practitioner and mental health services are undertaken when there is a need for further assistance or treatment. The home provides a wing for residents requiring a secure environment to manage their personal safety.

Management discusses this with representatives prior to residents' entry to the home. There are procedures to minimise and monitor the use of restraint and there is a process for authorisation and review. Residents and representatives stated they are generally satisfied residents are not adversely affected by the behaviour of other residents.

2.14 Mobility, dexterity and rehabilitation

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

Team's findings

The home meets this expected outcome

The physiotherapist and registered nurses are involved in the assessment of each resident's mobility, dexterity and associated falls risk upon entering the home. Residents are encouraged to maintain their mobility and dexterity by participating in the home's physiotherapy and activity programs, which include a range of group exercises and physical activities to improve balance and independent movement. Therapy staff offer residents who are unwilling or unable to participate in group activities, individual sessions as appropriate.

Relevant staff monitor residents' attendance and participation in individual and group therapy sessions. A range of seating and mobility aids are available to assist residents to maintain mobility and independence, and referral to the occupational therapist takes place when needed. Incidents related to mobility and dexterity are analysed for trends. Residents reported satisfaction with the home's management of their mobility and dexterity needs.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

When a resident moves into the home, the registered nurse is involved in the assessment of residents’ oral and dental health to identify their oral hygiene and dental care needs and any potential impact on their swallowing and eating. Nursing staff refer residents with swallowing difficulties to a speech pathologist for further assessment. Management offers a dental examination to residents with follow up treatment arranged in consultation with the resident and their representative. Staff reported the care plan guides them with the amount of assistance residents require to maintain their oral and dental hygiene, and appropriate oral and dental equipment is readily available. Residents and representatives reported they are satisfied with the home’s approach to managing residents’ oral and dental care.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Relevant staff identify residents’ care needs in relation to all five senses from a variety of assessment tools on moving to the home. Registered nurses develop a care plan that provides staff with strategies to manage each resident’s identified sensory losses while maximising their independence and interactions with activities of daily living. Residents have access to appropriate health specialists including the physiotherapist, occupational therapist, audiologist and optometrist, and staff refer to external services in consultation with the resident and/or their representative and the general practitioner. Therapy staff modify activities for residents with motor, sensory or cognitive impairment. Staff reported they monitor the sensory aids required by residents and described strategies used to assist residents with sensory losses. Residents and representatives reported they are satisfied with the home’s approach to managing residents’ sensory losses.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

The home has processes to ensure residents are able to achieve natural sleep patterns. On moving into the home, nursing staff conduct an assessment for each resident to identify nightly rituals, sleep patterns and disturbances. Staff record interventions to assist residents to establish natural sleep patterns and include these in their care plans. Strategies used to promote restful sleep include a quiet environment, toileting, pain relief, a warm drink or snack, repositioning and night sedation if prescribed. Staff described how they address factors that can affect residents’ sleep including noise, confusion, pain and continence issues. The management team consults with residents allocated in shared rooms if their sleep is affected

and offer them alternatives as they become available. Residents and representatives reported residents are satisfied with the support provided to achieve a restful night's sleep.

Standard 3 – Resident lifestyle

Principle: Residents 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 in Standard 1 Management systems, staffing and organisational development for an overview of the home’s continuous improvement system.

In relation to Standard 3 Resident lifestyle, resident meetings and resident surveys are used to gather suggestions. Feedback is regularly recorded and evaluated from lifestyle and care activities. Staff contribute to improvements to resident lifestyle through surveys and training. Staff encourage and support residents and others to provide feedback and suggestions.

Examples of improvements undertaken or in progress in relation to Standard 3 Resident lifestyle are listed below.

- The home’s occupational therapist identified the home had minimal cultural activities for residents from different ethnic backgrounds. In response, the home is in the process of implementing an Italian group and this is reflected on the home’s activity program. The management team reported this will be evaluated at a later date.
- Following resident feedback, a quiz group was implemented for higher functioning residents. Due to positive feedback from residents and increased resident participation, the home is looking to schedule the quiz twice weekly. Residents interviewed reported they enjoy the challenge of the quiz and were proud to relay breaking the home’s previous word count record.

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 resident lifestyle”.

Team’s findings

The home meets this expected outcome

The Charter of residents’ rights and responsibilities is provided to residents and representatives via the information pack and handbook on entry to the home and is displayed on noticeboards throughout the home. Residents or their representatives are offered an agreement that outlines fees and tenure arrangements, and provides information of any changes to services, and fees and charges. Staff reported knowledge of residents’ privacy, dignity, confidentiality and processes 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 in relation to Standard 3 are listed below.

- Depression in the elderly
- Dignity
- Elder abuse.

3.4 Emotional support

This expected outcome requires that "each resident 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 provides new residents with information regarding the home's services, an orientation and welcoming process, and encourages family and friends to visit. After a settling-in period, relevant staff conduct assessments to identify residents' social and emotional needs, and clinical and therapy staff develop residents' individual programs and care plans. Clinical and therapy staff refer residents to allied health professionals as required, and activity programs further assist residents to meet emotional needs. Residents and representatives reported the emotional support provided by the home meets residents' needs and preferences.

3.5 Independence

This expected outcome requires that "residents 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 residents' needs in achieving maximum independence. Relevant staff assess and review the residents' level of ability to participate in activities of daily living. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. The home encourages residents to maintain friendships and participate in the life of the community within and outside the home through outings and community groups visiting. The home consults with residents and their representatives about risks associated with activities and balances risk taking with safety in decision-making to allow residents to remain independent. Staff described strategies to assist residents to maintain independence in all aspects of their lives. Residents

and representatives reported they are satisfied with the assistance provided by the home in relation to residents' 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 resident'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 each resident's right to privacy, dignity and confidentiality is recognised and respected and the admission package details these rights. The home's environment promotes privacy, including the provision for quiet indoor and outdoor areas for residents and their visitors. The home provides residents' health and personal care services discretely, and uses feedback mechanisms and audits/surveys to monitor the effectiveness of residents' privacy and dignity. Staff described strategies for supporting personal and clinical care to protect the dignity and privacy of residents.

Residents and representatives reported the home respects residents' privacy, dignity and confidentiality.

3.7 Leisure interests and activities

This expected outcome requires that "residents 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 residents to participate in a range of interests and activities of interest to them. The occupational therapist conducts assessments of residents and develops and reviews care plans and individual programs. Therapy staff develop activities programs from the assessed care needs and lifestyle information and include requests/preferences to accommodate individual and group needs and other areas of care. The activity programs include a range of cognitive, gross motor, physical, sensory and social group activities, including themed events and bus outings. Therapy staff provide one-on-one activities for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate residents' lifestyle and activity sessions via residents' feedback and audits, review of care planning and evaluation of attendance records for activities. Residents/representatives reported they are satisfied with the range of activities offered to residents.

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

The therapy team collects information about the residents' cultural and spiritual needs and undertake an assessment when residents move into the home. This information is updated following a care and lifestyle review process and communicated to relevant staff for care/service delivery. The therapy team maintains a list of residents' countries of origin and preferred language and liaises with multicultural/volunteer associations. The home facilitates religious services and staff are involved in providing emotional and moral support to residents as required. The management and therapy teams use monitoring mechanisms such as evaluations of programs and surveys to ensure individual resident's cultural and spiritual interests are fostered and valued. Residents 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 resident (or his or her representative) participates in decisions about the services the resident 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 residents' individual choices and decisions about care and service delivery. Relevant staff assess residents' individual needs, abilities and preferences across areas of care, lifestyle and service delivery when moving into the home and on a regular basis thereafter. The home conducts meetings and family conferences to provide residents and representatives with a forum to express views and participate in decisions about care and service. Complaints mechanisms are available to residents and their representatives, and authorised representatives make decisions on behalf of residents who are unable to act for themselves including the assessed need for restraints. Staff reported strategies for supporting residents' individual preferences, including sleep and meal routines, as well as refusal and choice of meals/drinks and care interventions, and participation in activities. The home uses feedback mechanisms, satisfaction surveys and evaluations of programs to monitor the effectiveness of residents' choices and preferences. Residents and representatives reported they are supported to make choices in all aspects of the residents' daily life.

3.10 Resident security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure residents have secure tenure within the home and understand their rights and responsibilities. The home has an admission process to assist residents on

moving into the home, and residents or their representatives receive a resident information package that includes an agreement and handbooks. The agreement includes information regarding complaint mechanisms and associated schedules, including the specified level of care and services. Management provide residents and representatives with consultation prior any changes to the residents' security of tenure. Resident and representative meetings and education programs provide ongoing information about the residents' rights and responsibilities. Residents and representatives reported satisfaction with residents' security of tenure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of improvement initiatives implemented by the home over the last twelve months are documented below.

- Following notification from the Department of Health and Ageing in 2013, the home reviewed the use of restraints. The home used a multidisciplinary approach and liaised with the general practitioner and residents’ representatives. Residents with restraints were re-assessed to ensure removal of restraints was appropriate. Education was provided to staff prior to the removal of restraints. Staff reported, and documentation reviewed confirmed the home has decreased the use of restraints from 72 (October 2013) to 13 (February 2014).
- An external audit at another of the organisation’s homes identified the manual handling program could be improved. In response, a manual task training program was developed that provides staff with descriptive and consistent guidelines as well as theory and practical applications to complete to achieve competency. Staff reported they like the new program and feel they are better equipped when undertaking manual handling tasks with residents. The management team reported a formal evaluation will be completed in the future.

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 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, contracted personnel, residents and their representatives record their arrival and departure at the home, and reporting mechanisms are used for accidents, incidents and hazards. Personal protective equipment is routinely supplied 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 in relation to Standard 4 are listed below.

- Chemical safety
- Fire and emergencies
- Food safety
- Infection control
- Manual handling
- Microfibre products
- Occupational health and safety.

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 residents' care needs".

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with residents' care needs. Management undertakes resident/representative satisfaction surveys, environmental audits and hazard inspections, and takes action in response to identified issues/suggestions, or potential hazards. Corrective and preventative maintenance programs ensure equipment, buildings and grounds remain operational, and the organisation monitors the maintenance programs undertaken at the home. Residents' accommodation and living environment are equipped, cleaned and designed to assist them with independence, comfort, entertaining, and privacy and security. Health professionals conduct further assessments for residents identified at risk and establish environmental and safety/restraining strategies to manage such risks. Residents and representatives reported satisfaction with how the home ensures a safe, private and comfortable living environment according to the residents' needs and preferences.

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 systems and processes of the organisation to provide a safe working environment that meets regulatory requirements. Procedures and work instructions are displayed in key areas to guide and direct staff. Risk management assessments, hazard monitoring and auditing are undertaken routinely by the home. Reporting of incidents, the use of maintenance programs and tracking of resident infections are monitored for trends and opportunities to improve identified. New staff receive an orientation that includes occupational health and safety. Staff confirmed they are satisfied with the provision of a safe working environment. Residents and representatives reported that management provides a safe working environment.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

The home has systems and processes to maintain a safe environment that reduces the risk of emergencies, fire and security breaches. Emergency and response plans are available in key areas. Fire system auditing is in place with approved professionals undertaking regular testings, preventative maintenance program and inspections. Evacuation maps and signage show orientation, information regarding exit routes and location of fire fighting equipment.

There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Staff described the home's security systems and emergency procedures, and staff responses are tested through mock drills. Residents and representatives receive information on what to do if they hear a fire alarm during the admission process, posters on the back of residents' door and at meetings. Residents and representatives confirmed that fire panel testing occurs and they would follow the instructions from staff in the event of an emergency.

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

Staff use the organisation's policies and procedures to direct and guide the home's approach to an effective infection control program. Surveillance monitoring strategies use reporting and analysis to assist in the identification of trends that may lead to improved outcomes for residents and the living environment. Waste and pest control management processes are integrated within the safe systems of work, and outbreak management information and

equipment readily available. Compulsory training is provided and attended by staff. Staff interviewed reported knowledge of, and competence in, infection control procedures.

Residents and representatives reported satisfaction with the actions taken by staff to control the risk of cross-infection, and the cleanliness of the home.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Hospitality services are provided in a way that enhances residents' quality of life. A record of residents' food preferences, cultural requirements, likes and dislikes and any special requirements occurs when residents move into the home and as required. Residents are provided with a selection of food and beverages according to a rotating menu and their needs and preferences. The manager responds to feedback provided by residents and representatives concerning food. Personal laundry is laundered on site, and all other linen is laundered externally. Hospitality service staff undertake cleaning tasks in accordance with a structured cleaning program. Management monitors the quality of hospitality services via various feedback mechanisms, such as comments and complaints, surveys, meetings and audits. Residents and representatives reported they are satisfied the home's hospitality services meet residents' needs and preferences.