



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

RSL Menora Gardens Aged Care Facility RACS 7151

Approved Provider: The RSL Care WA Retirement and Aged Care Association Incorporated

Reconsideration of decision regarding the period of accreditation of an accredited service under section 2.19(1)(a) of the *Quality Agency Principles 2013*.

Reconsideration Decision made on 19 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 10 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 09 October 2015 to 09 August 2019.

Reason for decision Under section 2.69 of the *Quality Agency Principles 2013*, the decision was reconsidered under 'CEO's own initiative'.

The Quality Agency is seeking to redistribute the dates for site audits for a number of services that have demonstrated consistent and sustained compliance with the Accreditation Standards to achieve a more level distribution of the timing of accreditation site audits over a three year period. More information is available on our website at <http://www.aacqa.gov.au/publications/news-and-resources/redistribution-of-aged-care-accreditation-program>.

The Australian Aged Care Quality Agency will continue to monitor the performance of the service including through unannounced visits.

This decision is effective from 19 March 2018

Accreditation expiry date 09 August 2019



Australian Government

Australian Aged Care Quality Agency

RSL Menora Gardens Aged Care Facility

RACS ID 7151
51 Alexander Drive
MENORA WA 6050

Approved provider: The RSL Care WA Retirement and Aged Care
Association Incorporated

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 09 October 2018.

We made our decision on 10 August 2015.

The audit was conducted on 30 June 2015 to 02 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

RSL Menora Gardens Aged Care Facility RACS ID 7151

**Approved provider: The RSL Care WA Retirement and Aged Care Association
Incorporated**

Introduction

This is the report of a re-accreditation audit from 30 June 2015 to 02 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

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 30 June 2015 to 02 July 2015.

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

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

Assessment team

Team leader:	Jennifer Bailey
Team members:	Renee Sweet
	Tina (Christina) Merry

Approved provider details

Approved provider:	The RSL Care WA Retirement and Aged Care Association Incorporated
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Details of home

Name of home:	RSL Menora Gardens Aged Care Facility
RACS ID:	7151

Total number of allocated places:	178
Number of care recipients during audit:	174
Number of care recipients receiving high care during audit:	167
Special needs catered for:	Care recipients living with dementia

Street:	51 Alexander Drive	State:	WA
City:	MENORA	Postcode:	6050
Phone number:	08 9370 0200	Facsimile:	08 9370 2249
Email address:	corporate@rslwvh.com		

Audit trail

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

Interviews

	Number		Number
Manager	1	Care recipients/representatives	11
Clinical lead registered nurses	2	Representatives	10
Registered nurses	3	Care staff	12
Enrolled nurses	2	Housekeeping staff	7
Pharmacist	1	Chef	1
Occupational therapists	2	Catering staff	8
Physiotherapist	1	Therapy staff	5
Contenance support person (external contractor)	1	Maintenance staff	1
Registered nurse residential care line	1	Lifestyle coordinators	2
Facility support manager	1	Human resources/projects	1
Chaplain	1		

Sampled documents

	Number		Number
Care recipients' files including assessments, care plans and progress notes	15	Medication charts	10
Wound management plans	5	Personnel files	6
Restraint monitoring records	13	Ability to self-medicate authorisations	2
Blood glucose level monitoring records	12	External service provider agreements	4

Other documents reviewed

The team also reviewed:

- Agency staff induction records
- Audits and results
- Care recipients' advanced health directives
- Cleaning schedules
- Clinical monitoring records
- Comments and complaints
- Communication diary, handover report and allied health referral book
- Duty statements and job descriptions

- Emergency evacuation lists and mobility information
- Emergency response plan
- Fire panel monitoring reports, operating instructions, emergency phone numbers and incident log sheet
- Hazards and incidents
- Incident management file
- Massage therapy statistics
- Meetings and newsletters
- Menus and dietary requirement lists
- Occupational health and safety file
- Palliative care file
- Physiotherapy program plans and attendance statistics
- Plan for continuous improvement
- Police certificate register
- Policies and procedures
- Preventative and reactive maintenance schedule
- Professional registrations
- Registers of drugs of addition
- Resident handbook
- Staff handbook and guidelines
- Therapy statistics
- Training records, resources and evaluations
- Volunteer manual and volunteer training records
- Weight monitoring record.

Observations

The team observed the following:

- Access to internal/external complaints and advocacy information and secure suggestion box
- Activities in progress
- Archived files and register
- Charter of care recipients' rights and responsibilities
- Chemical storage and safety data sheets
- Emergency exits and fire-fighting equipment, fire plan and location maps
- Equipment and supply storage areas
- Interactions between staff and care recipients
- Living environment and care recipients' appearance
- Meal service

- Mission, vision and values displayed
- Secure document disposal bin
- Short group observation in the Howe's centre activities room
- Spills kit
- Staff assisting care recipients with their meals
- Storage and administration of medications.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home demonstrates a systematic ongoing effort to raise performance across all four Accreditation Standards and is receptive to suggestions for improvement from staff, care recipients and representatives. Improvements are planned and implemented to meet clearly defined objectives and consideration is given, at an early stage, to how results will be measured and evaluated. Implementation is progressively reviewed to include the assessed benefit to care recipients and others. Where appropriate, policies and procedures are updated to ensure changes are incorporated into the way staff work at the home. Staff reported knowledge of, and stated they are encouraged to contribute to improvement activities. Care recipients reported satisfaction with management's responsiveness to feedback.

Examples of current or recent improvement activities related to Standard 1 – Management systems, staffing and organisational development are described below.

- Early in 2015 management identified an opportunity to improve the way the home prepared for the admission of a new care recipient. A form was designed which is now provided to prospective care recipients and their representative to be completed prior to a pre-admission meeting. At the pre-admission meeting the care recipient and their representative meet the nurse from the floor where they will live, giving them an opportunity to ask questions and ensuring there will be a familiar face when they arrive. Family are encouraged to personalise the care recipient's room prior to them moving in, and staff are able to put in place any specialised equipment the care recipient will need. The home has provided a survey to both staff and care recipients since introducing this initiative and responses confirmed this opportunity to exchange information has reduced the anxiety experienced by care recipients and their families, improved rapport with staff, and ensured staff in all areas of the home are prepared for the new admission.
- In response to a suggestion from a staff member, the home explored ways to remind visitors of the importance of treating staff with respect. Initially, some material was designed aimed only at visitors. However, following consultation it was determined a broader approach would be more acceptable. The home now displays posters reminding everyone of the importance of treating others with respect. Staff have also received training on managing conflict. The staff survey and other feedback mechanisms indicate staff feel supported by management.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has established systems to identify and ensure compliance with relevant legislation, regulatory requirements, professional standards and guidelines. Management receive updates on legislative and regulatory changes from various government agencies and departments, and from the industry bodies to which the organisation subscribes. Education and training provided to staff incorporates legal requirements and contemporary practice. Changes to legislation are communicated to staff at meetings, via noticeboards and the home’s electronic messaging system. Policies and procedures reference relevant legislation and guidelines and are updated to ensure currency. Compliance is monitored via audits and supervision. Management informed care recipients and representatives of the re-accreditation visit via the newsletter, meetings, notices and correspondence.

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 ensures management and staff have appropriate knowledge and skills to perform their roles effectively through sound recruitment, orientation, performance monitoring and training programs. All new staff participate in a formal induction program prior to commencing work, the first day is a generic organisational orientation and day two is site specific. Staff are supernumerary to the roster and closely supervised for their initial shifts. The home’s education program is responsive to the changing care needs of care recipients and information collected from performance appraisals, audits and feedback mechanisms. Staff attendance at training is recorded and monitored to ensure mandatory training is undertaken as scheduled. Staff have access to external training and these opportunities are well promoted within the home. Clinical competencies are delivered and assessed by appropriately qualified staff and all training is evaluated for effectiveness. Care recipients and representatives stated care recipients feel confident in the knowledge and skills of staff at the home.

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

- Accreditation – your role and responsibilities
- Advocate for clients
- Answering the phone in a polite manner
- Documentation
- Electronic records management and communication systems
- ‘I don’t know’ is not an answer
- Risk management – a conceptual approach
- Teamwork – helping each other.

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

The home provides information to care recipients and representatives about their access to internal and external complaints mechanisms at care recipient and representative meetings, via the resident handbook, and posters and pamphlets displayed throughout the home. A suggestion box is located on each floor for secure delivery of the home's 'Tell us what you think' forms and staff assist care recipients to complete these forms as required. Management promotes an 'open door' policy and is available to care recipients, representatives and staff to discuss issues of concern. Comments and complaints are actioned in a timely manner and, where possible, feedback provided to the originator. The manager analyses complaints on a monthly basis, and any resultant changes to policies and/or procedures are discussed at staff and quality meetings. Staff reported they understand how the complaint mechanisms operate and their advocacy role for care recipients. Care recipients and representatives reported they feel comfortable to voice their concerns at the home.

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 has documented the residential care service's vision, values, philosophy, objectives and commitment to quality, and displays this in the home's foyer, on the corporate website and in the resident and staff handbooks.

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 recipients receive services in accordance with their needs and preferences. The organisation has a human resource manager who supports the home's manager in the recruitment and ongoing development of staff. Management clarifies individual staff roles and how they contribute to organisational objectives through the provision of job descriptions, duty statements, staff orientation/induction, and regular meetings. Staff performance is monitored through feedback, observation and regular appraisal. Management regularly reviews the roster to ensure the adequacy of staff skills in relation to the changing care needs of care recipients and effective management of staff absenteeism. Care recipients and representatives reported their satisfaction with the skills, knowledge and responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

The home maintains stocks of appropriate goods and equipment for quality service delivery. Equipment and other inventory requirements are assessed annually as part of the budget process, and feedback from care recipients, representatives and staff is taken into account when making purchasing decisions. The organisation maintains a preferred supplier list, which is subject to regular review, and specific staff have clear responsibilities for maintaining adequate stock and equipment levels and disposing of goods on expiry. The facility's maintenance staff repair and maintain equipment in accordance with the home's preventative and reactive maintenance programs or, where specified services are required, work is outsourced to preferred suppliers. Staff, care recipients and representatives reported they are satisfied with the quantity and quality of supplies and equipment.

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 effective information management systems. Care recipient and staff confidential information is stored securely and access is restricted to appropriate personnel. Care recipients' medical and care records are stored in the home's online care management program and are regularly updated by staff and the general practitioners who visit the home. Only information required to ensure the provision of appropriate care is collected from care recipients and representatives, and information that is no longer actively being used is indexed for ease of retrieval and stored securely for the appropriate period of time. There is a documented meeting structure, which facilitates the exchange of information between staff, care recipients and representatives. Information is also shared via the home's electronic messaging system, handbooks, brochures and noticeboards. There is a process to ensure consultation occurs around changes to key documents and changes are authorised and implemented by appropriate staff. Care recipients and representatives reported they have access to information that enables them to make informed decisions about care recipient 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

There are established systems and processes to ensure externally sourced services meet the needs and service quality goals of the home. The home maintains a list of approved suppliers who meet the home's requirements in relation to standards and pricing. A letter of agreement with external providers outlines the expected practices and quality of service provision. There is a process to monitor the currency of contractors' police certificates, registrations and insurances. The performance of external service providers is regularly evaluated and includes consideration of data collected from audits and other feedback

mechanisms. Care recipients, representatives and staff reported satisfaction with externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- Having discussed a new palliative care kit provided by the government with key staff at a quality meeting, it was determined clinical lead registered nurses and the clinical educator would use this resource to develop training for all levels of staff to ensure a peaceful, pain free end of life experience. Prior to undertaking this training, management completed a staff survey to determine their understanding and skills in relation to end of life care. The survey was repeated after the education was delivered, and all staff reported an increase in both their skills and confidence in this area of care. Management also conducted an audit following a trial of the resource in May and June 2015, and found there were no hospital admissions for palliation and care recipients passed away peacefully at the home. The home has collected feedback from the families of those care recipients who have recently passed which indicated their satisfaction with the care and support provided.
- In order to assist care staff at the home to transition from their previous role to that of a registered nurse on attainment of their professional registration, management asked two recent graduates to develop a training program. The completed package includes relevant competencies and information on the aged care funding instrument. The package has been trialled with one staff member who provided positive feedback in a written evaluation.

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 home has an overarching system for identifying relevant legislation, regulatory standards and guidelines in relation to health and personal care. Care recipients are provided with care and services according to their assessed needs. The professional registrations of nursing staff and allied health practitioners are monitored for currency. Medications are stored and administered in accordance with relevant guidelines. There are policies and procedures for managing incidents requiring mandatory reporting.

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

Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems.

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

- Administration of creams and eye drops
- Alarm mats and air mattresses
- Bed bathing for a care recipient
- Care and presentation of care recipients
- Care recipients in wheelchairs
- Caring for a care recipient with HIV
- Caring for a person with a skin condition
- Correct positioning in tub chairs to prevent falls
- Depression awareness and support
- Pain recognising and responding
- Responsibilities for resuscitation
- Sexuality and the older person.

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. When care recipients move into the home, nursing staff assess their clinical care needs and develop care plans to guide staff in the delivery of care recipients’ individual care requirements. Care plans are reviewed four-monthly and as required in consultation with care recipients and representatives, and general practitioners regularly review care recipients. There are processes to monitor and communicate care recipients’ changing needs and preferences including annual re-assessments and as required. Clinical incidents are reported, actioned appropriately and analysed to identify risks, trends, opportunities for improvement and the need for staff education. Staff attend competency training and education to ensure they are competent in the delivery of care recipients’ care. Care recipients and representatives stated care recipients are satisfied with the clinical care they receive.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified nursing staff assess, plan and direct the implementation of actions to meet care recipients’ identified specialised nursing care needs. Specific care plans include strategies, information and directives recommended by nursing staff, general practitioners and allied health practitioners. Registered nurses are on site each shift to provide nursing care. The home provides specialised nursing care to care recipients who require complex wound care, continence management and mental health care. Organisational and external specialist services are accessed for support when required, and staff reported they provide care appropriate to their qualifications. Monitoring of specialised nursing care occurs through care plan review, internal audits and feedback from care recipients and representatives. Care recipients and representatives stated care recipients receive specialised nursing care according to their needs and preferences.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Clinical staff refer care recipients to health specialists in accordance with their needs and preferences. A multidisciplinary team with the involvement of the general practitioner contributes to care recipients’ assessments and identifies the need for review by other health specialists. Care recipients are referred to other specialist services including the dietician, speech pathologist and medical specialists. A podiatrist visits the home regularly and attends to the needs of care recipients. Nursing staff access information and recommendations resulting from specialist reviews and implement changes to care recipients’ care or medication. Care recipients and representatives stated care recipients are satisfied with their access to specialist 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 and processes to ensure the safe storage, administration and disposal of medications. Medication profiles and packs contain photographic identification and clear information pertaining to prescription instructions for medication, including ‘as required’. Nursing staff and medication competent care staff administer care recipients’ medications. General practitioners regularly review care recipients’ medications, and assess and provide authorisation for care recipients who wish to self-medicate. A registered pharmacist regularly conducts reviews of care recipients’ medications and communicates their findings to the general practitioners and the home. Medication audits are undertaken, incidents are recorded and data is collated and analysed monthly to identify areas for improvement and staff training. Care recipients and representatives reported care recipients receive medications on time and are satisfied with the management of medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients’ pain management needs are identified when they move into the home and on an ongoing basis. There is a multidisciplinary approach to manage care recipients’ pain and includes the general practitioner, nursing and allied health staff. The pain assessment tool utilised to assist in the identification and monitoring of care recipients’ pain includes non-verbal descriptors for care recipients who are unable to verbalise their pain. Care plans contain strategies to alleviate care recipients’ pain including pain relieving medication, heat packs, massage therapy, repositioning and diversional therapy. Staff reported they refer to the registered nurse when pain relief strategies are not effective or care recipients report a new pain. Care recipients and representatives stated care recipients are as free as possible from pain and are satisfied with how staff manage their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients in accordance with their needs and preferences. Nursing staff regularly consult with care recipients and their family to give them the opportunity to discuss their wishes and desires regarding the care recipient’s end of life care. When necessary, nursing staff in consultation with the general practitioner and other relevant health professionals develop a palliative care plan. This includes strategies to manage the care recipient’s care and effective symptom management during the terminal phase of life. During the palliative stage, staff provide care and emotional support to the care recipient and their family and they are consulted to ensure access to pastoral care, counselling and/or religious personnel as requested. Staff reported families have been appreciative of the care and provision of services the home provides to care recipients during their 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

Assessments of care recipients’ needs in relation to nutrition and hydration occur when they move into the home and on an ongoing basis. Relevant staff are notified of care recipients’ meal and drink preferences, culturally specific needs and allergies. Recording of care recipients’ weights occurs during the initial assessment period, monthly thereafter and more frequently if required. Registered nurses note variations and determine appropriate interventions, and if necessary, care recipients receive nutritional supplements. Referral to the speech pathologist and dietician occurs for care recipients identified at risk. Meals and fluids with altered texture and consistency are available, and if required, modified cutlery and crockery. Care recipients and representatives stated care recipients are satisfied staff are meeting their nutrition and hydration needs.

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

When care recipients move into the home, nursing staff conduct a skin integrity risk assessment to ascertain care recipients’ risk. Care plans contain strategies and interventions for care staff to follow and maintain care recipients’ skin integrity, hair and nails. Strategies to prevent skin breakdown and maintain integrity include the application of barrier creams and emollients, repositioning and pressure-relieving equipment. Care recipients, who require wound management, have individual wound care plans to ensure continuity of care and ongoing monitoring. Nursing staff liaise with general practitioners and wound management specialists for care recipients’ complex wound care. Skin related incidents are recorded, collated and analysed, and care staff reported they inform nursing staff of any changes in care recipients’ skin integrity. Care recipients and representatives reported care recipients are satisfied with their skin care.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

There are processes to manage care recipients’ continence effectively. An assessment of care recipients’ continence needs occurs when they move into the home, and care plans are developed and reviewed four-monthly or as required. Care recipients receive assistance to manage their continence through a range of measures, including individual scheduled toileting programs and the use of suitable continence aids, and their bowel elimination is monitored and interventions documented. An external continence resource person is available to support staff in relation to appropriate continence aids. Monitoring of care recipients’ urinary tract infections occurs through a process of infection control surveillance, and staff implement strategies as necessary. Staff reported they attend training to enable them to manage care recipients’ continence needs. Care recipients and representatives stated staff are effective in meeting care recipients’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. Assessment of care recipients’ behaviours occurs when they move into the home, and individual care plans identify interventions to assist in minimising or preventing challenging behaviours and their effects on others. Staff consult with general practitioners and refer to specialist services including an external dementia specialist service and the mental health team. Behaviour management strategies are implemented and monitoring occurs for effectiveness. Staff described strategies to manage care recipient behaviours including reassurance, distraction, individual therapy sessions and one-on-one time with care recipients. Restraint use is authorised and monitored and equipment such as drop to the floor beds and floor sensor mats assist staff monitor ‘at risk’ care recipients. Behaviour

incidents are reported and appropriately actioned. Care recipients and representatives stated the behaviours of others do not adversely affect care recipients.

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

When care recipients move into the home, nursing staff, the physiotherapist and occupational therapist assess each care recipient’s level of mobility and dexterity and falls risk. Care recipients are encouraged to maintain their mobility and dexterity by participating in the home’s activity and exercise programs and physical activities to improve independent movement. The physiotherapist develops specific therapeutic programs to meet care recipients’ mobility needs and rehabilitation requirements. Appropriate seating and other aids are available to assist mobility and maintain care recipients’ independence. An incident reporting system includes analysis of mobility incidents to identify trends and implement strategies to reduce care recipient falls. Care recipients and representatives reported they are satisfied with the way staff encourage and support care recipients to maintain their mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Nursing staff assess and evaluate care recipients’ oral and dental health care needs when they move into the home, annually and as required. Care plans identify the assistance care recipients require to maintain their oral and dental hygiene. Care recipients have access annually to the visiting government dentist who conducts dental examinations. Referrals are made for oral and dental professionals as appropriate, and care recipients can access dental services based at the home. Staff reported they have received oral care training, routinely undertake oral care for care recipients and ensure they have appropriate oral health equipment and products. Care recipients and representatives stated their satisfaction with oral and dental care provided to care recipients.

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

Nursing staff and the occupational therapist assess care recipients’ sensory losses in all five senses when they move into the home, annually or in response to staff feedback. A multidisciplinary team develops individualised care plans that include strategies to manage care recipients’ sensory losses and to maximise each care recipient’s independence and interaction in activities of daily living. The activity program includes sensory activities such as gardening, fiddle boxes and cushions, flower cart, music, cooking and one-on-one sensory stimulation sessions. Care recipients have access to allied health professionals, including the audiologist and optometrist. Staff described the strategies they use to assist care recipients

with their sensory losses and to manage their sensory devices. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage their sensory losses

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients’ settling routines are recorded when they move into the home and their natural sleep patterns are identified. Individualised care plans include their settling routines and strategies to assist them to sleep. Strategies to promote sleep include pain relief, continence management, medication management and ensuring a quiet and peaceful environment. Light therapy is used to support care recipients who are experiencing disturbed sleep patterns. Staff evaluate disturbed sleep patterns for intervention in consultation with care recipients’ general practitioners. Staff reported they assist care recipients to settle at night by repositioning, pain management and the offer of snacks and drinks. Care recipients and representatives stated they are satisfied with the way staff assist care recipients to achieve a restful sleep at night.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- The home recently published a small cookbook which was sold as part of the home’s fund raising efforts. The idea was suggested by a member of staff and was enthusiastically supported by care recipients when discussed at a care recipient and representatives’ meeting. To facilitate the collection of recipes from care recipients and their families, boxes were placed in the nursing stations between June and December 2014. Staff reported some care recipients wrote out their favourite recipes, others cut out recipes from magazines or sought the help of families and friends. Management also provided a copy of the cookbook to the chef to ensure care recipient recipes are included in the home’s menu planning. In addition to the positive feedback provided in the returned surveys, management reported the book quickly sold out and a second edition is planned in response to popular demand.
- To assist a care recipient at the home to communicate and enjoy improved social interaction, a staff member developed a small tool to help the care recipient overcome a severe stutter. The tool has raised areas placed at regular intervals along its length and the care recipient runs their fingers along the tool as they speak, the regular positioning of the raised areas helping them to achieve a rhythmic pattern of speech. The tool is adapted to fit into a small case, much like a mobile phone case, and can be discreetly carried by the care recipient. The care recipient was observed to use the tool and describe how it has improved their communication. In the evaluation of this initiative, family also described how they are now able to communicate on the phone with the care recipient, which was previously very difficult.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to care recipient lifestyle. Management provides information about care recipients’ rights and responsibilities in the agreement offered to care recipients or their representatives on moving into the home. Information on external complaints mechanisms and advocacy services is available to care recipients and representatives. Staff understand regulatory guidelines for the reporting and management of elder abuse.

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

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems.

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

- Art – creativity in dementia care
- Cultural diversity
- LGBTI awareness
- Massage therapy
- Person centred care – It's my choice.

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

Care recipients or their representative are provided with a resident handbook prior to moving into the home. Care recipients' needs and preferences are discussed with the care recipient and their family, and they are encouraged to personalise their room with furniture, pictures and mementos to assist the care recipient adjusting to living at the home. Therapy staff assist in orientating care recipients to their room, surroundings and initiate introductions to other care recipients. Staff monitor and support each care recipient upon entry into the home and on an ongoing basis. Qualified staff assess care recipients' emotional needs, and therapy staff gather information to identify people, events, and dates of significance. Care plans include holistic requirements of each care recipient including emotional and social wellbeing. Family and friends are encouraged to visit on a regular basis and are invited to social events and activities in the home. Staff described ways they support care recipients and report any concerns to the registered nurse. Care recipients and representatives reported they are satisfied care recipients receive appropriate emotional support on moving into the home and on an ongoing basis.

3.5 Independence

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

Team's findings

The home meets this expected outcome

The home assists care recipients to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. The home has processes to ensure regular assessment of care recipients' needs to maintain independence. When care recipients move into the home qualified staff assess their level of ability to

participate activities of daily living and care plans consider the sensory, cognitive and mobility levels of each care recipient when promoting independence. The home encourages and supports care recipients to maintain friendships inside and outside of the home, and staff support care recipients to attend outings to local and culturally significant events and other places of interest. Staff described ways they assist care recipients to maintain their independence during activities of daily living. Care recipients and representatives reported they are satisfied care recipients are encouraged and supported to maximise their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. Confidential information is stored securely and accessed by authorised personnel only. Staff complete privacy and dignity training during induction and sign a confidentiality agreement on commencement of employment and staff were observed interacting with care recipients in a respectful manner. All care recipients have a single room with an ensuite bathroom and each shower has a privacy curtain to ensure the care recipients dignity and modesty is maintained during activities of daily living. Care recipients and their visitors have access to small dining rooms, lounges and garden areas for privacy. Staff described ways they maintain care recipients' privacy, dignity and confidentiality. Care recipients and representatives reported they are satisfied care recipients' right to privacy, dignity and confidentiality is recognised and respected.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. On moving into the home therapy staff gather information regarding each care recipient's past and current interests which is incorporated into their care plan. Care recipients interests are regularly reviewed to ensure they are supported to participate in activities and interests appropriate to their needs. The activity program is undertaken six days per week and includes a range of activities for fine and gross motor skills, sensory and cognitive abilities, and therapy staff incorporate special events and social outings in the program. One-on-one activities and support is provided to care recipients to meet individual needs and preferences. Care recipients attendance and participation in activities is documented and feedback on the activity program is sought via the home's feedback forms, meetings and surveys. Staff assist care recipients to attend and participate in activities, and care recipients refusal to attend activities is respected. Care recipients and representatives reported they are satisfied with the range of activities provided.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. On moving into the home care recipients' cultural and spiritual needs are identified and this information is included in their care plan. Care recipients have access to a chaplain, religious personnel and community visitors, and staff can access other multicultural services when required. Culturally significant events and anniversaries are celebrated including Greek Independence day, Italian day, ANZAC Day, Chinese New Year and Christmas day, and other days of significance to care recipients. Staff reported ways they support care recipients with specific religious or cultural practises. Care recipients and representatives reported they are satisfied care recipients' cultural and spiritual needs are recognised and respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives participate in decisions about the services care recipients receive and are able to exercise choice and control over their lifestyle. Care recipients and their representatives participate in decision making through case conferences, care recipient and representatives meetings, surveys and feedback forms. Staff described ways they encourage and support care recipients to make choices and decisions including choice of general practitioner, time for rising and settling, meals, attendance at activities and time to attend to personal care. Care recipients and representatives reported they are satisfied with the support provided by the staff to enable care recipients to make decisions.

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

There are processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. Each care recipient or their representative is offered a resident agreement that outlines the fees and charges, security of tenure, Charter of care recipients' rights and responsibilities and external complaints and advocacy processes. Care recipients, representatives and other interested parties have access to the external complaints process and locked suggestion boxes for anonymity, and to guardianship and/or administration services if required. Staff reported they are aware of care recipients rights and responsibilities. Care recipients and representatives reported they feel care recipients' tenure is secure and understand their rights and responsibilities.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

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

- To reduce behaviours of distress for care recipients living with dementia the home has installed an interactive projector in the Howe’s Centre. Evidence of the success of this type of projector provided by another home was considered prior to making the purchase. Therapy staff are planning a formal evaluation on the impact of the projector for three care recipients, but have already observed how care recipients enjoy watching the images of fish which are projected on the wall, and how visitors can share this enjoyment with them. Staff reported the projector to be very useful when redirecting care recipients when they become agitated or distressed. The projector is a recent purchase and staff continue to explore the ways in which it can be used to enhance the living environment.
- The home has recently fitted additional shelves in the laundry and purchased individual baskets to assist staff to sort care recipients’ personal laundry. A new basket is added and clothing labels provided to care recipients as part of the pre-admission process. The need for these improvements was identified when regular laundry staff were on leave and others filled their roles, but could not easily sort the laundry for delivery to care recipients. Management provided photographs of the laundry prior to the modifications and reported the new system is much more efficient and easily picked up by staff if they need to cover absenteeism in the laundry.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has an overarching system for identifying relevant legislation, regulatory requirements, professional standards and guidelines in relation to Standard 4 – Physical environment and safe systems. Staff receive mandatory training in fire safety, and fire equipment is regularly inspected and tested. The home has a food safety program and an external service provider conducts regular audits. There are reporting mechanisms for incidents and hazards and associated data is regularly reviewed and discussed at staff meetings. Management provides staff with appropriate personal protective equipment and safety data sheets are available where chemicals are stored and used.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the home's education and staff development systems.

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

- Chief fire warden
- Cleaning commode pans
- Fire safety
- Manual handling – use of full hoist post falls
- Spills kit
- The cleaning of cushions
- Workplace bullying and harassment.

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home provides a safe and comfortable environment consistent with care recipients' care needs. The home has single rooms with ensuite bathrooms, and the living environment is equipped to assist care recipients with independence, comfort, privacy and security. Qualified staff conduct further assessments for care recipients identified at risk of falls, wandering and compromised skin integrity, and establish environmental and safety strategies to manage such risks. The home conducts preventative and routine building and equipment maintenance to ensure the environment is safe and comfortable. Management undertakes satisfaction surveys and environmental audits, and takes action in response to identified issues, suggestions and potential hazards. Care recipients and representatives reported satisfaction with how the home ensures a safe and comfortable living environment according to the care recipients' 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

The home has an established safety management system to ensure compliance with occupational health and safety (OHS). Management implements improvements or remedial actions as required in response to staff accidents, safety and infection control risks.

Management, staff and safety representatives monitor the environment using audits and feedback mechanisms and the OHS committee meets regularly to review incidents and hazards. The home supports and encourages safe work practices by clearly defining roles and responsibilities in relation to OHS, and providing training and information to staff at orientation and on an ongoing basis. Staff reported they are aware of safety management processes through training and meetings, and management is proactive in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

The home has established processes to guide responses and reduce the risk of fire, other emergencies and security breaches. Approved professionals carry out regular inspections and testing of the home's fire system and equipment. The home displays emergency response procedures in strategic locations and maintains an updated care recipient mobility evacuation list. Evacuation maps show orientation and information regarding exit routes and location for fire-fighting equipment. Emergency procedures training is provided to staff at orientation and annually thereafter. There is an electrical tagging process for the scheduled testing of all electrical appliances. The home is secured in the evening and security patrols occur during the night. Care recipients reported feeling safe and secure at the home.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an infection control program to effectively identify, contain, and prevent infection. The clinical lead registered nurse is responsible for the infection control program at the home and has access to the organisation's infection control consultant. Measures contributing to the effectiveness of the infection control program include the use of personal protective equipment, hand washing facilities, appropriate waste management, food safety, and a vaccination program for care recipients and staff. There is an infection surveillance program to monitor infections and identify trends and antibiotic use. The home has a contingency plan for managing an outbreak, which includes increased environmental cleaning and isolation of care recipients if required. Infection control is a component of the staff orientation program and staff who handle food complete food safety training. Cleaning and laundering procedures are also implemented to minimise the risk of infection.

4.8 Catering, cleaning and laundry services

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

Team's findings

The home meets this expected outcome

Catering, cleaning and laundry services are provided to enhance the care recipients' quality of life and the staff working environment. Management and the chefs regularly review the menu, gaining feedback and input from the care recipients through surveys, feedback forms

and meetings. Care recipients are offered multiple choices of foods and drinks at meal times. The home has a cleaning schedule to ensure care recipients' rooms are cleaned weekly and on an 'as required' basis. All personal laundry and flat linen is laundered on site, and the home has processes to identify lost laundry. The quality of hospitality services is monitored via feedback, audits and surveys. Care recipients and representatives reported satisfaction with the hospitality services provided.