



Australian Government

Australian Aged Care Quality Agency

Avonlea Hostel

RACS ID 3002
68-72 McPherson Street
NHILL VIC 3418

Approved provider: Avonlea Inc

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 08 November 2018.

We made our decision on 09 September 2015.

The audit was conducted on 04 August 2015 to 05 August 2015. The assessment team's report is attached.

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

Important information:

On 13 December 2016, Avonlea Inc was notified of a decision of the delegate of the CEO of the Australian Aged Care Quality Agency that a failure to meet one or more expected outcomes in the Accreditation Standards has placed, or may place, the safety, health or wellbeing of a care recipient at serious risk.

The Department of Health has been notified of the risk. The Secretary of the Department of health may impose sanctions on an approved provider that has not complied, or is not complying, with its responsibilities under the Aged Care Act 1997. If applicable, sanctions are published at the [My Aged Care compliance information webpage](http://www.myagedcare.gov.au/compliance-information)¹.

¹ <http://www.myagedcare.gov.au/compliance-information>

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

Avonlea Hostel 3002

Approved provider: Avonlea Inc

Introduction

This is the report of a re-accreditation audit from 04 August 2015 to 05 August 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 04 August 2015 to 05 August 2015.

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

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

Assessment team

Team leader:	Rhonda Whitehead
Team member:	Leah Kane

Approved provider details

Approved provider:	Avonlea Inc
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Details of home

Name of home:	Avonlea Hostel
RACS ID:	3002

Total number of allocated places:	45
Number of care recipients during audit:	39
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	68-72 McPherson Street	State:	Victoria
City:	Nhill	Postcode:	3418
Phone number:	03 5391 1348	Facsimile:	03 5391 3156
E-mail address:	manager@avonlea.org.au		

Audit trail

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

Interviews

	Number		Number
Management	3	Care recipients and representatives	9
Care staff	3	Laundry staff	1
Administration assistant	1	Cleaning staff	1
Catering staff	1	Leisure and lifestyle staff	2
Maintenance staff	1		

Sampled documents

	Number		Number
Care recipients' files	9	Medication charts	5
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Allied health referrals
- Audit records and analysis
- Care recipients' agreements and admission documentation
- Cleaning schedules
- Clinical key performance indicators
- Clinical observation records
- Compliments and complaints records
- Consent forms
- Continuous improvement records and register
- Contractors agreements and documentation
- Criminal history checks, statutory declarations and qualifications
- Diaries
- Education calendar and records
- Essential services schedules, service reports and certificate of compliance
- Food safety plan and certificates of compliance
- Handover sheets and care recipient lists
- Incident reports, summary data and analysis
- Job descriptions
- Leisure and lifestyle records
- Mandatory reporting register

- Meeting minutes, newsletters and staff memoranda
- Memoranda folder
- News letters
- Pest control records
- Preventative and corrective maintenance records
- Recruitment policies and procedures
- Risk assessments
- Selected policies and procedures
- Staff handbook and orientation
- Vision, Mission and Values Statements.

Observations

The team observed the following:

- Activities in progress
- Archive room and storage systems
- Brochures, information, displays and suggestion box
- Care recipient and staff notice boards
- Charter of Care recipients' rights and responsibilities displayed
- Clinical observation equipment
- Emergency exits, paths of egress and assembly areas
- Equipment, food, chemical and supply storage areas
- Fire equipment, signage, evacuation kit and care recipient lists
- Internal and external complaints and advocacy information
- Internal and external living environment
- Meal service
- Mobility aids
- Personal protective equipment, material safety data sheets and waste disposal
- Re-accreditation signage
- Security systems including surveillance cameras
- Short group observation in the lounge room
- Storage and administration of medications.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home actively pursues continuous improvement across the Accreditation Standards. Management identify improvement opportunities through internal and external audits, incidents and hazards, 'Tell Us About It' forms, care recipient surveys, data analysis, meetings and comments and complaints. Management record continuous improvement opportunities on forms and register improvements on the continuous improvement plan. The plan includes person responsible, actions taken, expected outcome, completion date and progress and comments. Management records evaluation in the continuous improvement form. Care recipients, representatives and staff receive feedback through meetings, notice boards, newsletters and informal interaction. Care recipients and staff said they are encouraged to provide feedback and management is responsive to suggested improvements.

Recent improvements relevant to Standard 1 include:

- Management identified, through observation and feedback at meetings, the need to review staff numbers on weekends and public holidays. Management increased staff hours on weekends by three hours on each of these days. Staff have provided positive feedback regarding the increased hours.
- Staff requested management increase the number of wheelchairs available for care recipients. Staff, due to the configuration of the home, had to walk to the main storage area of the home to retrieve a wheel chair for care recipients located at the top end of the home. Management undertook research, trialled and evaluated a number of wheelchairs and purchased three wheelchairs in varied sizes. The new wheelchairs are located closer to care recipients. Evaluation indicates staff and care recipients appreciate the new wheelchairs and convenience of their storage.
- A staff member suggested the development of an emergency care recipient record to provide to ambulance officers in case of an emergency. Management consulted with the local ambulance service and developed a form which contains each care recipient's date of birth, attending doctor, drug and medical alerts, medical history, advanced care wishes, next of kin and their contact details. Staff place the completed form in a sealed envelope for care recipient privacy and store in the care recipient's cupboard. Evaluation includes positive feedback from the ambulance service regarding prompt access to care recipient information.

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 has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Management receive information through peak bodies, a legislative update service and government departments. Policy and procedure amendments occur in response to regulatory changes when required. Regulatory compliance is an agenda item at meetings. Relevant stakeholders receive information about changes through meetings, education sessions and memoranda.

Examples of responsiveness to regulatory compliance relating to Standard 1 include:

- Care recipients, representatives and staff received notification of the reaccreditation assessment visit.
- Management monitors the registration of health professionals.
- There are processes to ensure the currency of criminal record checks for staff, volunteers and contractors as required and relevant statutory declarations are completed.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

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

Education undertaken relating to Standard 1 Management systems, staffing and organisational development includes:

- aged care funding documentation
- bullying and harassment
- fees and charges in aged care.

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

Management has formal and informal comments and complaints processes accessible to care recipients, representatives and staff. Care recipients and representatives receive information about internal and external comments and complaints procedures and care recipient advocacy services through handbooks, procedures, brochures and at meetings. Mechanisms to notify management of concerns or suggestions include an open door policy to management, 'Tell Us About It' forms, suggestion box and meetings. Management record compliments and complaints and undertake regular analysis for identification of continuous improvement opportunities and are discussed at meetings. Care recipients are aware of the home's complaint system and said they are encouraged to raise issues.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its mission which includes delivery of quality care in accordance with best practice and providing for care recipient needs in a safe, comfortable and friendly environment. The home has also documented its vision and values. Management displays these statements prominently in the home and repeat them in a range of internal documents, brochures and 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 and service delivery is undertaken in accordance with regulatory requirements, professional guidelines, policies and procedures, the organisation's philosophy and the current needs of care recipients. Management recruit staff based on position descriptions, minimum qualifications, reference checks and criminal record checks. Successful applicants sign a contract and undertake an orientation program. Staff appraisals, audits, surveys, competencies and management observations ensure maintenance of optimal staff practices. Monitoring of staffing levels occurs to reflect changes in care recipient numbers, their care needs and the physical layout of the home. Staff said management supports them and care recipients and representatives are satisfied with the level and quality of care provided by staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has systems to ensure stocks of appropriate goods and equipment are available and maintained. Management and relevant staff purchase items regularly and maintain adequate stock holding levels. Identification of equipment and stock needs occur through stock take, staff suggestions, observations and changing care needs. Storage areas are secure and sufficient for inventory and equipment not in use. Management's process to ensure optimal equipment condition includes preventative and corrective maintenance systems and specialised servicing contractors utilised as required. Care recipients and staff are satisfied with the amount and quality of supplies and equipment available at the home.

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. Management and staff have access to information that is accurate and appropriate to their roles. Management provides care recipients and representatives with information prior to and on entry to the home, including a handbook and care recipient agreement. Provision of ongoing information is through noticeboards, care consultations, newsletters and meetings. Processes to keep staff informed include position descriptions, policies and procedures, education, meetings and memoranda. Routinely collected data is analysed and made available to relevant staff. Management has systems for maintaining the confidentiality and security of staff and care recipient information. Back up of computerised information occurs regularly and archived material is stored securely pending destruction. Care recipients and staff are satisfied with the quality and timeliness of information provision.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management has systems to ensure the quality and suitability of externally sourced services meets care service's needs and service quality goals. Signed service agreements set out the scope and conditions of services. Management requires contractors to meet regulatory compliance obligations including criminal history checks as required. Contracts with a variety of providers include pest control, chemical supply, allied health professionals, registered nurse, trades and pharmaceutical services. Management undertakes a review of the quality of service provision including stakeholder feedback prior to contract renewal. Care recipients and staff are satisfied with the services provided by external contractors.

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

The home's continuous improvement system demonstrates improvements in care recipients' health and personal care is ongoing. For a description of the home's system of continuous improvement refer to expected outcome 1.1 Continuous improvement.

Recent improvements relevant to Standard 2 include:

- Management, through an internal audit, identified a need to capture additional information in care recipient sleeping assessments for the purposes of developing comprehensive sleep promotion care plans. Management added to the assessment, care recipient preferences including toileting, having the lights on, window opened and number of pillows. Evaluation indicates sleep care plans now more accurately reflect care recipient preferences to assist in achieving natural sleep.
- Management developed a review register for care recipients with diabetes following a staff member suggestion. The diabetes educator attends the home every three months or sooner if required, to review care recipients with diabetes. Staff were writing scheduled appointments in care recipient care plans, which was inefficient. Staff provided positive feedback regarding the development of the register including the register is easy to access for reference.
- Management identified an opportunity to review wound dressings used. Management introduced a dressing selection guide for staff which stipulates the dressing required depending upon the wound type and severity. Evaluation indicates some staff were dissatisfied with some of the wound dressings and management consulted staff and changed available dressings in response to the feedback. Re-evaluation indicates staff are satisfied with this continuous improvement activity.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has a system to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to care recipients' health and personal care. There are processes to ensure and monitor compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 2 include:

- Medications are stored securely and administered according to legislated processes and guidelines.

- A registered nurses oversees provision of care and specialised nursing needs for care recipients.
- There are policies and procedures to manage unexplained care recipient absence.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management demonstrates staff have appropriate knowledge and skills to provide health and personal care to care recipients. Staff selection and recruitment practices ensure employment of qualified and skilled staff. Ongoing education opportunities maintain their skills and reflect care recipients’ needs. Refer to expected outcome 1.3 Education and staff development for more information about the home’s systems and processes.

Education undertaken relating to Standard 2 – Health and personal care includes:

- continence care
- pain management
- palliative care
- wound management.

2.4 Clinical care

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

Team’s findings

The home meets this expected outcome

Care recipients receive appropriate clinical care. Staff develop a care plan following clinical and social assessment on entry to the home and in consultation with care recipients and representatives. A contracted registered nurse reviews and evaluates care plans as required. Medical practitioners, staff from the regional health service and allied health professionals, contribute to reviews on request. Staff are aware of care recipients’ care preferences and said the home offers regular education regarding clinical topics. Care recipients and representatives stated care recipients receive appropriate clinical care and have confidence in staff and their skills.

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

A contracted registered nurse, or regional health service staff assess care recipients’ specialised nursing care needs on entry to the home or when a need arises. Review and evaluation of care takes place in conjunction with general practitioners, allied health staff and the regional health service. Staff use wound, weight, blood glucose charting and other observation charts to attend and monitor care. Specialised care in the home currently

includes wound management, diabetes monitoring, nutrition, catheter care and pain. Care recipients and representatives stated they are satisfied with the provision of specialised care, the information and support they receive and staff skills.

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

Assessment of care recipients’ specialist and allied health care needs takes place on entry to the home and on an ongoing basis. Services available to the home include physiotherapy, speech pathology, dietetics, psychiatric services and podiatry. Health practitioners share information with staff using specific care plans and progress notes. Staff arrange external appointments as necessary and accompany care recipients if requested. Care recipients and representatives stated satisfaction with specialist and allied health services provided and assistance given to access external appointments.

2.7 Medication management

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

Team’s findings

The home meets this expected outcome

The home has systems to ensure the safe management of care recipients’ medications. Storage of medication is as per legislative requirements. Competency tested staff administer medications. Medical practitioners prescribe and regularly review medication regimes. A third party pharmacist conducts reviews to provide independent advice. Management, in conjunction with the pharmacist and general practitioners monitor the system using incident reports and audits. Care recipients and representatives stated satisfaction 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

Staff and general practitioners conduct assessments for care recipients’ pain on entry to the home or in the event of change. Staff monitor those who have difficulty verbally expressing pain for agitation, grimacing and changes in behaviour. Staff assist care recipients to remain as free from pain as possible using medications, maintaining mobility, hot packs, massage and diversional programs. Care recipients and representatives stated staff, in conjunction with general practitioners; monitors care recipients’ pain to ensure they are as free from pain as possible.

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

Care recipients are encouraged to complete an advanced care plan, in consultation with their representatives on entry to the home. Information includes spiritual and emotional care. Staff said they have the necessary knowledge to provide contemporary palliative care and provide support to care recipients and representatives when the need arises. Care recipients and representatives were complimentary of staff’s emotional support and the dignified treatment care recipients received.

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

The home has systems to ensure care recipients receive appropriate nourishment and hydration in accordance with their needs and wishes. Assessment of their nutrition and hydration requirements takes place on entry to the home and includes specific needs for specialised diets. Care recipients’ weights are monitored and unexplained weight gain or loss is referred to a general practitioner or dietitian. Meal supplements are available for those at risk of weight loss or general health decline. All stakeholders are satisfied the home meets the nutrition and hydration needs of care recipients.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

The home ensures care recipients’ skin integrity is consistent with their general health. Assessment of their skin care requirements takes place on entry to the home and on an ongoing basis. Specialist equipment is available to prevent skin breakdown, alleviate pressure and provide wound care. A wound consultant is available through the regional health service. The home uses incident reports to record skin breakdown due to injury or pressure allowing the home to monitor trends and investigate and isolate causes. Stakeholders stated skin care programs meet care recipients’ needs.

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

The home has programs to manage care recipients’ continence effectively. Staff develop an individual continence care plan and toileting program following consultation with all stakeholders and conduct of a seven day assessment. Care recipients have access to a

continence nurse through the regional health service. Reassessment takes place in the event of change. Maintenance of mobility, a balanced diet and adequate fluids further promote continence. Care recipients and representatives are satisfied with the assistance given to maintain each person's independence, dignity and maximise existing function.

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 home manages care recipients' behaviours effectively. Assessment of care recipients for behaviours relating to dementia takes place on entry to the home and monitoring, review and evaluation of care is undertaken using psychiatric services if required. Management state the lay out of the home suits those living with early indicators of dementia. Management assist care recipients with challenging behaviours to seek more appropriate accommodation. All staff are trained in managing behaviours and care plans include triggers that may pre-empt behaviours. Staff are familiar with each person's personality and alleviate anxiety by maintaining a calm, respectful and inclusive environment. Staff are respectful of care recipients' rights and preferences and lifestyle staff provide diversional therapy programs. Stakeholders stated staff manage care recipients' behaviours appropriately.

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

Care recipients are able to achieve optimum levels of mobility and dexterity. Staff conduct mobility, dexterity and risk assessment when care recipients enter the home and on a needs basis. The home's environment and the availability of assistive equipment enables safe mobility. Monitoring of falls takes place using the incident reporting processes and collected data is analysed and trended to improve outcomes for individuals and the home. Care recipients and representatives stated they are satisfied with programs and support to promote mobility, independence and dexterity.

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

Staff assesses care recipients for their oral and dental care needs on entry to the home and on an ongoing basis. Staff arrange appointments to access a dentist, dental technician or medical assistance on a needs basis. Review of care needs is undertaken regularly and independence encouraged with support or monitoring by staff. Care recipients and their representatives stated satisfaction with the assistance provided to care recipients to maintain oral hygiene and dental care.

2.16 Sensory loss

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

Team’s findings

The home meets this expected outcome

The home identifies and manages care recipients’ sensory losses. Staff assess each person for their sensory losses for all five senses on entry to the home and regular monitoring is undertaken. Care staff are familiar with those who have hearing and sight loss and specific communication needs. There are strategies to promote communication in care plans. Staff maintain an environment to assist in stimulating care recipients’ sense of taste, smell and touch; these include sensory activates, puzzles and games. Stakeholders stated care recipients receive assistance to optimise their communication and other senses and referrals to medical or allied health professionals are available.

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

The home works towards ensuring care recipients are able to achieve natural sleep. Assessment for sleeping patterns and nightly rituals takes place on entry to the home or in the event of change. Care plans include individual rising and settling times, routines, interventions for pain management, continence care and other strategies. All rooms are single or suites for couples, with ensuite bathrooms. Care recipients commented their beds are comfortable and they are able to achieve a rested night’s sleep on most occasions.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management has a system that shows ongoing improvements in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Standard 3 include:

- A representative of a care recipient suggested in a survey, the installation of a raised garden bed for their family member. Management installed the raised garden beds, however the care recipient did not wish to undertake gardening in these beds. Other care recipients however, are utilising the raised garden beds and feedback from these care recipients is positive.
- Management identified an opportunity to extend staff interaction with care recipients during the meal times. Management notified staff not to remove care recipient plates and serve desert until all care recipients at each table have finished their main meal. Management said evaluation indicates the dining experience has extended and care recipients are staying longer following meals and engaging in conversations with other care recipients and staff.

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

Management has systems to identify relevant legislation, regulatory requirements and professional standards and guidelines in relation to care recipient lifestyle and there are processes to ensure compliance. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 3 include:

- Management display the ‘Charter of care recipients’ rights and responsibilities’ within the home.
- Management offers a residential agreement to care recipients or their representatives on entry to the home.
- Policies and procedures to maintain privacy and confidentiality of care recipient information are in place and followed.
- There are documented processes regarding elder abuse and compulsory 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

Management provides education and development opportunities for staff to ensure they have the skills and knowledge to perform their duties in relation to care recipients' lifestyle outcomes. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Education undertaken relating to Standard 3 – Care recipient lifestyle includes:

- activities for those living with dementia
- behaviour management
- elder abuse.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

Management and staff support care recipients in adjusting to life in the home initially and on an ongoing basis. Staff provide new care recipients and their representatives with a tour and introduction of the home prior to or at entry. Assessment of care recipients' emotional support and preferences occurs on entry to the home and staff develop care plans to meet care recipient needs. Regular reviews occur and care plans updated as required. Strategies implemented to assist care recipients include introducing new care recipients to other care recipients with common interests, one to one support and visits from religious denominations, staff, family members, volunteers and local community groups. Care recipients are satisfied with the initial and ongoing emotional support they receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate they support care recipients to achieve optimal independence, maintain friendships, family connections and community links. Initial and ongoing assessment and care planning processes identify and plan for care recipients' communication, mobility and dexterity levels, any risk taking behaviours and preferences for social interaction. Allied health professionals assist care recipients maintain mobility and strength. Care recipients actively engage with the community, with some attending external church services, the senior citizen's group and day programs. Staff and allied health professionals assess care recipients for equipment aids and utensil requirements to support and encourage independence. Care recipients said staff support them to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Management and staff respect each care recipient's right to privacy, dignity and confidentiality and outline these rights in care recipient handbooks, staff education and policies and procedures. Management and staff identify and record care recipients' privacy and dignity preferences on entry to the home and regularly review this information. Staff described privacy strategies used when assisting and caring for care recipients, including knocking on doors, referring to individuals by their preferred name and ensuring privacy when undertaking care needs. Management monitors care recipient privacy and dignity through audits and feedback. Care recipients said staff treat them with respect and maintain their privacy and dignity at all times.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Management and staff encourage and support care recipients to participate in a wide range of interests and activities of interest to them. Staff identify and document preferences and interests through discussion with care recipients and representatives on entry to the home and ongoing. Lifestyle staff provide activities in groups or on a one to one basis appropriate to each care recipient's needs. The leisure and lifestyle program includes for example, exercise and sensory stimulation activities, community outings, visits by community groups and other activities requested by care recipients. Surveys, care recipient meetings and attendance records assist staff to monitor the effectiveness of the lifestyle program. Care recipients are satisfied with the activity program and the support provided to participate.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff demonstrate they value and foster care recipients' cultural and spiritual lives. Initial assessments and care plans record care recipients' individual wishes and requirements including individual beliefs, spiritual backgrounds, key spiritual support person and palliative care wishes as required. Staff review and update each care recipient's preferences or changes as scheduled. Staff have access to cultural resources if required. Various religious denominations attend or hold services within the home and staff assist care recipients to attend church services or community events outside the home. The home celebrates special events, birthdays and cultural days of importance, with active involvement of all staff and management. Care recipients are satisfied with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Management and staff encourage care recipients to exercise choice and decision making in all aspects of their care, lifestyle options and service delivery. Staff consult care recipients or their representatives on entry to the home to identify care recipient's choice and preferences regarding clinical care, daily living, lifestyle and hospitality services. Staff undertake regular reviews of care recipients' preferences. Policies and procedures are available to guide staff around maintaining care recipient choices. Quality activities including surveys and feedback processes assist management and staff in monitoring care recipient satisfaction regarding choice and decision-making. Staff said they support care recipients to make independent choices regarding their lifestyle including for example, medical practitioner, pharmacy services, rising and settling times and dietary preferences. Care recipients are satisfied management and staff respect their choices and 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

Management ensures care recipients have secure tenure within the home and understand their rights and responsibilities. Prior to and on entry to the home, care recipients and representatives receive an information pack. Following consultation, management offer a residential agreement which includes care and specified services provided, fees and charges, rights and responsibilities and other relevant information. Ongoing discussions occur to ensure all parties concerned understand the terms of tenure. Care recipients said they are aware of their rights and responsibilities and feel their tenure at the home is secure.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Management has a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Examples of recent improvements in relation to Standard 4 include:

- A care recipient raised an issue at a meeting regarding drafts caused by an external door, in an area of the dining room. Management responded by altering the configuration of the dining tables to keep care recipients out of drafts. Evaluation indicates care recipients provided positive feedback to management regarding the table rearrangement.
- Management identified an opportunity to ensure care recipients had information to follow during an emergency. Management developed a one page summary including instructions to follow during a fire or security breach. Management placed the information sheets on the back of each care recipient’s door. Feedback indicates the sheet was placed too high on care recipient doors and management arranged for it to be moved. At a meeting, care recipients said they feel more confident in the event of an evacuation.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has a system to identify relevant legislation, regulatory requirements, professional standards and guidelines in relation to the physical environment and safe systems. For a description of the system refer to expected outcome 1.2 Regulatory compliance.

Examples of responsiveness to regulatory compliance relating to Standard 4 include:

- Chemical storage is secure and current safety data sheets are available.
- The home has a food safety program and annual third party audit.
- The home maintains fire and emergency processes and records and essential safety measures certification.
- There are infection control guidelines and outbreak procedures.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management has processes to monitor and maintain the skills and knowledge of staff to ensure they perform their roles effectively in relation to the physical environment and safe systems. Staff said they attend annual mandatory training and are confident of their skills in the event of an environmental emergency or infectious outbreak. Refer to expected outcome 1.3 Education and staff development for more information about the home's systems and processes.

Education undertaken in relation to Standard 4 – Physical environment and safe systems includes:

- chemical handling
- fire and emergency
- infection control
- manual handling.
- 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 care recipients' care needs".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and comfortable environment consistent with care recipients' needs. The home consists of both internal and external rooms. External rooms are accessed using covered walkways. Care recipients are encouraged to personalise their rooms and have access to communal and well maintained outdoor living areas. Pathways and gardens provide care recipients access to outdoor activities. Security systems include cameras, locks and observation processes. Management and staff undertake safety risk assessments as required. Audits monitor the living environment and feedback systems determine care recipient satisfaction. The home is clean and well maintained with timely corrective and preventative maintenance processes. Care recipients said they are satisfied with the home's environment and they feel safe and comfortable.

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 provides a safe working environment that meets regulatory requirements. Occupational health safety systems and processes help support and guide the home's staff. These include on-site representatives and meetings, return to work programs, regularly

reviewed policies and procedures, information displays and operating procedures for equipment. Staff complete environmental and occupational health and safety audits, information is trended. The organisation demonstrates both pro-active and responsive approaches in monitoring and reviewing staff workloads and incidents and provides on-going training and support. Staff complete mandatory manual handling training. Chemicals are safely stored. Staff stated awareness of and satisfaction with occupational health and safety.

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

Management and staff are working to maintain a safe environment that minimises fire, security and other emergency risks. Staff have access to documented emergency management procedures. Fire safety systems are in place including an evacuation kit, fire plans, fire detection and containment mechanisms and fire-fighting equipment. Contracted fire management professionals regularly monitor and maintain safety equipment. The home is able to respond to other emergencies including floods and bushfire threats and contingency plans are in place. Staff lock external doors at night. Management and staff remind care recipients of the process to follow in 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

The home has an effective infection control program. Staff document and respond to individual care recipient infections which management reviews to identify trends. Staff have access to hand hygiene facilities, personal protective equipment, spills kits and outbreak kits. There is a food safety program in place and catering, cleaning and laundry services adhere to appropriate cleaning and waste disposal practices. Pest control contractors regularly attend the home. Staff demonstrated an awareness and knowledge of appropriate infection control practices relevant to their duties. Staff confirmed mandatory infection control education is undertaken annually.

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

Care recipients, representatives and staff expressed satisfaction with the hospitality services provided in the home. Cleaning staff work according to a schedule with provisions for ad hoc cleaning. Laundry staff process all clothing in the home. Staff label clothing on request and there are systems to manage lost clothing. Meals are prepared in the home's kitchen with care recipients choices, allergies, likes and dislikes taken into account. All staff are trained in infection control and food handling. Management monitors hospitality services through surveys and internal and external audits. Care recipients, representatives and staff said they are satisfied with the home's catering, cleaning and laundry services.