



**Australian Government**

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**Australian Aged Care Quality Agency**

## **Eva Tilley Memorial Hostel**

RACS ID 3012  
1100 Burke Road  
BALWYN NORTH VIC 3104

**Approved provider: Eva Tilley Memorial Home 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 23 November 2018.

We made our decision on 13 October 2015.

The audit was conducted on 01 September 2015 to 02 September 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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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.

<b>Expected outcome</b>	<b>Quality Agency decision</b>
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**

**Eva Tilley Memorial Hostel 3012**

**Approved provider: Eva Tilley Memorial Home Inc**

## **Introduction**

This is the report of a re-accreditation audit from 01 September 2015 to 02 September 2015 submitted to the Quality Agency.

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

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

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

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

## **Assessment team's findings regarding performance against the Accreditation Standards**

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

- 44 expected outcomes

## Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 September 2015 to 02 September 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

<b>Team leader:</b>	Marian (Sandra) Lacey
<b>Team members:</b>	Joanne Wheelahan Rebecca Phillips

## Approved provider details

<b>Approved provider:</b>	Eva Tilley Memorial Home Inc
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## Details of home

<b>Name of home:</b>	Eva Tilley Memorial Hostel
<b>RACS ID:</b>	3012

<b>Total number of allocated places:</b>	120
<b>Number of care recipients during audit:</b>	104
<b>Number of care recipients receiving high care during audit:</b>	N/A
<b>Special needs catered for:</b>	16 bed memory support unit

<b>Street:</b>	1100 Burke Road
<b>City:</b>	BALWYN NORTH
<b>State:</b>	Victoria
<b>Postcode:</b>	3104
<b>Phone number:</b>	03 9859 9541
<b>Facsimile:</b>	03 9859 2463
<b>E-mail address:</b>	<a href="mailto:info@evatilley.com.au">info@evatilley.com.au</a>

## Audit trail

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

### Interviews

Category	Number
Management team	2
Registered nurses	6
Care staff	4
Admin/Lifestyle staff	2
Care recipients/representatives	13
Catering, cleaning and laundry staff	3
Allied health practitioners	2

### Sampled documents

Category	Number
Care recipients' files	12
Summary/quick reference care plans	9
Care recipient contracts	6
Diet cross-references	5
Medication charts	13
Personnel files	5
Self-medication authorities	8

### Other documents reviewed

The team also reviewed:

- Activities calendar
- Adverse event reports
- Assessments and authorisations
- Asset register
- Audit schedule and associated documentation
- Care recipients' information package and surveys
- Cleaning policies, procedures and schedules

- Clinical charts, checklists and records
- Clinical governance reports
- Comments and complaints
- Communication books
- Continuous improvement plan
- Controlled substances register
- Data analysis documentation
- Education records, attendance sheets and evaluations
- Emergency equipment maintenance logs, resource policies and procedures
- Evacuation lists and kits
- Feedback forms
- Food safety program, council and third party audit reports
- Human resource external review report
- Infection control documentation and analyses
- Influenza vaccination database for staff
- Information for care recipients, their families, staff and volunteers including handbooks
- Job descriptions
- Maintenance records
- Mandatory reporting register
- Material safety data sheets and chemical register
- Medication competencies
- Meeting agendas and minutes
- Newsletter
- Pain management folder
- Pest control report
- Police certificates, statutory declarations, nursing registrations databases
- Policies and procedures (sample), including recruitment



- Recruitment policies and procedures
- Referral folder
- Rosters
- Self-assessment
- Service agreements and supplier list
- Staff survey report.

## **Observations**

The team observed the following:

- Activities in progress
- Cleaning in progress, cleaners' room and cleaning trolley
- Emergency management equipment, sprinkler system, emergency exits, evacuation pack and maps
- Equipment supply and chemical storage areas
- Hand hygiene facilities, personal protective equipment, outbreak kit and spills kits
- Interactions between staff care recipients and representatives
- Internal and external living environments
- Meal and refreshment services in progress and assistance to care recipients
- Medication administration and storage
- Noticeboards for care recipients and staff
- Oxygen storage and signage
- Post box (internal)
- Security systems
- Short group observation conducted in memory support unit
- Storage of medications
- Suggestion box
- The 'Charter of care recipients' rights and responsibilities – residential care' on display
- Visitors in the home
- Waste disposal.

## Assessment information

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

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

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

#### 1.1 Continuous improvement

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

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

The home meets this expected outcome

Management and staff actively pursue continuous improvement and monitor performance across the Accreditation Standards. Policies and procedures, feedback forms, adverse events, infection and maintenance reports, surveys, audits and formal and informal feedback inform the continuous improvement system. Management monitor and evaluate the effectiveness of improvement processes with regular meetings and monthly and annual analysis of data collected. Management provide feedback to stakeholders through meetings, newsletters, correspondence and noticeboard information. Stakeholders expressed satisfaction with the home's continuous improvement system.

Examples of improvement initiatives implemented in relation to Standard 1 Management systems, staffing and organisational development include:

- To improve the home's rostering system, the home purchased and installed in June 2015 an electronic time and attendance rostering system. Staff sign on using a fingerprint system. The electronic timesheet then automatically creates payroll. All staff have access to the rostering system and are able to access the shift request and annual leave portion of the system from home. Anecdotal feedback from staff so far has been positive. Currently, the home is running a parallel paper-based system to ensure salaries are correct and in February 2016, management plan to run the system solo, once the developer has solved the master roster issues.
- The home has purchased the property next door and have commenced strategic planning. As a result, the Board engaged an external consultant to research opportunities for residential care and an expansion of the facility. This led to a review of the current mission of residential care with a future possibility of branching out. This improvement is still in the planning stage.

## 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 relevant legislation, regulations, professional standards and guidelines across the Accreditation Standards. Management identify this information through subscription to a legislative online service and through membership of government and industry organisations. Management review this information for impact on policies and procedures, reviewing and updating documentation as required. Management disseminates relevant information to staff through memoranda, staff meetings and education through mail, newsletters, meetings and notices. Management monitors regulatory compliance through observation of staff practice, comments and complaints, adverse events and audit reports.

Staff and management are aware of their responsibilities regarding regulatory compliance. Care recipients and representatives are satisfied with the information provided to them.

Examples of regulatory compliance relating to Standard 1, Management systems, staffing and organisational development include:

- Policies and procedures reflect current and relevant legislation
- Processes to monitor the currency of staff, volunteer and external contractors’ police certificate records and professional registrations
- Notification to all stakeholders of the re-accreditation audit within the requisite timeframe
- Stakeholders have access to external complaints mechanisms and advocacy services, including internal comments and complaints processes.

### **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 for effective performance relating to the Accreditation Standards. An annual calendar schedules compulsory and other relevant topics and is reactive to care recipients' needs, suggestions from staff at performance appraisals, audit and clinical outcomes, feedback mechanisms and management observation. Management record attendance at education sessions and has an evaluation system to ensure effectiveness. Staff undertake appropriate competencies to maintain and monitor their practices. Staff and management have opportunities to attend education that supports their learning and development needs.

Examples of education and staff development in relation to Standard 1, Management systems, staffing and organisational development include:

- continuous improvement workshop
- new roster system training.

### **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

All stakeholders have access to complaints mechanisms. Internal and external comments and complaints information is on display, included in care recipient and staff handbooks and in care recipient agreements. Care recipients, representatives and staff are encouraged to discuss any areas of concern with management through an open door policy or by completing feedback forms. Review and evaluation of comments and complaints feed directly into the continuous improvement system with outcomes communicated to stakeholders personally or through meetings and newsletters. Care recipients, representatives and staff expressed satisfaction with the comments and complaints system

## 1.5 Planning and leadership

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

### **Team's findings**

The home meets this expected outcome

Management has documented its mission, values, philosophy, objectives of care and commitment to quality. Management displays these statements prominently in the home and documents them in staff and care recipient 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

Management demonstrate there are sufficient numbers of appropriately skilled and qualified staff to provide care and services. Interviews for new positions are undertaken as needed, reference checks are completed and management provide a comprehensive orientation for permanent, casual and agency staff. The home's orientation process includes mandatory education, training and 'buddy shifts'. Staff have access to position descriptions, rosters, policies and procedures, a handbook and education opportunities. There are processes to ensure staff have current police certificates with associated documentation and current professional registrations. Processes used to monitor staff performance include observation, performance appraisal and feedback from stakeholders. Staff have sufficient time to perform their roles and are satisfied with current staffing levels. Care recipients and representatives are satisfied with the care and services 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

There are systems to ensure there are adequate stocks of goods and appropriate equipment for quality service delivery. Management have preferred supplier and service agreements with local and national companies. Qualified staff and contractors clean and maintain equipment to programmed schedules. Stock and equipment storage areas are clean, sufficiently stocked and secured. Staff said stock and equipment available is of an appropriate quality and maintained at appropriate levels. Staff are provided with equipment training by qualified staff and contractors. Care recipients, representatives and staff are satisfied with the quantity and quality of supplies and equipment used by 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

There are effective information management systems in place to ensure care recipients, representatives, management and staff receive information on care, services and activities offered at the home. Care recipients and representatives receive an information package and handbook when moving into the home. Information for care recipients and staff is available through meetings, letters, newsletters, activities calendars and the distribution of notices.

Staff receive orientation to the home's information processes through induction training, position descriptions and work plans. Staff receive information about care recipients through handover and the home's record and documentation management system. There is regular and secure back up of the electronic information systems. There are systems for the storage, archiving and destruction of confidential documentation and files. Care recipients, representatives and staff are satisfied with the provision of information including through care consultation meetings, informal contact and opportunities for feedback.

## 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

The organisation has systems to provide externally sourced services to meet the home's needs and service quality goals. The organisation has processes to select, monitor and evaluate external service providers and contractors to ensure they provide quality services, goods and equipment. External service providers and contractors are required to provide documentation of current police certificates and insurances. There is regular evaluation of external contracts and service agreements with stakeholder feedback as part of the process. Contractors and service providers receive orientation prior to commencing work at the home and are supervised by staff as needed. Care recipients, representatives and staff are satisfied with the services provided by external providers and 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

Management actively pursue continuous improvement across aspects of care recipients' health and personal care. Refer to expected outcome 1.1 Continuous improvement for information regarding the home's continuous improvement system and processes.

Examples of improvement initiatives implemented in relation to Standard 2 Health and personal care include:

- Due to a poor audit result of managing behaviours of concern, management identified an improvement opportunity and reviewed the home's current policy on managing behaviours of concern. This led to a complete revision of the policy on behaviours, now called 'Promote Cognitive and Mental Health.' This further led management to review the home's use of restraint to ensure staff were following the home's processes. Consequently, staff are now aware the form and type of restraint used at the home encompasses lo-lo beds only, as well as authorised chemical restraint. The policy change is extensive and includes many definitions to guide staff in dealing with behaviours of concern as well as listing resource material.
- Fifteen staff had the opportunity to attend dementia training from Alzheimer's Australia and this three-day session included extensive competencies. All staff successfully completed the competency-based dementia training. Management and staff are satisfied the changes made to policies, additional training, review of restraint and additional specialised training has improved how staff deal with behaviours of concern.

## 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 systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance related to Standard 2, Health and personal care include:

- The home stores medication according to legislation and administers medication in accordance with professional standards, regulatory and legislative requirements
- The monitoring of professional registrations of nursing and other qualified staff occurs.
- Policies guide staff in the reporting of any unexplained absence of a care recipient.

## 2.3 Education and staff development

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

### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively. Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education and staff development system and processes.

Examples of education and staff development conducted in relation to Standard 2 Health and personal care include:

- continence management
- medication policy review
- 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 via regular assessments, care planning and evaluation. On entry to the home staff conduct a suite of assessments to establish care recipients’ clinical care needs. This occurs in consultation with the care recipient, their representative and medical practitioner. Staff develop care plans based on identified need and these are subject to regular review. Allied health professionals are available to review the care recipient and provide further advice and support as needed. Regular handover and documentation of a change in a care recipient’s health status ensures staff provide clinical care appropriate to individual needs. Education and training, access to policies and procedures and adequate supplies of clinical equipment assist staff in undertaking their clinical care duties. Care recipients and representatives are satisfied with the clinical care recipients receive.

## 2.5 Specialised nursing care needs

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

### **Team’s findings**

The home meets this expected outcome

There are appropriately qualified nursing staff available to identify, assess and manage care recipients’ specialised nursing care needs. Specialised nursing care occurs in the areas of diabetes management, catheter care and oxygen delivery. Consultation occurs with care recipients, their representatives and medical practitioner as required. There is a registered nurse on each shift and locum services available for after-hours medical support. Staff refer to external specialist services for additional support and advice as needed. Provision of relevant equipment assists the delivery of specialised nursing care. Care recipients and representatives are satisfied with the level of specialised nursing care staff provide.

## 2.6 Other health and related services

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

### **Team’s findings**

The home meets this expected outcome

Care recipients can access a wide range of health specialists according to their needs and preferences. Medical practitioners visit the home regularly and care recipients can retain their own doctor if practical. There is a locum service available for medical support after hours with hospital transfer occurring in the case of emergencies. A range of services including pharmacy, physiotherapy, podiatry and community based nursing services visit the home regularly. Staff refer to additional services based on identified need and specific request including dental, dietetics, optometry and speech therapy. There is access to a hospital based in-reach program and a palliative care specialist team for additional advice and support if

required. Care recipients and representatives stated care recipients have access to specialists as needed.

## **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

Management and staff demonstrate there are processes to provide appropriate management and delivery of care recipients’ medication. Nursing staff and competency tested personal carers administer medications from dose administration aids and original packaging.

Medications are stored securely and according to legislative requirements. The medication advisory committee meets on a regular basis and there is a process for assessing and managing care recipients who wish to self-administer any medication. Staff date opened creams, ointments and drops and refrigerate medication as appropriate. Care recipients and representatives state staff administer medication in a safe and timely manner.

## **2.8 Pain management**

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

### ***Team’s findings***

The home meets this expected outcome

Management and staff demonstrate there are processes to ensure all care recipients are as free as possible from pain. Staff assess care recipients for pain on entry to the home, regularly as part of the scheduled review process and as required. Corresponding care plans document identified strategies to reduce the incidence of pain, which may include the application of heat packs, provision of pressure relieving mattress and regular repositioning. Staff refer care recipients with identified chronic pain to the home’s pain management program. A physiotherapist conducts this program providing targeted pain relief with massage and electronic nerve stimulation. Provision of low impact exercises encourages movement and assists with the reduction of pain. Care recipients and representatives are satisfied staff assist care recipients to be as free as possible from 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

Management and staff demonstrate there are processes to maintain the comfort and dignity of terminally ill care recipients. Staff assess the palliative care needs of care recipients on entry to the home with consideration to their cultural and spiritual needs and personal preferences. This occurs in consultation with the care recipient and their representative with staff providing

them an opportunity to complete an end of life wishes form. Details on this form guide staff in their care delivery during the care recipient's palliative phase of life.

Liaison occurs with the recipient's medical practitioner and a hospital based palliative care service for additional advice and support as needed. Individual rooms enhance privacy, comfort and dignity and there is room for families to stay should they choose to do so.

Access to a palliative care kit provides easy access to a variety of resources to enhance the comfort of care recipients. Staff participate in palliative care education and training and described care measures used to enhance care recipients' comfort and dignity, during this time.

## **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

Management and relevant personnel demonstrate there is a process to provide care recipients with nourishment and hydration. The assessment of care recipients' nutritional needs occurs on entry to the home taking into consideration personal preferences, allergies, medical requirements and the level of assistance required. Communication occurs between the kitchen and clinical staff to ensure care recipients' receive nutrition and hydration in accordance with their dietary needs. Staff weigh care recipients monthly to identify if any interventions are required such as the provision of texture modified meals or fortified diets. Referrals to medical practitioners, speech pathologists and dietitians occur for additional support and advice. There is adaptive cutlery and crockery to promote independence and assist with nutritional intake. Provision of morning tea, afternoon tea and a range of food and beverage choices facilitate adequate nourishment and hydration. Care recipients and representatives are satisfied with the meals and drinks provided by the home.

## **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

Management and staff demonstrate there are processes to maintain care recipients' skin integrity in accordance with their general health and wellbeing. Assessment of skin integrity occurs for all care recipients on entry to the home in consultation with the care recipient and their representative. Corresponding care plans document individual care recipient's skin care needs. Access to moisturisers and limb protectors enhance the condition of care recipients' skin as needed with the provision of pressure relieving equipment assisting in the prevention of skin related issues. Wound care specialists are available for additional support, advice and training where required. Regular repositioning, the encouragement of increased fluid intake and consideration to care recipients' continence needs further promotes skin integrity. Care recipients and representatives are satisfied staff look after care recipients' skin appropriately.

## **2.12 Continence management**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there are systems to manage care recipients’ continence effectively. These include the completion of assessments and charting which records care recipients’ toileting needs and schedules. Relevant care plans record the level of staff assistance required and any aids or equipment needed. Staff develop strategies and interventions to promote effective continence management in consultation with the care recipient, their representative and medical practitioner if required. Such strategies include regular toileting times, increased hydration and the provision of low impact exercise.

Continence aids are stored discreetly and there are adequate supplies. Provision of individual rooms promotes privacy and dignity for the management of care recipients’ continence needs. Care recipients and representatives are satisfied with the continence care provided to care recipients.

## **2.13 Behavioural management**

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

### **Team’s findings**

The home meets this expected outcome

Management and staff demonstrate there are processes to ensure the needs of care recipients with challenging behaviours are managed. These include the development of assessments, corresponding care plans and ongoing evaluation. These processes occur in consultation with the care recipient, their representative and medical practitioner. Referrals occur to mental health professionals as required. The availability of a secure unit provides a safe environment for care recipients living with dementia. There is a specific activities program in the afternoons for care recipients living with dementia, the aim of which is to assist in the reduction of anxiety and agitation and to help care recipients settle for the evening. The care recipients and representatives are satisfied with the home’s approach to behavioural management.

## **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

There is a system to promote care recipients’ mobility and dexterity. On entry to the home, staff assess care recipients’ mobility and dexterity needs, in consultation with the physiotherapist. Regular review occurs according to schedule, following a fall and in response to a deterioration in the care recipient’s mobility. Corresponding care plans document the level of staff assistance required and if any aids or equipment are needed to promote mobility and

dexterity and reduce the incidence of falls. Such equipment include the provision of sensor mats, hip protectors, lifting machines and mobility aids. Access to physiotherapy assists in the development of suitable exercise regimes to encourage movement and reduce pain. Each care recipient has an individual room that includes ceiling tracking to facilitate mobile transfer equipment. Spacious bathrooms provide for wheelchair access and manoeuvrability if needed. Care recipients and representatives are satisfied staff support care recipients' mobility and dexterity as needed.

## **2.15 Oral and dental care**

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

### **Team's findings**

The home meets this expected outcome

Management and staff demonstrate there are processes to ensure care recipients' oral and dental health is maintained. These include the development of assessments, corresponding care plans and ongoing evaluation. Care plans capture the level of staff assistance required for the daily management of care recipients' teeth, mouth and dentures as appropriate. There is access to dental services in response to identified need and specific request. During the palliative phase, staff ensure the provision of extra oral and dental assistance with adequate supplies of lip balm and mouth wash available. Care recipients and representatives stated staff assist care recipients as required to maintain adequate oral and dental health.

## **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

Management and staff demonstrate there are processes to identify and manage care recipients' sensory loss. On the care recipient's entry to the home, staff undertake a suite of assessments to identify known sensory loss and develop strategies required to minimise the impact of this loss. Regular review, according to schedule and in response to a change in a care recipient's health status, ensures the ongoing effectiveness of strategies. The activities program contributes to the enhancement of care recipients' senses with the inclusion of activities that highlight the senses. Care recipients attend specialist appointments as required. Care recipients and representatives are satisfied with the home's approach to managing sensory loss.

## **2.17 Sleep**

*This expected outcome requires that "care recipients are able to achieve natural sleep patterns".*

### **Team's findings**

The home meets this expected outcome

There is a system to assist care recipients in achieving natural sleep patterns. On entry to the home, staff assess the care recipients' sleeping and rest patterns. Corresponding care plans

nominate individual rising and settling times and other specific rituals or habits. Liaison with the care recipient's medical practitioner occurs if pharmacological assistance is required. Provision of individual rooms provides an environment for uninterrupted sleep with care recipients having access to call bells to alert staff to assist them if required. Care recipients and representatives are satisfied with the management's approach to promoting natural sleep patterns.

## 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 actively pursue continuous improvement activities in relation to all aspects of care recipients’ lifestyle. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement systems and processes.

Examples of improvement initiatives implemented in relation to Standard 3, Care recipient lifestyle include:

- Care recipient meeting feedback suggested management provide an internal mailbox. Staff collect the mail and take it to an external mailbox. Care recipients are happy with this and were observed them using it. The mailbox is red with Australia Post sign above it and there are photos about it on the noticeboard and newsletter. Care recipients have given positive feedback and the mailbox was observed to contain outgoing mail.
- Management developed a visitor’s policy. The ‘Resident’s handbook’ has mention of expectation of visitor behaviour but management were not satisfied and felt an actual policy statement was required. Management went through clinical governance and the Board approved the policy. Display of the new visitor policy is on noticeboards adjacent to the ‘Charter of care recipients rights and responsibilities’ and in a number of places throughout the facility.
- Through feedback, management developed a special events calendar. There is usually one special event scheduled on a monthly basis and these events involve the entire facility where everyone is involved to ensure the event is unique. Some examples of special events include a recent ‘Winter Wonderland Gallery’ evening where care recipients displayed their artwork, craftwork, dolls, folk art, oil and watercolour paintings. The major portion of the event was held in the evening so family members could also take part. The newsletter features the event with photographs capturing the many arts and crafts displays.

### 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 and comply with regulatory compliance obligations in relation to care recipient lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance related to Standard 3 Care recipient lifestyle include:

- Management display the ‘Charter of care recipients’ rights and responsibilities – residential care’ throughout the home and include it in selected documentation.
- The care recipient agreement includes information regarding privacy and confidentiality, specified care and services and security of tenure.
- There are systems to ensure the security and privacy of confidential information.

### 3.3 Education and staff development

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

#### **Team’s findings**

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to care recipient lifestyle. Refer to expected outcome 1.3 Education and staff development for information regarding the home’s education and staff development system and processes.

Examples of education and staff development in relation to Standard 3 Care recipient lifestyle include:

- dementia care
- mandatory reporting
- recreation national conference.



### **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 and lifestyle staff provide emotional support to care recipients to facilitate adjustment to their new environment. Care recipients are encouraged to bring personal items and furniture to personalise their rooms and staff help with orientation to the home. Care and lifestyle staff complete each care recipient's profile with consultation from the person, their family and friends. Care and lifestyle staff spend time with care recipients and check for changes to their emotional wellbeing. Religious practitioners, community visitors and volunteers are available to provide additional emotional support. Care recipients and representatives are satisfied with the way staff support care recipients and provide support 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

Management and staff actively assist care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the wider community. Lifestyle staff develop individual and group activity programs to maintain each care recipient's independence, mobility and dexterity. Staff support care recipients to maintain links with the community through assisting with outings in the community and club memberships. Private areas are available for care recipients use to maintain family and friendship relationships. Staff monitor changing levels of care recipient social participation and interaction with others and assist as required. Care recipients and representatives are satisfied with the support given to maintain care recipients' 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

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information on rights, responsibilities and privacy is included in orientation information for care recipients and staff. Staff knock and wait for a response before entering a care recipient's room and address care recipients by their preferred name. Care recipients can engage privately with friends or visitors in small private lounge areas throughout the home or outside in the gardens. Care recipients give consent for publication of photographs and celebration of birthdays or other days of significance. Care recipients' files are only accessible to authorised

staff. Care recipients and representatives are satisfied staff provide care in a respectful, warm, caring and appropriate manner.

### **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 activities and to provide input into the development of the home's lifestyle program. Care and lifestyle staff identify leisure and activity interests and develop individualised plans in consultation with care recipients and their family. An individualised lifestyle program offers a range of group and individual activities reflecting care recipients' social, emotional, physical, cognitive, sensory and cultural needs. Individual and group activities are regularly evaluated to include new activities. The home runs a number of special events that involve all stakeholders and these are held at times that can include family members. The lifestyle staff monitor and record each care recipient's participation and level of interest to ensure the activities remain meaningful. Care recipients confirmed staff provide one to one time and reminisce with them if they are not able or interested in socialising. Care recipients and representatives are satisfied with the range of activities offered by the home.

### **3.8 Cultural and spiritual life**

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

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

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of the care recipients. Staff identify the cultural and spiritual needs of care recipients through consultation with care recipients and their family. Religious practitioners visit and provide regular religious services based on the preferences of the care recipients.

Volunteers and community visitors are regular participants in the homes activities and programs. Personal days of significance are celebrated throughout the year if the person wishes. Care recipients and representatives are satisfied with the support provided to engage in activities associated with their cultural and spiritual beliefs.

### **3.9 Choice and decision-making**

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

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

The home meets this expected outcome

The home supports care recipients to exercise choice and control over their lifestyle. Staff identify care and lifestyle preferences when a care recipient moves into the home. Staff document and regularly review care recipients' choices regarding care and lifestyle choices. Care recipients are encouraged to express their wishes through regular meetings, individual and family consultation, surveys and feedback to management. Information about complaints services are available to care recipients and representatives. Staff support care recipients to make choices and decisions about their daily routine and care options. Care recipients are satisfied they are able to exercise choice and decision making in their care and lifestyle activities.

### **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 has systems to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. When care recipients move in, management provide information about security of tenure, privacy, confidentiality, complaints mechanisms and the available care and services through the care recipient handbook and residential agreement. The 'Charter of care recipients' rights and responsibilities – residential care', advocacy and independent complaints mechanisms brochures are on display. Management ensures other stakeholders are aware of care recipients' rights and responsibilities through handbooks, training and policies and procedures. Management and staff consult with care recipients and representatives when room changes are considered. Care recipients and representatives are satisfied care recipients have secure tenure within the home and are aware of 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

Management actively pursue improvements to ensure care recipients live in a safe and comfortable environment. Refer to expected outcome 1.1 Continuous improvement for information regarding the home’s continuous improvement systems and processes.

Examples of improvement initiatives implemented in relation to Standard 4, Physical environment and safe systems include:

- Feedback received from family members resulted in management revising security procedures at the home. Visitors and staff are very positive about the changed arrangements.
- After receiving staff feedback concerning stock control and the occasional shortage of linen, management commenced an imprest system and storage of the large linen trolley in a better location than the passageways. This has reduced complaints from care recipients about the bulky trolley location and linen shortage. This new system commenced in February 2015 and there are no more complaints about stock shortage.

### 4.2 Regulatory compliance

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

#### **Team’s findings**

The home meets this expected outcome

Management has systems to identify and ensure regulatory compliance obligations in relation to physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for information regarding the home’s regulatory compliance system and processes.

Examples of regulatory compliance related to Standard 4, Physical environment and safe systems include:

- The kitchen has a current food safety plan and certifications by external authorities.
- External contractors maintain essential services according to legislative requirements.
- Chemical storage is secure with current safety data sheets accessible.

### **4.3 Education and staff development**

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to physical environment and safe systems. Refer to expected outcome 1.3 Education and staff development for information regarding the home's education and staff development system and processes.

Examples of education and staff development in relation to Standard 4 Physical environment and safe systems include:

- catering training
- chemical refresher training
- fire and emergency
- infection control
- manual handling
- specialised equipment training.

### **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 organisation is actively working to provide a safe and comfortable environment in the home consistent with individuals' care needs. Care recipients have access to comfortable and well-maintained communal dining and lounge areas that are bright and well furnished. All rooms are well maintained, and set up to meet the care needs of the person. Rooms are audited on a regular basis for maintenance and cleanliness. There are well maintained gardens with shade coverage which are easily accessible for care recipients. Staff monitor the safety of the home, employing preventative, reactive and routine building and equipment maintenance. Care recipients and representatives are satisfied that care recipients 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 organisation is actively working to provide a safe working environment that meets regulatory requirements. There is an occupational health and safety committee and onsite representatives from across the services departments at the home. Staff are aware of their occupational health and safety responsibilities through an orientation program, ongoing education and access to policies and safety procedures. Current material safety data sheets are easily available and the environment is monitored for hazards and clutter. Chemicals are securely stored and protective equipment is available for use. Staff confirmed occupational health and safety training included manual handling, safe food handling and demonstrated an understanding of safe work practices.

#### **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 organisation provides an environment with safe systems of work to minimise fire, security and emergency risks. Approved professional contractors carry out testing and maintenance on emergency alarms, sprinkler systems and firefighting equipment. There are documented emergency policies and procedures with regular mandatory education for staff in fire, security and other emergencies appropriate to the home's site and accommodation options. The evacuation maps and care recipient evacuation list is kept up to date. Exit doors are clearly marked and free from obstruction. There are security procedures in place. Staff said they receive fire and other emergency training and know what to do in the event of an emergency. Care recipients and representatives feel safe and secure in the home.

#### **4.7 Infection control**

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

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

The home meets this expected outcome

Management demonstrate there is an effective infection control program. Availability of personal protective equipment, hand washing facilities, a food safety program and pest control procedures are some of the measures in place to minimise the risk and subsequent spread of infection. There is access to outbreak procedures to ensure timely implementation of management strategies and all staff undergo annual, mandatory infection control training. Staff collect data on care recipient infections which management then review to identify any trends. If management identify staff practice as a contributing factor to infections, additional education and hand washing competencies are scheduled. Care recipients and staff are all offered

influenza vaccinations. Care recipients and representatives are satisfied with the infection control measures demonstrated by management and staff.

#### **4.8 Catering, cleaning and laundry services**

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

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

The home meets this expected outcome

The home provides hospitality services in a way to enhance care recipients' quality of life and the staff's working environment. Meals are prepared fresh on site, taking into account care recipients' food preferences, diet modification and allergies. The five-week rotating menu that care recipients receive is seasonal and varied. Care recipients can have an alternative meal if desired and fresh fruit and snacks are available day and night. A dietitian reviews the summer and winter menus and recommendations are implemented. Care recipients' personal clothes are laundered on site with bed linen washed off site. There are processes to prevent lost clothing and to assist in the return of misplaced items. Staff clean care recipients' rooms and bathrooms daily and the common areas of the home to a schedule. Management provide regular education and training for catering, cleaning and laundry staff such as safe food handling, chemical training and infection control. Care recipients, representatives and staff are satisfied with the home's hospitality services.