



Australian Government

Australian Aged Care Quality Agency

Hopevale Aged Hostel

RACS ID 5177
31 Thiele Street
HOPE VALE QLD 4895

Approved provider: Hope Vale Aboriginal Council

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 30 October 2018.

We made our decision on 16 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.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Resident lifestyle

Principle:

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

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

Standard 4: Physical environment and safe systems

Principle:

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

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



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Audit Report

Hope vale Aged Hostel 5177

Approved provider: Hope Vale Aboriginal Council

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

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:	Elizabeth White
Team member/s:	Paula Gallagher

Approved provider details

Approved provider:	Hope Vale Aboriginal Council
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Details of home

Name of home:	Hope Vale Aged Hostel
RACS ID:	5177

Total number of allocated places:	20
Number of care recipients during audit:	12
Number of care recipients receiving high care during audit:	2
Special needs catered for:	DHA ATSIC Category

Street/PO Box:	31 Thiele Street
City/Town:	HOPE VALE
State:	QLD
Postcode:	4895
Phone number:	07 4060 9242
Facsimile:	07 4060 9254
E-mail address:	roxanne.hart@hopevale.qld.gov.au

Audit trail

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

Interviews

Category	Number
Relief Facility Manager/Registered Nurse	1
Director of Social Services	1
Human Resource Manager	1
Care staff	3
Administration Assistant	1
Care recipients	6
Lifestyle officer/care staff	1
Catering staff (cook)	1
Cleaning staff	2
Maintenance/Groundsman	1

Sampled documents

Category	Number
Care recipient clinical files	8
Personnel files	3
Medication charts	12

Other documents reviewed

The team also reviewed:

- “As necessary” (PRN) medications-monthly tracking record
- “Yarning Circle” records
- Activity evaluations
- Administration of medications procedure
- Archiving room register
- Audit schedule, tools and results
- Blood glucose levels record
- Care recipient movement log

- Care recipient activities-weekly planner
- Care recipient self-medicating assessments
- Care recipient surveys
- Care recipient handbook
- Cleaning guidelines
- Continuous improvement plan and forms
- Dehydration/urine colour chart
- Disaster management plan
- Emergency evacuation drill observers checklist
- External service providers inspection report and logs
- Fire equipment service and inspection reports
- Fire management summary chart
- Food safety programme and food business licence
- Food safety supervisor certificate
- Hazard logs
- Heat pack application sheet
- Incident reporting and investigation procedure
- Incidents, infections and complaints folder
- Instructions for managing individual care recipient's blood glucose recording/insulin administration
- Maintenance request logs
- Mandatory reporting register
- Menu (four weekly rotational)
- Minutes of meetings
- Missing care recipient and mandatory reporting folder
- Nurse initiated medications list
- On call emergency information
- Police certificate and expiry date matrix

- Policies and procedures
- Position descriptions and duty lists
- Prepacked medication-monthly checklist
- Preventative and corrective maintenance service and inspection reports
- Progress note sign-in sheet
- Registered nurses registration certificate
- Regulatory compliance folder and documentation
- Risk management processes and assessment register
- Roster
- Self-assessment
- Staff and relief registered nurse handbook
- Staff communication book
- Staff signature records
- Training and assessment record-medication competency, different forms of medication
- Training calendar and education attendance records

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Charter of care recipient rights and responsibilities
- Cleaning in progress and wet floor signage in use
- Colour coded and personal protective equipment in use
- Complaints poster and brochures displayed
- Emergency exits, lighting and paths of egress and assembly points
- Equipment and supply storage areas
- Fire panel and evacuation plans on display
- Firefighting equipment and inspection tags
- Interactions between staff and care recipients

- Internal and external living environment
- Maintenance of the grounds in progress
- Meal and beverage service and delivery
- Menu on display
- Notice boards, information brochures and posters on display
- Secure suggestion box and forms
- Short group observations
- Spill kit, first aid kit, disaster management kit and snake bite kit
- Staff work practices

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

Hope Vale Hostel (the home) has a continuous improvement program that pursues continuous improvement. Care recipients/representatives and staff are encouraged to contribute to the home's improvement program through verbal suggestion, meeting forums, the yarning circle, quality improvement form, “have a yarn” comment and complaints form, surveys, internal audits and through managements open door policy. The Relief Facility Manager logs, investigates and actions all continuous improvement initiatives while providing feedback to the originator. The results of continuous improvement activities are communicated to staff and care recipients via daily meetings, the yarning circle, memoranda and one-on-one discussions. Care recipients and staff reported they are able to make suggestions for improvements and management is open and responsive to improvement ideas and suggestions.

Examples of improvement initiatives related to Standard 1, Management systems, staffing and organisational development, implemented by the home include:

- A nurse consultant identified the Aged Care Complaints Scheme posters and brochures displayed and available to care recipients throughout the home were not culturally appropriate. This resulted in discussion with the Aged Care Complaints Scheme to obtain more culturally appropriate information. The home received new posters and brochures called ‘A little Yarn Goes a Long Way’ containing appropriate language and photos of Indigenous people. The posters are display in prominent areas around the home.
- The Facility Manager identified there were no guidelines to guide and support relief registered nurses while working at the home. A ‘Relief Registered Nurse Handbook’ was developed on 13 July 2015 and contains relevant information in relation to cultural sensitivity, the history of Hope Vale, the homes mission statement, five key elements of compulsory reporting requirements, general information and the fire and emergency procedures. The Relief Facility Manager reported when they commenced at the home they found the content of the handbook very useful.

1.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has established systems to identify and monitor compliance with relevant legislation, regulatory requirements, professional standards and guidelines through government and industry peak body membership. Updates are reviewed by the Facility Manager to ascertain relevance to the home and changes are made as required to policy and procedure documents. Changes are circulated to staff as appropriate by way of memoranda, notice boards, discussed at meetings and at education/training sessions.

Where changes to legislation directly affect the day to day lives of the care recipients this is discussed at the care recipient yarning circle and letters are mailed/handed out to care recipients/representatives. Compliance with legislation is monitored through the audit process, staff and care recipient feedback and observation of staff work practices.

In relation to Standard 1, Management systems, staffing and organisational development, systems ensure:

- All staff, volunteers and contractors with unsupervised access to care recipients have a current police certificate which is monitored for expiry updates,
- Registered staff have appropriate qualifications and registration and,
- Each care recipient and the care recipient’s representative are advised of re-accreditation audits.

1.3 Education and staff development

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

Team's findings

The home meets this expected outcome

The home ensures management and staff have appropriate knowledge and skills to perform their roles effectively by providing ongoing education and training. Training needs are identified by the Facility Manager through monitoring of the changing needs of care recipients, observation and monitoring of staff practice, discussions at handover, meetings and through surveys and internal audits. A training calendar is developed annually and includes topics which are updated in response to identified training needs through performance appraisal, results of internal audits, feedback from staff and/or changes in relevant legislation. All new staff are required to participate in an orientation program on commencement of their employment. Staff are advised of upcoming education sessions and required attendance through letters, reminders and the display of notices. Staff qualifications and current competencies are maintained in individual education folders. Support is available to staff to upgrade their qualifications and staff are informed of available education opportunities through management and notices and meetings.

In relation to Standard 1, Management systems, staffing and organisational development, education has been provided in relation to:

- Mission statement – orientation process
- Documentation requirements
- Code of conduct

1.4 Comments and complaints

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

Team's findings

The home meets this expected outcome

The home has an internal comments and complaints system that captures comments, suggestions and complaints from care recipients, staff and other interested parties.

Information relating to internal and external complaint mechanisms is provided through the care recipient handbook, discussions at the care recipients' monthly yarnning circle and through cultural appropriate brochures/posters displayed in the communal area of the home. 'Have a yarn' forms for written complaints/suggestions are readily available and management has an open door policy for those wishing to use a less formal approach. Comments and complaints are documented, monitored for trends for common issues and acted on according to the home's complaint management policy and procedures. Care recipients and staff are aware of the comments and complaints processes and indicated they are able to raise issues and concerns with management if or when required.

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's mission statement, philosophy and objective statement is on display in central areas of the home. A copy of the statements is handed out to staff during orientation and documented in the care recipient handbook, staff handbook and relief registered nurse handbook.

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's staffing levels and skill mixes are determined by management in accordance with care recipients' current care and cultural needs. The home has a recruitment and selection process to recruit appropriately skilled and qualified staff that is based on policies and procedures to ensure compliance with relevant industrial legislation. All new and temporary staff complete an orientation programme on commencement of employment and are assigned 'buddy' shifts. Staff are provided with duty lists, position descriptions, relevant policy and procedures and the staff handbook to guide staff practice. Management has mechanisms to ensure coverage for all shifts and a registered nurse is rostered on site and/or on call 24 hours a day, seven days a week. Staff performance is monitored via an initial probationary period with annual appraisals thereafter, feedback mechanisms such as complaints, surveys, audits, and clinical indicators. Staff indicated they have sufficient time to complete their required duties. Care recipients confirmed they are satisfied with the responsiveness of staff and adequacy of care and services.

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 processes to ensure stocks of appropriate goods and equipment for quality service delivery are available. Management and key staff monitor supply, use and quality of equipment and supplies. Levels of stock are optimised and adjusted as required in cyclone and wet seasons to ensure adequate supplies. Stock control including levels, labelling, secure storage, rotation and other practices ensure the home can verify the safety, working order and useability of appropriate goods and equipment. Training is provided to staff when new equipment is purchased. The preventative and corrective maintenance program ensures equipment is identified, maintained, repaired, or replaced. Management and key personal

review and monitor work being carried out on site and audits are undertaken to ensure goods and equipment are maintained at sufficient levels. Care recipients and staff reported satisfaction with the availability and suitability of goods and equipment at the home and that the equipment is well maintained.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home has processes to guide the effective collection, use, storage and destruction of information in accordance with the organisation's policy and procedures. Staff receive information relevant to their specific roles through policies and procedures, position descriptions, duty lists, memoranda, communication books, on notice boards, at handover and during daily meetings. Access to care recipient and staff files is restricted and they are stored in a secure cabinet; archived material can be retrieved readily and back-up systems are in place for computer records. Clinical information systems are effective in capturing accurate and current medical/nursing information to inform care delivery. Care recipients and or representatives are provided with information when moving into the home, via the monthly yarnning circle, notice boards and through verbal reminders from staff. Staff are satisfied they have access to sufficient information to perform their role. Care recipient and staff feedback indicate communication of information is timely and effective

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 home identifies external service requirements based upon care recipient, operational and legislative requirements and has established contracts through the Approved Provider Hope Vale Aboriginal Shire Council (HVASC) with independent contractors and major suppliers including chemical products, clinical supplies, paper goods and incontinence aids. The contract management process includes establishment of service agreements with external service providers and contactors which contain reference to relevant legislation and guidelines, while ensuring services are provided to meet the home's requirements. External service providers are given the opportunity to improve their service and/or take appropriate action if required. The quality of service is monitored for satisfaction through audits and feedback from care recipients and staff while contactors are on site. Care recipients and staff are satisfied with the quality of services provided by external service providers.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1, Continuous improvement, for information about the home's continuous improvement system and processes.

Examples of improvement initiatives related to Standard 2, Health and personal care, implemented by the home include:

- The Facility Manager identified that staff were not reading progress notes as per the home's requirements. On 13 July 2015 an introduction of a tick sheet for staff to complete when an entry had been made in a care recipient's notes was implemented. This alerts staff coming on duty to read the entry made in the care recipient's notes. The Relief Facility Manager reported the process is underway with the desired results as staff are now reading progress notes as indicated by the tick sheet.
- As part of the home's risk management and a safety initiative the home has introduced a colour coding system for pre-packaged medications. For example:
 - AM = Yellow
 - Midday = Pink
 - Evening = green
 - Night = Blue

The home's medication competent staff report they feel this system is more “efficient” when checking and assisting care recipients with their medication.

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

Refer to Expected outcome 1.2, Regulatory compliance, for information about the home’s systems and processes.

In relation to Standard 2, Health and personal care, systems ensure:

- The reporting of unexplained absences of care recipients
- Specified care and services are provided to care recipients and,
- Medications are provided in compliance with regulations and guidelines.

2.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3, Education and staff development, for information about the home’s systems and processes.

In relation to Standard 2, Health and personal care, education has been provided in relation to:

- Medication management
- Specialised tasks, blood glucose levels, blood pressure and dialysis
- 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 through established assessment and care planning processes. The Relief Facility Manager, a registered nurse, oversees provision of clinical care in collaboration with the visiting medical officer and other health professionals. Assessment processes are completed to inform development of individual care planning for care recipients. A daily clinical meeting and handover processes advise staff of changes in care recipients care needs. Care recipients and or their families/representatives have input into care provision through individual consultation and/or meetings. Staff awareness of the needs

and preferences of care recipients is enhanced by a recently introduced process to ensure staff read/write in progress notes regularly; staff are satisfied with the resources available to guide their practice. Monitoring of clinical care provision includes observation of staff practices, audits, surveys and collection/review of clinical incident data. Care recipients are satisfied their clinical care needs and preferences are being met.

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

Care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Assessment processes and care recipient consultation identify their specialised nursing care needs. Individual care planning, treatment regimens and health professional resources guide registered and care staff practices. The home in collaboration with external health services meets the complex care needs of care recipients who require dialysis management, oxygen therapy and chronic wound care. External health professionals provide staff with appropriate training and equipment to provide specialised nursing care.

Staff are aware of interventions required to meet care recipients’ complex care needs. Care recipients are satisfied with staff knowledge and the support provided to meet their complex care needs.

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 are referred to appropriate health specialists according to their needs and preferences. Care recipients have access to specialised health clinics, a podiatrist, speech pathologist, dietitian, optometrist, audiologist and dental services. Care recipients are assisted to attend external appointments; health specialists review care recipients at the home if/when this is required. Staff are aware of referral processes and processes to contact other health professionals at the community clinic for direction following changes in a care recipients health status. Care recipients are satisfied with their access to other health professionals.

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

Care recipients’ medication is managed safely and correctly. The Relief Facility Manager oversees the home’s medication management system. Care staff who have been assessed as competent assist care recipients with their medications. Care recipients who self- administer

their medications are assessed by their medical officer to ensure they are able to undertake this task safely and correctly. Safe practice is maintained through medication chart monitoring, incident reporting and investigation, education and ensuring medications are stored securely, according to regulatory requirements. Care recipients medication regimens are reviewed by their medical officer every three months or as required. Care recipients are satisfied they receive their medication in a timely manner and with the assistance they receive in relation to medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients are supported to be as free as possible from pain. The medical officer and allied health professionals are involved in management of care recipients’ pain. Care plans reflect strategies to manage pain, including gentle exercise, heat therapy and massage. The effectiveness of interventions, including use of ‘as required’ (PRN) medication is documented and monitored; referrals for medical officer review are arranged when indicated. Staff are aware of and implement interventions to support care recipients’ comfort needs. Care recipients are satisfied with interventions in place to manage their pain when this is required.

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

Processes are in place to ensure the comfort and dignity of terminally ill care recipients is maintained. Consultation with the care recipient and/or their family and other significant persons informs staff of care recipients’ end of life wishes. Spiritual, cultural and clinical care needs are communicated to staff through care planning and handover processes. The home has access to medical facilities that are available to support clinical aspects of care during this time. Staff are aware of end of life care interventions to ensure the comfort and dignity of care recipients who said they tell staff of their care needs and preferences.

2.10 Nutrition and hydration

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

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Care recipients dietary needs and preferences and any food allergies are identified on entry to the home and on an ongoing basis. Dietary records reflect care recipients’ nutrition and hydration requirements, special diets and meal preferences. Care recipients are weighed monthly (or more frequently when necessary), unplanned changes in weight are monitored and actioned as required.

Referral processes facilitate the attendance of a dietitian or speech pathologist should this be indicated by changes in care recipients’ health status. Care recipients said they are satisfied they receive adequate meals and drinks during the day and at night if required.

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

Care recipients’ skin integrity is consistent with their general health. Skin care products are available and staff assist care recipients with their application, including during daily hygiene cares. The home accesses the community health clinic for additional support in the management of complex wounds when this is required. Care recipients’ skin care needs are reviewed during hygiene routines and changes are communicated to relevant staff in daily handover sessions, care plans and progress notes. Staff are aware of practices to maintain the integrity of care recipients’ skin, including use of pressure relieving equipment. Care recipients are satisfied with the assistance staff provide to care for their skin.

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 assessment and care planning processes to ensure care recipients continence needs and preferences are identified and managed effectively. Staff have an understanding of continence promotion strategies such as use of continence aids and toileting programs. Care recipients continence is monitored daily and care plans are reviewed regularly. Bowel management interventions may include dietary adjustments and use of regular and ‘as required’ medication following medical officer referral. Staff are aware of strategies to support care recipients dignity and independence during continence care.

Care recipients are satisfied with their access to ensuited bathrooms and staff assistance to manage their continence.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are managed effectively. The home is able to access other health professional advice and/or culturally appropriate support to assist care recipients when a behavioural need is identified. Individual care plans reflect interventions to guide staff practices in assisting with effective behaviour management. Staff are aware of care recipients individual responses to activities and life at the home and are aware of how to support them to ensure a safe and calm environment is maintained. Care recipients stated the behaviours of other care recipients generally do not interrupt their life at the home.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

Established assessment and care planning processes assist care recipients to achieve optimum levels of mobility and dexterity. A physiotherapist is accessed when necessary to assist the Facility Manager with assessment processes and make recommendations to inform care planning and provision of appropriate equipment. The home’s leisure and lifestyle program incorporates exercise activities; staff assist care recipients as required. Fall incidents are reported and investigated, with falls prevention interventions implemented as indicated. Ongoing monitoring processes currently include review of monthly falls data by the Relief Facility Manager. Care recipients are satisfied with the assistance they receive from staff and the environment that supports them to mobilise safely within the home.

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

Care recipients are assisted to maintain their oral and dental health. Staff monitor care recipients’ ability to self-manage their oral care and provide assistance as required. Dental referrals are arranged when a need is identified and care recipients are assisted to attend the community health clinic for their appointments. Adequate stocks of equipment and products to meet care recipients’ oral hygiene needs are maintained. Care recipients are satisfied with the assistance provided by staff to maintain their 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

Initial and ongoing assessment processes aim to identify care recipients’ sensory losses; interventions to manage any losses/impairments are implemented and recorded in care plans. Care recipients are referred to specialists including audiologist, optometrist and speech pathologist as their needs indicate. Staff encourage and assist care recipients to manage assistive devices such as spectacles and hearing aids to maximise sensory function. Staff are aware of care recipients individual sensory loss requirements and respect their individual preferences regarding use of their sensory assistive devices. Care recipients are satisfied the home supports their vision, hearing and other sensory needs and preferences.

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 has processes to assist care recipients achieve natural sleep patterns. The environment is monitored to provide adequate lighting and ensure minimal noise levels are maintained at night. Staff provide assistance when care recipients have difficulty sleeping, this includes provision of refreshment and snacks, re-positioning and attending to hygiene cares. Staff are aware of the assistance individual care recipients require to support their settling and sleep routines. Care recipients are satisfied with the support staff provide to help them achieve and maintain restful sleep.

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Examples of improvement initiatives related to Standard 3, Care recipient lifestyle, implemented by the home include:

- In response to female care recipients requesting more craft input into the activity program, the activity staff commenced a program called ‘Belles and Beads’. The Belles and Beads program incorporates beading, painting and general craft sessions. Staff and care recipients advised the program has been operating for approximately six weeks with an increasing participation rate from both female and male care recipients. During the re-accreditation we observed care recipients participating in the painting of their art work and making grass skirts.
- In response to staff feedback on wanting to purchase a camera to be used on outings and fishing trips to enable care recipients to look back and reminisce, a camera was purchased. The camera had since been used on a number of occasions with photos displayed for care recipients to view. Staff reported copies of the photos can be made available for families on request.

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

Refer to Expected outcome 1.2, Regulatory compliance, for information about the home’s systems and processes.

In relation to Standard 3, Care recipient lifestyle, systems ensure:

- The reporting of reportable assaults,
- Care recipients are aware of their rights and responsibilities as per *The Charter of Care Recipients’ Rights and Responsibilities*,
- Care recipients are offered an agreement and,
- Care recipients have security of tenure.

3.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3, Education and staff development, for information about the home’s systems and processes.

In relation to Standard 3, Resident lifestyle, education has been provided in relation to:

- Compulsory reporting – Elder Abuse
- Care recipients rights
- Care recipients privacy and dignity
- Sex, care and the law

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

The home has processes to ensure individual care recipients receive support in adjusting to their new environment following entry and on an ongoing basis. Care recipients are supported to participate in activities at the home and maintain contact with family, friends and events in the broader community. Care recipients are able to access pastoral support for additional emotional support, particularly during adverse events and periods of grief and loss. Care recipients are encouraged to furnish their rooms with personal and familiar items and family visits are encouraged and supported. Staff are aware of cultural considerations and strategies to provide assistance and emotionally support care recipients residing at the home. Care recipients are satisfied with the support they receive from staff to assist in adjusting to life at the home.

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

Care recipients living at the home are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. Mobility reviews and monitoring of care recipients' ability to perform activities of daily living are undertaken and inform care planning aimed at maximising opportunities for independence. Care recipients' mobility, dexterity, social, civic and cultural needs and preferences are identified and supported by the home. Staff are aware of interventions that assist care recipients to achieve independence. Care recipients are satisfied with the support they receive to maintain maximum independence while living at the home.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Care recipients' right to privacy, dignity and confidentiality is recognised and respected. The home's expectations regarding maintenance of individual care recipient's privacy, dignity and confidentiality are communicated to and reinforced with staff when commencing at the home and on an ongoing basis. Staff obtain consent for entry to care recipients' rooms, close doors and curtains when providing care and are aware of individual care recipient's preferences.

Confidential information is stored securely. Care recipients are satisfied their privacy is respected and confidentiality and dignity maintained.

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 range of interests and activities of interest to them. The home's leisure program is overseen and implemented by the lifestyle staff member with the support of management and other staff. Care recipients' interests are captured on entry to the home and reviewed regularly through discussions ('yarning circles') and review of participation in activities. A person centred approach is adopted by the home, with activities chosen daily by care recipients from the range of activities offered. The daily choices are captured in the lifestyle program and new activities are currently being trialled. Care recipient satisfaction is monitored through surveys, care recipient participation and the yarning circles. Care recipients are satisfied with the range of activities offered within the home and in the broader community.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment and consultative processes identify care recipient's individual cultural and spiritual beliefs; care plans direct staff practice and support. Care recipients have access to pastoral support if/when this is their preference. Days of personal, cultural and spiritual significance are planned and celebrated in the home and in the broader community. The home is generally able to accommodate culturally appropriate diets should this be requested or needs identified during entry processes. Care recipients are satisfied their cultural practices and spiritual beliefs are provided for and respected.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Individual care recipients (or his or her representative) participate in decisions about the services the care recipient receives; this process enables care recipients to exercise choice and control over their lifestyle while not infringing on the rights of others. On entering the home care recipients receive information regarding care and services offered, how they are enabled to exercise choice and to be involved in decisions that impact on their life at the home. Management are aware of processes to appoint alternative decision makers for care recipients when a need is identified. Staff are aware of interventions to enable care recipients to exercise

choice and make decisions relating to the activities of their daily living. Care recipients are satisfied they are enabled to exercise choice and control over their lifestyle at the home.

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

Care recipients have secure tenure within the residential care service and understand their rights and responsibilities. Information provided on entry includes fees and charges, the reasons and processes utilised for any changes to tenure, services to be provided by the home and the care recipient's rights and responsibilities. Care recipients and/or their representatives are consulted about any changes to their security of tenure, rights or responsibilities through correspondence and discussions at meetings if/when the need arises. Management are currently developing a more culturally appropriate 'residential care agreement' to facilitate care recipients understanding of their rights and responsibilities and conditions of their tenure. Care recipients are satisfied they have secure tenure within the home.

Standard 4 – Physical environment and safe systems

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

4.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

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

Examples of improvement initiatives related to Standard 4, Physical environment and safe systems, implemented by the home include:

- In response to care recipients request to brighten up the grounds of the home, staff spoke with the care recipients and decided they would collect tyres to paint and develop raised flower beds. Staff collected a range of different sized tyres to make the flower beds. While not all care recipients were able to physically paint the tyres they were involved in the colour selection and watched/supervised staff during the painting process. The grounds of the home now consist of ‘brightly’ painted tyres, some have been made into the design of tea cups, however the process to transfer soil and plant the seedlings/flower plants continues. Care recipients reported satisfaction with the added colour in the grounds.
- To improve the safety of two care recipients diagnosed with hearing impairment (profoundly deaf) during a fire emergency and the need to evacuate, the Relief Facility Manager developed pictorial signage to be shown the care recipients if the need arose. The signs read ‘FIRE you must LEAVE’ with pictures to support the wording. The signs are located next to the fire panel for easy access and staff have been trained in their use.

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

Refer to Expected outcome 1.2, Regulatory compliance, for information about the home’s systems and processes.

In relation to Standard 4, Physical environment and safe systems, there are systems to ensure:

- A current food safety program is in place and a food safety supervisor is accessible 24 hours as required,
- A preventative and corrective maintenance program and schedules are in place,
- Mandatory fire training is provided to all staff within 48 hours of commencing at the home and annually thereafter and a fire safety advisor is accessible 24 hours as required,
- Processes are in place to monitor occupational health and safety requirements with a workplace health and safety (WH&S) representative available,
- Safety data sheets are available for chemicals used in the home and
- Staff are provided with infection control training and have access to personal protective equipment.

4.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Refer to Expected outcome 1.3, Education and staff development, for information about the home’s systems and process.

In relation to Standard 4, Physical environment and safe systems, education has been provided in relation to:

- Food safety
- Fire safety and evacuation drill
- Infection control – theory and hand washing

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 is actively working to provide a safe and comfortable environment consistent with care recipients' needs. Care recipients are accommodated in single rooms with ensuites and encouraged to personalise their room by bringing in familiar items such as photographs, cultural art work and furniture. The home is clean and provides a variety of private internal and external seating areas available to care recipients and their families. A maintenance program and schedules are in place and any additional maintenance requirements are reported by staff through the maintenance book. Management and maintenance personnel implement and oversee a preventative and corrective maintenance program on buildings, infrastructure and equipment, with external contractors being utilised as is appropriate.

Measures are in place for internal lock up procedures each evening with external security lighting and security cameras in place. Monitoring and maintenance of the living environment occurs through observation, audits, hazard identification, risk assessment and care recipient and staff feedback. Care recipients reported satisfaction with the safety and comfort of the internal and external living environment.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide a safe and secure working environment that meets regulatory requirements. There are processes to assess the safety of the workplace through regular audits of the environment, incident and hazard reporting, staff education and competency assessment and discussion through daily meetings. Staff are provided with initial education at orientation which includes informing staff of their responsibilities in maintaining a safe working environment and reporting of incidents and hazards. Safety data sheets are available in work areas and chemicals are stored securely. Staff accidents and incidents logged are examined to determine causative factors, actioned, reviewed and analysed by the Facility Manager and discussed at meetings to ensure effectiveness of interventions implemented. Staff report satisfaction with the incident, hazard and maintenance reporting systems and management's response to safety issues.

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 actively working to minimise fire, security and emergency risks. The home has an established procedure to ensure staff and care recipients are aware of their role and responsibility in the event of an emergency. Inspections and testing of firefighting equipment and fire detection systems and equipment is carried out on a regular basis by approved contractors. Evacuation plans are displayed throughout the home; emergency exits and assembly areas are clearly marked, free from obstruction and suitable for the mobility level of the residents. A disaster management plan guides management and staff in emergency situations, a care recipient evacuation list and emergency contact number list is maintained. Monitoring of fire safety systems occurs through the home's maintenance program and inspection by external contractors; issues identified are resolved and addressed as required. The care recipients' yarning circles, emergency pictorial signage for hearing impaired care recipients and notification on the back of bedroom doors inform them on what to do when hearing the fire alarm sound. Care recipients are confident staff have the required knowledge of evacuation procedures in the event of an emergency.

4.7 Infection control

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

Team's findings

The home meets this expected outcome

The home has an effective infection control program that incorporates the areas of clinical, catering, cleaning and laundry. Staff have access to hand washing facilities, anti-bacterial gel, an outbreak management kit, personal protective equipment and written information to guide their practice. Staff are provided with training in infection control practices relevant to their role responsibilities on commencement and regularly thereafter. The home has a food safety program to guide staff practices and a pest control program that includes monthly inspections. Processes are in place for management of clinical and general waste. Care recipients and staff have access to an annual immunisation program. Monitoring mechanisms include collation and review of infection data, audits and observation of staff practices. Staff are aware of infection control principles to be maintained during care and service delivery.

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' dietary requirements are identified and assessed on entry to the home and/or as changes occur. Information pertaining to their allergies, likes, dislikes and dietary needs is provided to the kitchen and included in the care recipient's plan of care to guide staff. A rotating four weekly menu is planned with six monthly dietetic consultations prior to

implementation. Care recipients reported the menu provides them with a variety of meals (including culturally specific meals, such as “bush tucker”), drinks, alternative meals and snack items as required. Cleaning staff use schedules to ensure care recipients’ rooms, communal areas and external areas of the home are frequently cleaned in accordance with the home’s health and hygiene standards. Laundering of linen and care recipients’ personal items are completed in accordance with the laundry schedule. Laundry is completed using specialised equipment and practices that minimise risk of cross infection. Hospitality services are monitored via regular audits, observation of staff practice and through care recipient feedback, surveys and complaints mechanisms. Care recipients/representatives are satisfied with the standard of the catering, cleaning and laundry services provided at the home.