



Australian Government

Australian Aged Care Quality Agency

Tuia Lodge

RACS ID 7124
30 Allnutt Street
DONNYBROOK WA 6239

Approved provider: Shire of Donnybrook Balingup

Following an audit we decided that this home met 39 of the 44 expected outcomes of the Accreditation Standards. We decided to vary this home's accreditation period.

This home is now accredited until 04 January 2017. We made our decision on 04 January 2016.

The audit was conducted on 07 December 2015 to 15 December 2015. The assessment team's report is attached.

The accreditation period will provide the home with the opportunity to demonstrate that it is capable of monitoring systems, addressing those expected outcomes as not met, evaluating the effectiveness of actions taken, and establishing and maintaining compliance with the Accreditation Standards.

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

ACTIONS FOLLOWING DECISION

Since the accreditation decision, we have undertaken assessment contacts to monitor the home's progress and found the home has rectified the failure to meet the Accreditation Standards identified earlier. This is shown in the table below titled 'Most recent decision concerning performance against the Accreditation Standards'.

Most recent decision concerning performance against the Accreditation Standards

Since the accreditation decision we have conducted an assessment contact. Our latest decision on 29 March 2016 concerning the home's performance against the Accreditation Standards is listed below.

Standard 1: Management systems, staffing and organisational development

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest 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

Expected outcome	Quality Agency's latest 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

Tuia Lodge 7124

Approved provider: Shire of Donnybrook Balingup

Introduction

This is the report of a review audit from 07 December 2015 to 15 December 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.

During a home's period of accreditation there may be a review audit where an assessment team visits the home to assess the quality of care and services 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 make any changes to its accreditation period.

Assessment Team's findings regarding performance against the Accreditation Standards

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

- 39 expected outcomes

The information obtained through the audit of the home indicates the home does not meet the following expected outcomes:

- 1.4 Comments and complaints
- 1.6 Human resource management

- 2.4 Clinical care
- 2.7 Medication management
- 3.7 Leisure interests and activities.

Scope of audit

An assessment team appointed by Quality Agency conducted the review audit from 07 December 2015 to 15 December 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:	Philippa Brittain
Team member:	Jennifer Bailey

Approved provider details

Approved provider:	Shire of Donnybrook Balingup
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Details of home

Name of home:	Tuia Lodge
RACS ID:	7124

Total number of allocated places:	40
Number of care recipients during audit:	24
Number of care recipients receiving high care during audit:	12
Special needs catered for:	Nil specified

Street:	30 Allnutt Street
Town:	DONNYBROOK
State:	WA
Postcode:	6239
Phone number:	97311602
Facsimile:	97310489
Email address:	tuialodge@westnet.com.au

Audit trail

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

Interviews

Category	Number
Chief executive officer	1
Acting manager	1
Registered nurse	1
Supervisors	2
Care staff	6
Occupational health and safety representative	1
Physiotherapy	1
Care recipients/representatives	7
Administration assistant	1
Activities coordinator	1
Laundry staff	1
Cleaning staff	1
Maintenance staff	1

Sampled documents

Category	Number
Care recipients' files including assessments, monitoring charts, care plans and progress notes	6
'Key to me' records	6
Diversional therapy records	6
Restraint records	2
Care recipients agreements	2
Medication profiles and signing sheets	6
Personnel files	6
Activity participation records	6
Physiotherapy assessments and care plans	8

Other documents reviewed

The team also reviewed:

- Activity program and participation register
- Archive register
- Audits and surveys
- Care plan review matrix
- Care recipient incident reports
- Care recipients' dietary information and supplement list
- Care recipients' information package
- Cleaning schedules
- Clinical referrals
- Communication books
- Concerns, compliments and ideas forms
- Continence aid list
- Contractors file
- Electrical tagging file, equipment register
- Emergency evacuation plans and emergency file
- Fire equipment maintenance logs
- Food and fridge temperatures
- Food safety program
- General practitioner medication reviews
- Handover for activity coordinator
- Hazards and incident forms
- Infection control file and flu vaccination records
- Job descriptions and duty statements
- Maintenance records and yearly planner
- Maintenance request sheets
- Mandatory reporting register

- Meeting minutes
- Memorandum
- Nurse initiated medication list - draft
- On call list
- Physiotherapist communication book and referrals
- Plan for continuous improvement
- Policies and procedures
- Staff appraisal schedule
- Staff handbook and orientation checklist
- Staff roster
- Training and education records
- Volunteer records
- Weight monitoring records
- Wound assessment and care plan file.

Observations

The team observed the following:

- Activities in progress
- Administration and storage of medications
- Biohazard disposal containers
- Equipment and supply storage areas
- Information displayed on noticeboards
- Interactions between staff and care recipients
- Living environment
- Mealtime services
- Sensory basket
- Short group observation of meal service
- Suggestion box
- Wound care kits.

Assessment information

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

Standard 1 – Management systems, staffing and organisational development

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

1.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

The home has systems and processes that demonstrate a commitment to continuous improvement across the four Accreditation Standards. The acting manager oversees improvement projects at the home and delegates where necessary. Identified projects are added to the continuous improvement plan for implementation, monitoring and evaluation. Care recipients and representatives reported general satisfaction with responses to concerns and ideas. Staff gave examples of improvements recently completed that have assisted in their roles.

An example of a recent improvement in relation to Standard 1 – Management systems, staffing and organisational development is described below.

- Management reported following feedback from staff that the performance appraisal tool was not user friendly and did not encourage them to complete it in a timely manner. As a result, an improved performance appraisal tool was trialled by staff and endorsed, and policies and procedures were amended to reflect the document. Staff reported the tool is an improvement and is easier to use and they can complete it in a timely manner.

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 uses systems and processes to ensure the identification of, and compliance with, relevant legislation. The organisation receives updates on legislative and regulatory changes from peak bodies, the Department of Health, and other government and non-government agencies, and policies are updated accordingly. There are processes to monitor statutory declarations, police certificates and professional registrations for all staff, including appropriate certificates for volunteers and external contractors. Care recipients,

representatives, and staff have access to the internal and external complaints and advocacy information. Management monitors compliance with legislation and the home's policies and procedures via an auditing program, external inspections, and human resource and operational processes. Care recipients and representatives were aware of the re- accreditation audit via posters displayed around the home.

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 provides an education program to staff to ensure they have appropriate knowledge and skills to perform their roles effectively. Management identify training needs through feedback and requests from staff, audits, accident/incident reports and observation of work practices. Site orientation and 'buddy' shifts are established for new staff, and induction, mandatory and optional training is accessed via internal, external and online mediums. Staff reported they have access to a variety of internal and external training and education opportunities. Care recipients and representatives reported satisfaction with staff knowledge and skills and stated they generally perform their roles effectively.

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

- Continuous improvement
- Orientation/induction and mandatory training
- Workplace bullying.

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 does not meet this expected outcome

Although care recipients and representatives are generally aware of internal and external complaint mechanisms, not all care recipients are confident in using internal mechanisms of feedback to management and stated concerns reported to staff are not recorded. Due to a lack of consolidated records relating to concerns, compliments and ideas, management was unable to ascertain the effectiveness of the home's complaint mechanisms, or how this information flows into the home's continuous improvement 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

The home's vision, values, philosophy, objectives and commitment to quality is documented in resident and staff information including handbooks, orientation information, policies and procedures and is displayed around the home.

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 does not meet this expected outcome

There are not appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with the Standards and the needs of the care recipients. Relevant staff do not follow policies and procedures that outline the home's approach to ensuring services meet the Accreditation Standards and the home's philosophy and objectives. The home has not had the consistent services of an effective manager to assess, evaluate, monitor, and analyse systems through the quality meetings, as well as monitor clinical incidents involving care recipients with high care needs as per the home's policies and procedures. Staff duties are not monitored for effectiveness. Supervisors regularly undertake a range of tasks outside of their roles and responsibilities and their skills and knowledge.

Management has not consistently monitored and evaluated staff performance. Therapy staff are not replaced when absent and care recipients are offered limited or unstructured therapy. Staff are generally not satisfied with the adequacy of the number of staff in the home at night. Care recipients and representatives are generally satisfied with the responsiveness of staff.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management, staff, care recipients and representatives are satisfied the home has appropriate goods and equipment available to deliver services in a way that meets care recipients' needs. Staff are satisfied the home maintains sufficient stock levels which are in date and available for use. The home has routine and preventative programs in place which

show management generally checks equipment, and internal staff and external contractors generally maintain equipment in accordance with established timeframes.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

The home has processes to facilitate the collection, analysis and dissemination of information related to care recipients' care, business and operational matters. The home schedules meetings and minutes are available for review. The home's management reviews standardised documents and policies and procedures, and key staff receive updates via memoranda and at staff meetings. The home has procedures for the storage and management of records via archiving. Staff reported they generally have access to information relevant to their roles, attend regular meetings and handovers and they have access to feedback and reporting mechanisms. Care recipients and representatives reported satisfaction with the access to information relevant to them via family conferences, meetings, electronic mail and newsletters.

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 has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The home identifies externally sourced services in response to regulatory requirements, licensing and specified care services, and accesses local providers whenever appropriate. The home has specific agreements with the service providers that set out criteria and regulatory requirements. Management and relevant staff monitor the level of performance and stakeholders use feedback mechanisms to raise issues about the quality of external services as appropriate. The home's management review the services required from, and the quality goals for, external service providers in response to changes. Care recipients, representatives and staff reported satisfaction with externally sourced services.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvements for an overview of the home's continuous improvement system.

In relation to Standard 2 – Health and personal care, clinical audits are conducted to measure and review the clinical care systems. Care recipients and staff are generally satisfied the home promotes and improves care recipients' physical and mental health.

An example of a current or recent improvement activity related to health and personal care is described below.

- Following staff feedback they had difficulties hoisting care recipients who had fallen in difficult to access areas, a 'hover mat' was purchased for the home. As a result, staff had received training and education on how to use the new equipment and reported they would commence using the new mat when the need arises.

2.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home's systems and processes identify and ensure the home achieves and maintains ongoing regulatory compliance in relation to care recipients' health and personal care.

Clinical staff oversee initial and ongoing assessments of care recipients. Professional registrations for nursing staff and other health professionals are monitored. The home monitors any changes in legislation and generally management disseminates this information to staff through meetings or memoranda. There are policies and procedure for unexplained absences of care recipients. Care recipients and representatives reported care services are received in accordance with specified care service requirements.

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 the knowledge and skills to provide appropriate health and personal care to care recipients. Refer to expected outcome 1.3 Education and staff development for an overview of the home’s education and staff development system and processes.

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

- Challenging and behaviour management
- Choking
- Communication with dementia
- How to use the ‘hover mattress’
- Palliative care
- Resident care needs.

2.4 Clinical care

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

Team’s findings

The home does not meet this expected outcome

The home does not ensure care recipients receive appropriate clinical care. When care recipients move into the home, the registered nurse and physiotherapist assess their clinical care needs. However, care plans do not reflect assessment information to guide staff in appropriate clinical care. Clinical incidents are documented but the registered nurse does not review clinical incidents to implement actions or strategies to improve care. Staff reported care plans guide them in the care of care recipients. Clinical audits are undertaken, but trending and analysis does not always occur to ensure care recipients are receiving appropriate clinical care. Care recipients and representatives stated care recipients are generally satisfied with the clinical care they receive.

2.5 Specialised nursing care needs

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

Team’s findings

The home meets this expected outcome

Appropriately qualified nursing staff assess, plan and direct the implementation of actions to meet care recipients’ identified specialised nursing care needs. Specific care plans include strategies, information and directives recommended by nursing staff, general practitioners and allied health practitioners. External specialist services including the local hospital are accessed for support when required, Monitoring of specialised nursing care occurs through care plan review and internal audits. Care recipients and representatives stated care recipients are generally satisfied with the specialised nursing care they receive.

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

A referral to health specialists occurs in accordance with care recipients’ needs and preferences. Nursing staff with the involvement of the general practitioner contribute to care recipients’ assessments and identify the need for review by other health specialists. The registered nurse refers care recipients to other specialist services including the physiotherapist, dietician and speech pathologist. A podiatrist visits the home and attends to the needs of care recipients. Nursing staff access information and recommendations resulting from specialist reviews, and implement changes to care recipients’ care or medication. Care recipients and representatives stated care recipients are satisfied with their access to specialist health services.

2.7 Medication management

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

Team’s findings

The home does not meet this expected outcome

Management could not demonstrate staff compliance with the medication management system. Medication profiles, care plans and medication packs contain identification and information pertaining to prescriptions and instructions for medication, including administration ‘as required’. Care recipients are administered non-prescribed medication as some care supervisors do not adhere to the home’s processes for administering medications safely and correctly and they do not act within the boundaries of their role. Medication incidents are not followed up by registered staff to ensure medication is managed safely.

Care recipients and representatives reported care recipients are generally satisfied with the management of medications.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Care recipients’ pain management needs are identified when they move into the home and on an ongoing basis. There is a multi-disciplinary approach to manage care recipients’ pain involving the general practitioner, nursing and care staff and they can be referred to the physiotherapist. Specific pain assessment tools are utilised to assist in the identification of care recipients’ pain. Care plans contain strategies to alleviate pain including pain relieving medication, heat and massage therapy. Staff reported they refer to registered nursing staff when pain relief strategies are not effective or care recipients report a new pain. Care recipients and representatives stated care recipients are as free as possible from pain and are satisfied with how staff manage their pain.

2.9 Palliative care

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

Team’s findings

The home meets this expected outcome

The home’s approach to palliative care ensures the comfort and dignity of terminally ill care recipients in accordance with their needs and preferences. When care recipients move into the home or thereafter as preferred, they and their family are given the opportunity to discuss their wishes and desires regarding their end of life care. When necessary, nursing staff in consultation with the general practitioner develop an end of life care plan with strategies to manage the care recipient’s care needs such as pain relief and personal care. During the palliative stage, staff provide care and emotional support to the care recipient and their family. Staff reported families have been appreciative of the care and services the home provides.

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

An assessment of care recipients’ nutrition and hydration needs occurs when they move into the home and on an ongoing basis. Relevant staff are notified of care recipients’ meal preferences, special needs, allergies and cultural requirements. Recording of care recipients’ weight occurs during the initial assessment period, monthly thereafter and more frequently if required. Nursing staff note variations and determine appropriate interventions, and if necessary, care recipients receive nutritional supplements. Referral to the speech pathologist and dietician occurs for care recipients identified at risk. Meals and fluids with altered texture and consistency are available, and if necessary, care recipients have access to modified cutlery and crockery. Staff were observed assisting care

recipients with their meals and drinks. Care recipients and representatives stated care recipients are satisfied staff are meeting their nutrition and hydration needs.

2.11 Skin care

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

Team’s findings

The home meets this expected outcome

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

2.12 Continence management

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

Team’s findings

The home meets this expected outcome

An assessment of care recipients’ continence needs occurs when they move into the home, and care plans are developed and reviewed regularly. Care recipients receive assistance to manage their continence through a range of measures, including individual scheduled toileting programs and the use of suitable continence aids, and their bowel elimination is monitored and interventions documented. Staff record changes in care recipients’ continence needs and document the effectiveness of any interventions. Monitoring of care recipients’ urinary tract infections occurs through a process of infection control surveillance. Staff reported they attend training to enable them to manage care recipients’ continence needs.

Care recipients and representatives stated staff are effective in meeting care recipients’ continence needs.

2.13 Behavioural management

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

Team’s findings

The home meets this expected outcome

Care recipients’ behavioural management needs are assessed when they move into the home and as required. During assessments, the triggers for care recipients’ behaviours are identified and appropriate interventions are developed and documented in care plans.

Strategies to manage behavioural issues are assessed for their effectiveness and, if necessary, a care recipient may be referred to an external adult mental health service in consultation with the general practitioner and family. There are policies and procedures to minimise and monitor the use of restraint, which includes a process for authorisation and review. Staff reported on strategies they use to manage the needs of care recipients with challenging behaviours. Care recipients stated the behaviours of others do not adversely affect them.

2.14 Mobility, dexterity and rehabilitation

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

Team’s findings

The home meets this expected outcome

When care recipients move into the home, registered nursing staff and the physiotherapist assess each care recipient’s level of mobility and dexterity and falls risk. Group exercise programs are developed to support care recipients to maintain their mobility and dexterity and to improve independent movement. Aids are available to assist mobility and maintain care recipients’ independence. Staff complete mobility incident reports to assist in the implementation of strategies to reduce care recipient falls. Care recipients and representatives stated care recipients are generally satisfied with the way staff support them to maintain their mobility.

2.15 Oral and dental care

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

Team’s findings

The home meets this expected outcome

Nursing staff assess and evaluate care recipients’ oral and dental health care needs when they move into the home and as required. Care plans identify the assistance care recipients require to maintain their oral and dental hygiene. The general practitioner refers care recipients to the dentist as required, and dental treatment in the community is arranged in partnership with care recipients and their representatives. Staff reported they routinely undertake oral care for care recipients and ensure they have appropriate oral health equipment and products. Care recipients and representatives stated their general satisfaction with the support provided to care recipients 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

Care recipients’ sensory losses are identified and managed effectively. Care plans include strategies to manage care recipients’ sensory losses and to maximise each care recipient’s independence and interaction in activities of daily living. Care recipients have access to allied health professionals, including the audiologist and optometrist. Staff described strategies they use to assist care recipients with their sensory losses and to manage their sensory devices. Care recipients and representatives stated they are satisfied with the assistance care recipients receive to manage their sensory losses.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

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

Standard 3 – Care recipient lifestyle

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

3.1 Continuous improvement

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

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for an overview of the home’s continuous improvement system.

In relation to care recipient lifestyle, care recipient meetings and care recipient surveys are used to gather suggestions and trends.

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

- Following staff feedback and an investigation of workplace bullying and a lack of understanding of staff responsibilities to report and document mandatory incidents such as suspected elder abuse, an external company has been engaged to provide staff education. Staff reported and documentation showed workplace bullying education had occurred and mandatory reporting processes provided to staff until further training and education is provided.

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

Care recipients are informed about their rights and responsibilities in information provided to them when they move into the home. Information updates are advised in writing and discussed at relevant meetings. The home provides each care recipient with an agreement outlining fees, level of care and services, and tenure arrangements. There are policies and procedures for the compulsory reporting of allegations of care recipient assault and unexplained absence. Staff are informed of changes in legislation relevant to care recipient lifestyle through training, memoranda and meetings. Care recipients and representatives reported they are consulted in regards to making decisions about services, and are informed when changes in provision of care arise.

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 education and staff development in Standard 1 Management systems, staffing and organisational development for an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 3 Care recipient lifestyle are listed below.

- Elder abuse
- Mandatory and compulsory reporting.

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

When care recipients move into the home, they and their families receive information and are orientated to the home. An assessment of care recipients' emotional needs occurs when they move into the home and they continue to be monitored as they adjust to living in the home.

Staff support care recipients by encouraging them to personalise their rooms, join in activities at the home and families are encouraged to visit. Staff reported they support care recipients to adjust to personal changes and encourage their participation at activities. Care recipients and representatives stated care recipients are generally satisfied their emotional needs are supported by staff.

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

Assessment of care recipients' abilities and their wishes in relation to independence occurs when they move into the home. The physiotherapist assesses care recipients and develops strategies to assist them to maintain their mobility levels and independence. Care recipients are encouraged to maintain friendships and develop new ones within the home. Care recipients and representatives stated staff and volunteers provide care recipients with assistance to maintain their independence.

3.6 Privacy and dignity

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

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Confidential documentation is stored securely and only accessed by authorised personnel. Care recipients and their representatives have access to activity rooms, lounge rooms and shared spaces in the home. Staff approach and interact with care recipients in a respectful manner, and they reported how they maintain care recipients' privacy and dignity and are aware of confidentiality of care recipient information. On employment, all staff sign a contract which includes a confidentiality statement outlining their responsibilities. Care recipients and representatives reported care recipients are generally satisfied their privacy, dignity and confidentiality is maintained and respected.

3.7 Leisure interests and activities

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

Team's findings

The home does not meet this expected outcome

Relevant staff have not developed the activity program with the current and past interests of care recipients taken into consideration. Care recipient participation in the program is poorly monitored and appropriate staff do not review and make changes accordingly. There is a limited range of activities provided to address sensory, cognitive and social needs. Care recipients are not encouraged to participate in the development of the activity program and they reported dissatisfaction with the range of activities provided to them.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Care recipients' individual interests, customs, beliefs and cultural needs are identified when they move into the home. Cultural specific information is gathered from care recipients and their families and care recipients are supported to meet their cultural needs. There is a large group of volunteers from the local community who visit the care recipients regularly and keep them in touch with the local community. The local priest conducts a religious service fortnightly and staff assist care recipients who wish to participate/attend religious activities.

Care recipients and representatives stated staff respect care recipients' customs, beliefs and culture.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives are assisted to participate in decision making about care and service delivery through one-on-one conversations with staff and management.

Care recipient and representative input is sought during care planning to meet individual needs and preferences. Care conferences provide opportunities for care recipients and representatives to participate in decisions about the services care recipients receive. Staff reported strategies for supporting care recipients' individual preferences including their choice of meals, participation in activities and refusal of care. Care recipients and representatives reported staff support them to make choices in all aspects of their daily life.

3.10 Care recipient security of tenure and responsibilities

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

Team's findings

The home meets this expected outcome

There are processes to ensure care recipients have secure tenure within the home and understand their rights and responsibilities. A resident agreement and information pack is provided to care recipients or their representatives when the care recipient first moves into the home. The agreement outlines security of tenure, services provided, fees and charges, code of conduct and care recipients' rights and responsibilities. Management provides care recipients or their representatives with consultation prior to room transfers. Access to information on sourcing external advocacy services is available for care recipients and their families. Care recipients and representatives stated they 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 systems and processes.

An example of current or recent improvement activity related to Standard 4 Physical environments and safe systems is described below.

- Following staff feedback they did not feel confident in the event of a fire, management arranged an external company to provide staff with hands on fire drill education and practical demonstrations on the use of a fire extinguisher. In addition, management reported a mock evacuation of the home would be provided to staff as additional preparedness in the event of a fire. Staff reported they had a better understanding of how to use the extinguisher and what to do in the event of a fire.

4.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

The home has management systems to ensure ongoing regulatory compliance in relation to the physical environment and safe systems. Workplace, building, catering and fire emergency preparedness are routinely inspected and audited. Safety data sheets for all chemicals used are available to staff at all times and kept updated, and infection control guidelines are available. The home has a food safety program to provide staff guidance.

Interviews with staff confirmed their knowledge of regulatory compliance requirements.

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 education and staff development in Standard 1 Management systems, staffing and organisational development for an overview of the home's education and staff development system and processes.

Examples of education and staff development undertaken relevant to Standard 4 Physical environment and safe systems are listed below.

- Chemical safety
- Fire and emergency procedures
- Food safety
- Infection control/handwashing
- Manual handling

4.4 Living environment

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

Team's findings

The home meets this expected outcome

The home's environment reflects the safety and comfort needs of care recipients. The living environment provides care recipients with safe access to clean and well-maintained communal, private, dining and outdoor areas. Communal areas and care recipients' rooms are equipped with sufficient and appropriate furniture and the home maintains comfortable internal temperatures and ventilation. Visitors are welcomed to the home by staff on arrival. Care recipients and representatives are satisfied the home ensures a safe and comfortable environment according to the care recipients' needs and preferences.

4.5 Occupational health and safety

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

Team's findings

The home meets this expected outcome

Management and staff actively provide a safe working environment that meets regulatory requirements. Staff are oriented to their occupational health and safety responsibilities, and

organisational safety policies and procedures guide and direct staff practice. Management and staff generally assess the physical environment, report risks, identify potential and actual hazards, and analyse accidents and incidents. The home has a process for tagging of electrical appliances and scheduling maintenance for furniture and equipment. Staff receive information on their occupational health and safety responsibilities during induction, meetings and via memoranda. Staff generally reported they identify and report hazards and accidents, and management is proactive in providing a safe working environment.

4.6 Fire, security and other emergencies

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

Team's findings

The home meets this expected outcome

Policies and procedures outline the home's approach to providing an environment and safe systems of work to minimise fire, security and emergency risks. Staff could describe their roles and responsibilities in the event of a fire emergency and evacuation and security processes. The home routinely conducts monthly assessments of the living environment and there are a range of equipment and environmental controls in place. These include clearly marked emergency exits that are free from obstruction, appropriately maintained fire detection and fighting equipment, management of electrical appliances and processes to manage other emergencies. Care recipients and representatives reported care recipients feel safe and secure in the home and that their belongings are safe.

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 management team and dedicated clinical staff coordinate the home's infection control program. Policies, guidelines, a food safety program and spills kits are available in the home to assist staff. The registered nurse logs care residents' infections and staff carry out treatments as instructed by the general practitioner and as per the care recipients' wound management plans. Equipment and signage are utilised to lessen the risk of infection. The home routinely conducts infection control audits with a focus on environment, linen handling and hand washing. Mandatory training includes infection control and staff were able to provide examples of infection prevention strategies. Care recipients and representatives reported satisfaction with the home's infection control program.

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

On entering the home, care recipients and representatives receive information regarding catering, cleaning and laundry services offered and the services are explained in the care recipients' handbook. Meals are prepared off-site at the hospital and the menu is approved by a dietician. The menu provides care recipients with meal choices and special dietary requirements are catered for. Care staff and supervisors receive information identifying care recipients' specific nutrition and hydration requirements, food allergies, food preferences and choices. The home has five days a week cleaning service and cleaning schedules are established to meet individual care recipient and service needs. Care recipients' personal clothing is laundered on site and there are established processes to minimise loss of clothing. Management monitor the quality of services via feedback mechanisms such as comments and complaints, audits and surveys. Care recipients and representatives expressed satisfaction with the hospitality services provided for care recipients.