



Australian Government
Australian Aged Care Quality Agency

Reconsideration Decision

Diana Street Lodge RACS ID: 3520

Approved Provider: Donwood Community Aged Care Services Inc

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

Reconsideration Decision made on 29 November 2017

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 25 June 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 9 August 2015 to 9 April 2019.

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

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

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

This decision is effective from 29 November 2017

Accreditation expiry date 9 April 2019



Australian Government

Australian Aged Care Quality Agency

Diana Street Lodge

RACS ID 3520
17 Diana Street
CROYDON VIC 3136

Approved provider: Donwood Community Aged Care Services Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 09 August 2018.

We made our decision on 25 June 2015.

The audit was conducted on 19 May 2015 to 20 May 2015. The assessment team's report is attached.

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

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

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

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

Standard 2: Health and personal care

Principle:

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

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

Standard 3: Care recipient lifestyle**Principle:**

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

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

Standard 4: Physical environment and safe systems**Principle:**

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

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



Australian Government

Australian Aged Care Quality Agency

Audit Report

Diana Street Lodge 3520

Approved provider: Donwood Community Aged Care Services Inc

Introduction

This is the report of a re-accreditation audit from 19 May 2015 to 20 May 2015 submitted to the Quality Agency.

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

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

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

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

Assessment team's findings regarding performance against the Accreditation Standards

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

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 19 May 2015 to 20 May 2015.

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

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

Assessment team

| | |
|---------------|------------------|
| Team leader: | Joanne Wheelahan |
| Team members: | Lynn Borundia |
| | Margaret Giffard |

Approved provider details

| | |
|--------------------|--|
| Approved provider: | Donwood Community Aged Care Services Inc |
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Details of home

| | |
|---------------|--------------------|
| Name of home: | Diana Street Lodge |
| RACS ID: | 3520 |

| | |
|---|----------------------------------|
| Total number of allocated places: | 60 |
| Number of care recipients during audit: | 59 |
| Number of care recipients receiving high care during audit: | N/A |
| Special needs catered for: | Dementia specific unit – 30 beds |

| | | | |
|-----------------|----------------------|------------|--------------|
| Street: | 17 Diana Street | State: | Victoria |
| City: | Croydon | Postcode: | 3136 |
| Phone number: | 03 9879 7366 | Facsimile: | 03 9879 2579 |
| E-mail address: | admin@donwood.com.au | | |

Audit trail

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

Interviews

| | Number | | Number |
|---|--------|-----------------------------------|--------|
| Management | 4 | Care recipients/representatives | 15 |
| Registered nurses | 3 | Enrolled nurses | 3 |
| Care staff | 2 | Hospitality and maintenance staff | 4 |
| Allied health care professional and lifestyle staff | 3 | Visitors/volunteers | 1 |

Sampled documents

| | Number | | Number |
|---------------------------|--------|-------------------|--------|
| Care recipients' files | 15 | Medication charts | 6 |
| Care recipient agreements | 7 | Personnel files | 7 |

Other documents reviewed

The team also reviewed:

- Audits
- Care recipient agreements
- Care recipient dietary information
- Care recipient list
- Care recipient's information handbook and surveys
- Cleaning schedules
- Clinical observation and management documents
- Continuous improvement plan, feedback forms, feedback and complaints registers
- Education documentation including competency assessments
- Food safety program and third party audits
- Handover and communication documents
- Incident report data and analysis
- Infection control data and analysis
- Job descriptions
- Lifestyle documentation
- Material safety data sheets
- Meeting minutes and meeting schedules
- Memoranda
- Nursing registrations register
- Personnel files
- Pest control records

- Police certificates and statutory declarations information
- Policies, procedures and guidelines
- Preferred providers list
- Preventative and reactive maintenance documentation
- Progress notes
- Recruitment policies and procedures
- Restraint assessment and information
- Self-assessment documentation
- Staff competencies
- Staff handbook
- Staff list
- Temperature recordings
- Worksafe workplace inspection reports.

Observations

The team observed the following:

- Activity rooms and activities in progress
- Chemical storage
- Charter of care recipients' rights and responsibilities displayed
- Cleaning in progress, cleaning trolleys and pan rooms
- Clinical care supplies
- Electrical testing and tagging
- Equipment and supply storage areas
- Hand washing facilities and hand sanitisers
- Infection control equipment and associated outbreak kit
- Internal and external living environment
- Kitchen and kitchenettes, menus, meal and refreshment service and assistance to care recipients
- Laundry and laundry delivery service back to care recipients
- Maintenance area
- Medication rounds
- Mobility aids and equipment
- Noticeboards and information displays
- Personal protective equipment and safety signage
- Pest control management
- Re-accreditation audit posters
- Staff assisting and interacting with care recipients
- Staff knocking and respecting care recipient's privacy

- Storage of medications
- Suggestion, compliment and complaint forms
- Visitors and pets in the home
- Waste disposal and gas cylinder storage areas.

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

There is a system to support the pursuit of continuous improvement at the home. Management identify improvements across all four Accreditation Standards through scheduled audits, reports and through established stakeholder feedback pathways including improvement forms, meetings and correspondence. Staff record improvement actions and responsibilities on a continuous improvement plan and use it to monitor implementation progress and outcomes. Management communicates improvements to stakeholders through meeting minutes, memoranda, notices and newsletters. Management has an 'open door policy' and encourages care recipients and representatives to talk to any staff member about problems or suggestions for improvements. Care recipients, representatives and staff said they are satisfied with opportunities to contribute to the continuous improvement program and that continuous improvements are occurring at the home.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- Following a review of the home's IT systems an intranet for staff was established. The staff intranet has improved communication between management and staff. Staff like the intranet site and can now access emails, position descriptions, announcements, meeting minutes and policies and procedures.
- As part of the review of training and education five online education modules for compulsory training were developed. Staff are paid for completing compulsory training and the online training modules can be completed at home or at work. Staff said they like the flexibility of where they can do the training and are attempting more of the non-compulsory training modules.

1.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management ensures compliance and demonstrates the effectiveness of their regulatory requirements, professional standards and guidelines. There are systems at the home for management to receive, identify and comply with relevant legislation, regulatory requirements, professional standards and guidelines. Management receive direct notification of legislation and regulatory requirements from government departments, agencies, industry bodies and local government. Management obtains updates to policy, guidelines or

standards through subscription to professional associations and networks. Processes exist for management to communicate changes and relevant information to the board of management and to staff, care recipients and representatives utilising meetings, memoranda, newsletters and correspondence. Management monitors regulatory compliance through observation of staff practice, comments and complaints, incidents and audit reports.

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

- Management has processes for ensuring the currency of police certificates and statutory declarations as appropriate for staff, volunteers and contractors.
- Management notified stakeholders in advance of the re-accreditation audit.
- Stakeholders have access to information about advocacy services and internal and external complaint mechanisms.
- There are processes for appropriate and secure information storage and destruction.

1.3 Education and staff development

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

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively across all four Accreditation Standards. Recruitment processes and selection criteria consider the knowledge, skills and qualifications required for each position. Staff have access to a wide range of group and individual education opportunities. Staff are required to complete annual mandatory education topics through their online program to achieve an accompanying competency. The home identifies education needs through surveys, audits, incidents, care recipient care needs, staff requests and observations. There are processes to advise staff of upcoming education opportunities and to encourage and audit staff attendance at training sessions. Staff are satisfied with the range of education and professional development opportunities. Staff apply appropriate skills and techniques in relation to their roles. Care recipients and representatives are satisfied with the skills and knowledge of staff.

Recent examples of education and training relating to Standard 1 Management systems, staffing and organisational development include:

- documentation and incident reporting
- handling complaints and conflict
- standards and accreditation
- workplace bullying and harassment.

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 a system to ensure all stakeholders have access to a complaints, comments and compliments process. Management provide comments, suggestion and complaints forms and information about how to make a complaint in the care recipient and staff information packs. Suggestion boxes are located in the home to lodge forms confidentially. Management investigate any complaints, suggestions, risks and hazards promptly and provide feedback to care recipients, representatives and staff. Management have a timeframe to respond to comments and complaints and progress to resolution is tracked and if appropriate issues raised by stakeholders are added to the continuous improvement plan. Care recipients, representatives and staff said they are aware of how to make a complaint and are satisfied with the follow up processes and results.

1.5 Planning and leadership

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

Team's findings

The home meets this expected outcome

The organisation has documented its vision, values, philosophy, objectives and commitment to quality. These statements are documented in a wide range of stakeholder information. The organisation reinforces its commitment to the provision of quality services through continuous improvement using a range of established communication and documentation processes.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

Management has processes to ensure the recruitment of appropriately skilled and qualified staff for the delivery of care and services to care recipients in accordance with the home's philosophy and objectives. Management uses a formal recruitment process, checks references and all staff serve a probationary employment period. All new staff undertake an orientation program that includes 'buddy shifts' with an experienced staff member and mandatory training. All roles have position descriptions, duties lists and probationary and annual performance appraisals occur. There are opportunities for staff to undertake internal and external training to maintain and develop new skills. Management monitors staffing levels and skill mix and will adjust rosters in response to feedback from staff and care recipients and with changes in care recipients' care requirements. Management monitor police certificate currency, statutory declarations and professional registrations. Care recipients and representatives are satisfied with the responsiveness of staff and the care staff provide.

1.7 Inventory and equipment

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

Team's findings

The home meets this expected outcome

Management has processes in place to ensure stocks of appropriate goods and equipment for quality care and service delivery is available. Management uses a stock rotation system and a preferred supplier that monitors and restocks inventory and equipment levels. There are trials and evaluations of new equipment with suppliers providing initial and ongoing training. Management has a system for preventive and corrective maintenance and ongoing cleaning of equipment. Storage areas are organised and secure. Staff and care recipients are satisfied adequate supplies of appropriate goods and equipment are available at all times.

1.8 Information systems

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

Team's findings

The home meets this expected outcome

There are effective information management systems in place to ensure care recipients, representatives, management and staff receive information on care, services and activities at the home. Care recipients and representatives receive information packs on entry to the home. Information updates to care recipients and staff are available through information displays on noticeboards, meetings, newsletters, activities calendars and distribution of notices. Staff receive orientation to the home's information processes through orientation training, handbooks, memoranda, duty lists and position descriptions. Staff receive information about care recipients through handover and messages entered into the electronic data management system and access to the home's intranet. Confidential information about care recipients and staff is stored in secure areas and disposed of in accordance with legislative requirements. Care recipients, representatives and staff said they receive appropriate information in a timely manner.

1.9 External services

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

Team's findings

The home meets this expected outcome

Management has a system in place to provide externally sourced services to meet the home's needs and service quality goals. Management select, monitor and evaluate external suppliers to ensure the provision of quality service. There are processes to ensure contractors have current police certificates, insurance and other documentation as required. External contracts and service agreements are reviewed regularly with the process including staff and care recipient feedback and evaluation. Contractors are required to complete a register on entry to the home and receive orientation prior to commencing work at the home and are appropriately supervised by staff. Care recipients, representatives and staff said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

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

2.1 Continuous improvement

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

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement across all aspects of care recipients' health and personal care. Care recipients and representatives said they are satisfied with the quality of care provided by staff. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- An initiative by the clinical management saw the introduction of a comprehensive review of the care recipient review process. The care recipient review process now looks at all care plans, incidents, progress notes, lifestyle and activity preferences and is completed six monthly. All the clinical and allied health professional staff are involved in the review process. Staff say the review process results in more responsive care for care recipients and gives a holistic view of care recipients' changing needs and preferences.
- The employment of a physiotherapist to work four days a week has improved assessment processes and treatment options for care recipients. There has been an improvement in pain management options and interventions and management of falls. The physiotherapist is involved in the development of falls prevention strategies and risk assessments for care recipients. Care recipients say that they see the physiotherapist regularly or if needed.

2.2 Regulatory compliance

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

Team's findings

The home meets this expected outcome

Management has a system to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for information about the home's regulatory compliance system.

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

- Appropriate medication storage, management and administration systems according to relevant legislation, regulatory requirements and professional standards.
- Monitoring of appropriately qualified staff including nursing registrations.
- Registered nurses supervise the provision of clinical care according to relevant legislation and care recipient needs.

- Protocols are in place to ensure compliance with legislation in the event of a care recipient's unexplained absence.

2.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of care recipients' health and personal care. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 Health and personal care include:

- diabetes management
- falls prevention – causes and prevention
- pain management
- sensory loss, vision, hearing.

2.4 Clinical care

This expected outcome requires that "care recipients receive appropriate clinical care".

Team's findings

The home meets this expected outcome

There is a system to ensure care recipients receive appropriate clinical care. Care recipients are assessed when moving into the home and individualised care plans are developed and reviewed on a regular basis every month with a comprehensive review being completed every six months. Care recipient care is also reviewed more frequently if care recipients' needs change and this information is documented and communicated to staff. Handover, including care recipient of concern running sheets and care plans inform staff of care recipients' care needs. Appropriately qualified staff provide care to care recipients. Management and staff ensure correct management of care recipients' clinical incidents. Staff said they have sufficient time to provide care recipient care. Care recipients and representatives said they are satisfied with the clinical care provided to care recipients.

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

Management has a system to ensure appropriately qualified nursing staff identify and meet care recipients' specialised nursing care needs. Care recipients with specialised care requirements have documented instructions, reportable ranges and treatment strategies available for staff in their care plans. Care recipients have access to health professionals where required. Management facilitate the education for staff in areas of complex care to ensure currency of knowledge. Monitoring of specialised nursing care occurs through regular reviews and feedback from care recipients and representatives. Staff have sufficient time and

resources available to provide specialised care. Care recipients and representatives said they are satisfied with the specialised care provided to care recipients.

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

There is a system to ensure care recipients are referred to appropriate health specialists in accordance with care recipients’ needs and preferences. General practitioners and a podiatrist visit the home regularly. Physiotherapists assess care recipients when moving into the home and as required. Management, senior staff and general practitioners refer care recipients to external services such as speech therapy, continence management, dietetics, wound management, palliative care, dental, vision, audiology and behaviour management services. Care recipients and representatives said they are satisfied referrals to other health and related services occur appropriate to care recipients’ needs and wishes.

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

There is a system to ensure the safe and correct management of care recipients’ medication. The organisation has medication policies and procedures and these are available to staff. Medication is stored securely according to legislative requirements. There is a process for monitoring opened creams, ointments and drops and staff refrigerate medication as appropriate. Management has a system to ensure there are supplies of regular medication as well as those required after hours. Management monitor medication administration by audits, incident data analysis, completion of staff medication competencies and feedback from care recipients and representatives. General practitioners, a consultant pharmacist and senior clinical staff meet and review care recipients’ medications regularly and the supplying pharmacy is available as an additional resource. Care recipients and representatives said they are satisfied with medication management for care recipients.

2.8 Pain management

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

Team’s findings

The home meets this expected outcome

Management has a system to ensure all care recipients are as free as possible from pain. Clinical staff and the physiotherapist conduct pain assessments when care recipients enter the home and review the care plans regularly and on an as needed basis. Strategies used to assist care recipients to maintain their comfort levels include medication, heat packs, exercises, massage and repositioning. Staff assess care recipients for pain using a variety of assessment tools, implement appropriate actions and evaluate the effectiveness of the interventions. General practitioners also review care recipients regularly to monitor and manage their pain and there is a system in place to refer care recipients for specialised pain management. Management conduct audits regularly and monitor staff education needs to

ensure the effective management of care recipients' pain. Care recipients and representatives said they are satisfied with staff assistance to relieve care recipients' 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

There is a system to ensure the comfort and dignity of terminally ill care recipients. Management has developed a palliative care resource folder which contains current information, resources, policies and procedures to guide staff when providing palliative care. Care recipients along with their representatives are provided with support to participate in advanced care plans and end of life terminal care wishes if they choose. Care recipients have access through referral to external palliative care services for expert consultative support for symptom management. Management review and evaluate the palliative care process through audits and ensure staff receive education as required. Clinical, lifestyle and pastoral care staff support care recipients and their representatives during this time to ensure the comfort and dignity of terminally ill care recipients.

2.10 Nutrition and hydration

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

Team's findings

The home meets this expected outcome

Management has a system to ensure care recipients receive adequate nourishment and hydration. Staff assess and review nutritional requirements with care recipients' likes, dislikes, allergies and specific dietary needs identified and these are communicated to the kitchen via a nutrition data card. Staff review assessments and care plans regularly in consultation with the care recipient and/or their representative, with referrals to a dietitian and speech pathologist available, if required. Management monitor the adequacy of nutrition and hydration for care recipients through care plan reviews, monitoring of weight, verbal feedback from care recipients, representatives and staff and audits. Staff are aware of care recipients' dietary requirements and need for extra assistance. Care recipients and representatives said they are satisfied care recipients receive enough to eat and drink.

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

There is a system to ensure care recipients' skin integrity is consistent with their general health. Clinical staff assess care recipients' skin integrity when moving into the home and develop a plan of care following the assessments. Care plans include care recipients' specific skin care risks and needs as well as management of any wounds, with referrals to wound consultants if required. Interventions for care recipients at risk of developing pressure areas include positioning, creams, protective clothing and cushioning which is documented in care recipients' care plans. Podiatry services are also available to care recipients on an as

needed on a regular basis. Management support staff with education regarding skin and wound management to ensure effective care. Care recipients' skin integrity is monitored on a daily basis by staff and care plans are reviewed regularly. Care recipients and representatives said they are satisfied with the skin care provided to care recipients.

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 a system to ensure the effective management of care recipients' continence. Staff complete continence assessments of care recipients when moving into the home and then develop care plans which are reviewed regularly. Management monitor and manage any infections effectively. Details of required continence aids are recorded and staff ensure the maintenance of each care recipient's privacy during toileting. Management monitor effective continence management through audits and provide education to staff as required. Care recipients and representatives said they are satisfied care recipients' continence needs are met.

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

There is a system to ensure the needs of care recipients with challenging behaviours are managed effectively. Clinical staff assess for behavioural concerns when care recipients move into the home and develop care plans in consultation with care recipients, representatives, medical officers and other health professionals as appropriate. The care plans detail individual triggers for behaviours and provide strategies to manage these episodes. There are processes to refer to behaviour management advisory services for care recipients who may require more complex management. Staff review assessments and care plans regularly with consultation and feedback from care recipients, representatives and other staff. Behaviour incidents are recorded and analysed and care interventions are adjusted and evaluated for effectiveness. Management monitor staff practices and provide education to ensure currency of staff knowledge. Care recipients and representatives said they are satisfied with the home's approach to behavioural management and care recipients said other care recipients in the home do not infringe on their rights.

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

Management has a system to ensure all care recipients achieve optimum levels of mobility and dexterity. Clinical staff and the physiotherapist, complete mobility assessments of each care recipient when moving into the home which is then incorporated into each care recipient's care plan. Once care recipients preferred lifestyle activities are identified, the physiotherapist works with the care recipient to develop an exercise program that maintains

or increases the care recipients' strength, mobility and dexterity in order for them to continue participating in activities they enjoy. Staff complete falls assessments, review care plans regularly and document any mobility incidents. The care recipient receives mobility and dexterity aids as required and appropriate mechanical lifting equipment is available. Management review all incidents and develop strategies to minimise future falls including the use of specialised equipment. Staff receive training in manual handling at orientation and as part of their annual mandatory training and said they are confident in their manual handling knowledge and practices. Care recipients and representatives said they are satisfied with the home's approach to ensuring care recipients achieve their maximum mobility and dexterity.

2.15 Oral and dental care

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

Team's findings

The home meets this expected outcome

Management has a system to ensure each care recipient's oral and dental health is maintained. Staff complete assessments on each care recipient when moving into the home and develop a care plan detailing each care recipient's oral and dental needs in consultation with the care recipient and/or their representative. Staff review the assessments and care plans regularly. Care recipients have the choice of accessing a visiting dental service or continuing to visit their own dentist, if possible. There is a referral process to a speech pathologist for care recipients with swallowing difficulties and texture modified diets are provided if required. There is a process to monitor the cleaning and replacement of oral equipment such as toothbrushes. Care recipients and representatives said they are satisfied with the oral and dental care provided to care recipients.

2.16 Sensory loss

This expected outcome requires that "care recipients' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome

The home has a system to ensure the effective identification and management of care recipients' sensory losses. Staff complete sensory assessments on each care recipient and develop care plans for their management. Management and staff ensure the referral of care recipients to health professionals such as optometrists and audiologists as required. Staff use a range of communication strategies to interact with care recipients and assist care recipients with glasses and hearing aids if needed. Decreased skin sensation and hot and cold intolerances are also documented to ensure care recipients pain interventions are appropriate and managed safely, such as with the use of heat packs. The home has well illuminated, comfortable and safe living areas to assist care recipients with sensory loss. Care recipients' sensory losses are reviewed regularly or more frequently, if required. Care recipients and representatives said they are satisfied with the home's approach to managing care recipients' sensory loss.

2.17 Sleep

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

Team’s findings

The home meets this expected outcome

Care recipients are able to achieve natural sleep patterns. Sleep assessments are completed when care recipients move into the home and care plans are developed to inform staff about care recipients preferred settling routines and sleep patterns. Care plans include both pharmacological and non-pharmacological methods such as hot beverages to promote sleep. Staff promote an environment conducive to comfort and sleep. Care plans are reviewed regularly or when care recipients’ needs change. Care recipients and representatives said they are satisfied with the home’s approach to ensuring care recipients achieve a 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

Management actively pursues continuous improvement activities in relation to aspects of care recipients’ lifestyle. Care recipients and representatives are satisfied with the assistance provided for control of their lives within the residential care service and the community. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- An annual holiday program for care recipients in the Acacia Unit in Diana Street Lodge was developed to allow care recipients and family members to enjoy time together outside the unit. With the financial support of local community service clubs care recipients and their families enjoy a five day holiday at Phillip Island. The home’s staff also attend to help with care and support. The care recipients on the holiday with their family are able to enjoy tourist and family activities in a supported environment.
- Following feedback from care recipients a new style of newsletter was introduced for care recipients in Diana Street Lodge. Now the newsletter is on the back of the monthly activities calendar. Care recipients say they like the new format as the information is easier to access.

3.2 Regulatory compliance

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

Team’s findings

The home meets this expected outcome

Management has a system to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for information about the home’s regulatory compliance system.

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

- Management provides a residential agreement to all care recipients and/or their representatives.
- Management has processes to manage compulsory reporting of assaults that includes staff education in elder abuse, incident reporting and a reportable assault register.
- The home has a privacy policy as detailed in the privacy statement for care recipients supplied on admission and the staff handbook.

3.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of care recipients' lifestyle. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 Care recipient lifestyle include:

- dementia
- lifestyle – what does it mean
- reportable incidents/preventing elder abuse
- spirituality, emotional support and lifestyle.

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

There is a system to ensure each care recipient receives emotional support adjusting to life in the home and on an ongoing basis. Care recipients receive pre-admission documentation and staff provide care recipients and representatives tours through the home and provide information regarding services provided. Staff familiarise care recipients to the home, reassure representatives and get to know care recipients' interests and preferences. Care recipients and representatives are able to personalise care recipients' rooms and are invited and supported to participate in lifestyle opportunities. Staff assess care recipients' emotional support needs on entry and review these following any changes in care needs or events. Care recipients and representatives are satisfied with the emotional support care recipients receive.

3.5 Independence

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

Team's findings

The home meets this expected outcome

Care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the home. When care recipients move into the home, staff assess their levels of independence and requirements for support. Lifestyle care plans identify care recipients' need to participate in specific interests and outings, maintain their independence and retain ongoing community, family and social associations. Staff regularly review care recipients' care plans to ensure the matching of care recipients' independence and appropriate assistance. Staff support care recipients to maintain friendships and family connections. Care recipients and representatives are

satisfied with the staff approach in encouraging and assisting care recipients 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. Management display the 'Charter of care recipients' rights and responsibilities – residential care' prominently; this document and information relating to privacy is included in care recipient agreements and care recipient information. Care recipients reside in single room with private ensuite and facilities to secure valuables. Various lounge areas provide spaces for private gatherings with friends and family. Staff demonstrated understanding of privacy and confidentiality requirements. We observed care recipients to be well-groomed and care recipients said staff respect their privacy.

3.7 Leisure interests and activities

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

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them. Staff identify care recipients' past and current interests in consultation with the care recipient and representative, by completing a range of lifestyle assessments covering leisure, cultural/spiritual, lifestyle habits/personal relations to provide a comprehensive lifestyle profile and care plan. Staff conduct activities in groups or individualised settings. Staff display and circulate monthly activity programs and evaluate activities through observations and feedback from care recipients. Group activity programs cater to care recipients with limited mobility, sensory deficits or cognitive impairment. Care recipients expressed satisfaction with the range of activities.

3.8 Cultural and spiritual life

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

Team's findings

The home meets this expected outcome

Management and staff ensure care recipients' individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. In consultation with the care recipient and their representative, the development of a care plan occurs to meet individual needs and preferences, reflecting their cultural background and spiritual beliefs. Ongoing evaluation ensures documentation reflects changing care recipient preferences. Lifestyle staff organise celebrations of culturally significant days and anniversaries of importance to the care recipients. Regular church services meet the needs of the care recipients, and catering supports cultural celebrations included in the lifestyle program. Should care recipients require extra support, staff can access religious personnel, families or community for additional spiritual support. Care recipients are satisfied with the support provided by staff to meet their cultural and spiritual needs.

3.9 Choice and decision-making

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

Team's findings

The home meets this expected outcome

Care recipients and their representatives participate in decisions about the services care recipients receive and are enabled to exercise choice and control over their lifestyle while not infringing on the rights of other people. Care recipients have input into the services they receive such as preferred sleeping and waking times, dining preferences, level of participation in activities and other routines. Management encourage care recipients and their representatives to provide feedback about care and services either as a group through regular meetings or on an individual basis. Care recipients and representatives say they are able to exercise choice regarding the care and services care recipients receive through ongoing consultations. Care recipients and representatives are satisfied with the opportunities provided to care recipients to make their own choices.

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 home and there are processes to ensure that they understand their rights and responsibilities. The home communicates information about care recipients' rights and responsibilities, advocacy and complaint services, specified care and services, fees and rules of occupancy processes on moving into the home through the care recipient agreement and information pack. A process of consultation and agreement precedes a change in a care recipient's room and information is provided in relation to applicable changes to specified care and services. The 'Charter of care recipients' rights and responsibilities – residential care', advocacy and independent complaints mechanisms brochures are on display. Care recipients are satisfied with the information made available to them when they move into the home and on an ongoing basis. Care recipients and representatives said they are aware of their rights and responsibilities and satisfied with the security of their tenure at 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

Management actively pursues continuous improvement activities in relation to aspects of the physical environment and safe systems. Care recipients and representatives are satisfied with the safety and comfort of the living environment and the quality of the services provided. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- To improve the enjoyment of meals for care recipients requiring textured modified diets specially made food that looks more appetising is now served to care recipients requiring modified diets. The food resembles whole vegetables, meat and desserts such as cakes was first tested on care recipients and staff before becoming a permanent part of the menu. Staff and families say care recipients enjoy the textured modified meals served using the specially made food.
- To increase safety in the external environment, pathways outside both facilities were upgraded with safer walking areas for care recipients and visitors. The upgrades have also improved emergency evacuation pathways and routes. The pickup and drop of areas now have better signage and access and the car park has been concreted.

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 a system for identifying relevant legislation, regulations and guidelines relating to the physical environment and safe systems. Refer to Expected outcome 1.2 Regulatory compliance.

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

- Catering complies with a food safety program and has current independent food safety inspections and audit results.
- Material safety data sheets are available where chemicals are stored or used.
- Regular monitoring and maintenance of the fire and safety systems occurs.
- Staff attend mandatory training in fire and emergency procedures each year and during orientation training.

4.3 Education and staff development

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

Team's findings

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system, refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 Physical environment and safe systems include:

- fire and emergency
- food handling
- infection control; hand washing and personal protective equipment
- 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

Management actively work to provide care recipients with a safe and comfortable environment consistent with care recipients' care needs. The home accommodates care recipients in single rooms with private ensuites. Care recipients are encouraged to personalise their rooms and guests are welcome at any time. Care recipient rooms and multiple communal areas are light, appropriately furnished, well maintained and kept at a comfortable temperature and noise level. Care recipients have easy access to suitable garden areas. The home maintains the building, grounds and equipment through regular servicing and maintenance programs by external contractors. We observed the home to be well maintained and care recipients and representatives enjoying communal and private areas. Care recipients and representatives were highly complimentary of the comfort and safety of the home.

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 actively works to provide a safe working environment that meets regulatory requirements. An elected occupational health and safety representative, attends role related training, monitors staff practices, conducts environment audits and reports on related issues at staff meetings. Information on the occupational health and safety system is included in the home's orientation program. Management provides equipment and supplies to ensure the maintenance of safe work practices. A system of corrective and preventative maintenance ensures the safety of equipment and furnishings and staff receive education on the use of

new equipment. Management uses incident reporting and environmental audits to identify and minimise the impact of workplace hazards. Staff are aware of the home's occupational health and safety system and said they have access to appropriate equipment to reduce the risk of injury to themselves and care recipients.

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 work actively to provide an environment and safe systems of work that minimise fire, security and emergency risks. There are procedures and plans for continuity to respond to a range of internal and external emergencies, severe weather events and loss of essential services. Qualified external contractors maintain fire equipment and there are effective processes to monitor the maintenance of essential services equipment. The home displays emergency evacuation plans and ensures emergency exits and egress routes are free from obstruction. Staff complete education and competency in fire response. Security arrangements include keypad access, sign in processes and surveillance cameras. Care recipients said they are aware of the procedures to be followed in the event of a fire emergency. Staff said they are required to undertake annual fire and emergency training and are confident they could respond to fire or another 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

Management has a system to identify, manage and contain infections. Clinical staff, reporting to the care services director, collect and analyse infection data to identify trends and implement strategies and interventions. Infection control education is included in the orientation program and is part of the home's annual mandatory education, also incorporating competency assessments of staff. The infection control program also includes use of protective equipment, waste disposal and laundry and cleaning procedures to prevent or manage infections. The home has a food safety program in place. Staff stated identification and management of infections occurs quickly and effectively and infection control is a standing agenda item at most meetings. Staff are aware of processes for infection control and use of personal protective equipment were observed. Care recipients and representatives said they are satisfied with the infection control mechanisms at the home.

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

Hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment. Catering, cleaning and laundry services are provided in-house. Monitoring mechanisms include internal and external audits, reports and temperature

recordings. Care recipients' nutrition and hydration requirements, preferences, food allergies and intolerances are documented. A registered food safety plan is in place and food prepared according to a five week rotational menu. The menu is displayed in the dining rooms and alternative meals, snacks and hot and cold beverages are available throughout the day. Vitamised meals are presented in a state of the art manner which is visually appealing to care recipients (refer to 4.1 Continuous improvement). Care recipients and representatives said this had not only enhanced the dining experience but had improved the consumption of such meals. Cleaning occurs five days a week, with a defined schedule to ensure cleaning tasks are completed. Weekend cleaning of specific communal and dining areas is conducted by staff after each meal service. All care recipient laundry is done on site, five days per week and a labelling process assists in minimizing the incidence of lost clothing. The home monitors its hospitality services to identify opportunities to improve the quality of services provided. Care recipients and representatives spoke with high praise of the catering, cleaning and laundry services provided at the home.