

Fred French Hostel

RACS ID: 8038

Approved provider: Masonic Care Tasmania Incorporated

Home address: 9 Amy Road NEWSTEAD TAS 7250

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| 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 02 June 2021.We made our decision on 21 April 2018.The audit was conducted on 14 March 2018 to 15 March 2018. 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.

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.

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 services and in the community.

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

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



Audit Report

Name of home: Fred French Hostel

RACS ID: 8038

Approved provider: Fred French Masonic Nursing Home Inc

# Introduction

This is the report of a Re-accreditation Audit from 14 March 2018 to 15 March 2018 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.

During a home’s period of accreditation there may be a review audit where an assessment team visits the home to reassess the quality of care and services and reports its findings about whether the home meets or does not meet the Standards.

# Assessment team’s findings regarding performance against the Accreditation Standards

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

* 44 expected outcomes

# Scope of this document

An assessment team appointed by the Quality Agency conducted the Re-accreditation Audit from 14 March 2018 to 15 March 2018.

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.

# Details of home

Total number of allocated places: 20

Number of care recipients during audit: 16

Number of care recipients receiving high care during audit: 16

Special needs catered for: Not applicable

# Audit trail

The assessment team spent 2 days on site and gathered information from the following:

## Interviews

| Position title | Number |
| --- | --- |
| Care recipients | 12 |
| Business managers | 2 |
| Executive directors clinical, residential, people and culture, marketing, communications and corporate services | 5 |
| Team leader payroll and rostering | 1 |
| Manager property development and asset | 1 |
| People and culture business partners | 2 |
| ACFI coordinator | 1 |
| Acting facility manager  | 1 |
| Clinical nurse | 1 |
| Care staff | 3 |
| Registered and enrolled nurses | 4 |
| Cleaning staff | 1 |
| Maintenance supervisor and officer | 2 |
| Quality manager | 1 |
| Leisure and lifestyle co-ordinator | 1 |
| Allied health professionals | 2 |
| Hospitality manager and supervisors | 3 |
| Hospitality staff | 3 |

## Sampled documents

| Document type | Number |
| --- | --- |
| Medication charts | 3 |
| Incidents and infection report forms | 5 |
| Personnel files | 6 |
| Care recipients' files | 7 |
| Care recipient dietary details forms | 3  |
| Complaints | 5 |
| Care recipient agreements | 2  |

## Other documents reviewed

The team also reviewed:

* Accident, incident and hazard documentation
* Activities program
* Admission checklist
* Agency staff orientation checklist
* Annual report
* Approved supplier list
* Assessment completion schedule and plans for admission form
* Audit reports and documentation
* Care recipient and family information booklet
* Care recipient and visitor sign in/out books
* Care recipient drinks list
* Cleaning and laundry checklists
* Clinical charts, assessments, care plans and progress notes
* Clinical meeting minutes
* Clinical monthly report
* Clinical products evaluation
* Clinical report outbreak management 2017, look back review
* Communication books/diaries
* Communication emails/memoranda
* Complaint investigation and consumer feedback records
* Complaint registers
* Compulsory reporting register and documentation
* Confidentiality and intellectual property agreement
* Contaminated linen management procedure
* Continuous improvement plan and registers
* Contractor list and contractor agreements
* Diet choices, information and menu
* Diversional therapy records
* Education attendance records
* Education calendars and documentation
* Employee engagement survey
* Environmental audit
* External food safety audit report
* Fire and emergency plan and procedures
* Food safety plan and associated documentation
* Food temperature records
* Guiding principles of rostering
* Have your say form and register
* Infection control documentation
* Kitchen documentation and monitoring records
* Laundry documentation
* Leisure and lifestyle documentation
* Management response action plans
* Medical and nursing staff signing registers
* Medical, allied health and specialist information
* Medication refrigerator temperature monitoring form
* Meeting minutes care recipients, committees and staff
* Newsletters – corporate and local
* Nurse initiated medication list
* Occupational health and safety documentation
* Outbreak management documentation
* Pastoral care program
* Pharmacy documentation
* Police check policy and register
* Position descriptions
* Pre-purchase assessment
* Primary nurse list for care plan reviews
* Resident of the day list
* Safety data sheets
* Self-assessment
* Self-medication assessment and agreement
* Social cultural and spiritual care plans and denomination lists
* Staff intranet procedure
* Volunteer application pack and records
* Waste management fact sheet
* Wound care documentation.

## Observations

The team observed the following:

* Activities in progress
* Activities program and activity photographs on display
* Charter of care recipients' rights and responsibilities - residential care on display
* Cleaning in progress
* Clinical equipment and resources
* Closed circuit television
* Colour coded equipment
* ‘Elroy’ – care recipient interactive robot
* Feedback mechanisms - external and internal
* Firefighting equipment
* Hairdresser in attendance
* Hand hygiene facilities
* Internal and external living environment
* Kitchen and kitchenettes
* Laundry environment
* Linen supplies
* Meal and refreshment services
* Medication administration and medication storage
* Mobility equipment and storage
* Notice boards – staff and general
* Outbreak resources
* Personal protective equipment
* Prompt whiteboard for specialised nursing care needs
* Safe chemical and oxygen storage
* Short group observation in lounge area
* Spill 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 services, 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 continuous improvement program includes processes for identifying areas for improvement, implementing change, monitoring and evaluating the effectiveness of improvements. Feedback is sought from care recipients, representatives, staff and other stakeholders to direct improvement activities. Improvement activities are documented on the plan for continuous improvement. Outcomes are evaluated for effectiveness and ongoing monitoring of new processes occurs. Care recipients, representatives, staff and other personnel are provided with feedback about improvements. During this accreditation period the organisation has implemented initiatives to improve the quality of care and services it provides.

Recent examples of improvements in Standard 1 Management systems, staffing and organisational development are:

* Staff provided feedback regarding difficulties in searching for forms, policies and procedures, updates and templates in the home’s electronic documentation storage intranet site. As a result, the home has undertaken an upgrade of the system, identified and provided training for ‘division champions’ and developed a policy and procedure regarding the management of the intranet site. In addition, the home will undertake a quality check of documents and continue to monitor usage. Staff reported enhanced access to relevant documents.
* Executive management identified the need to develop a suite of standardised documentation representing all Masonic Care Tasmania sites. A new policy and procedure template has been developed which includes the purpose, scope and key responsibilities. Policies and procedures have been updated to reflect contemporary practices. Staff were consulted via a policy cover sheet seeking stakeholder involvement to ensure everyone has had appropriate input. Finalised policies and procedures are endorsed by executive management and subsequently uploaded onto the intranet.
* Management identified the opportunity to improve staff uniforms and name badges, in line with Masonic Care Tasmania state wide branding and marketing approach. Staff were consulted at all sites; which was managed by personnel from the people and culture division. Outcomes include colour coded uniforms which reflect individual staff member occupations thus enabling all stakeholders to easily identify individual roles and responsibilities.

### 1.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

The home has a system to identify relevant legislation, regulatory requirements and guidelines, and for monitoring these in relation to the Accreditation Standards. The organisation's management has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation takes action to update policies and procedures and communicate the changes to care recipients, their representatives and staff as appropriate. A range of systems and processes have been established by management to ensure compliance with regulatory requirements. Staff have an awareness of legislation, regulatory requirements, professional standards and guidelines relevant to their roles.

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

* Management provided information to care recipients and their representatives about the re-accreditation audit within required timeframes.
* Management has systems for maintaining current police certification for staff, volunteers and external contractors.
* Professional registrations are monitored and recorded on an annual basis.
* There is a process to record, archive and dispose of confidential documents.

### 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's processes support the recruitment of staff with the required knowledge and skills to perform their roles. New staff participate in an orientation program that provides them with information about the organisation, key policies and procedures and equips them with mandatory skills for their role. Staff are scheduled to attend regular mandatory training; attendance is monitored and a process available to address non-attendance. The effectiveness of the education program is monitored through attendance records, evaluation records and observation of staff practice. In response to the consumer experience report, a high proportion of care recipients agreed or strongly agreed that staff know what they are doing. Three care recipients provided a neutral response to the consumer experience report although they did not elaborate further. Staff said they are satisfied with the education and training provided.

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

* Incident reporting
* ACFI (Aged Care Funding Instrument) training
* ‘Respect at work’.

### 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

There are processes to ensure care recipients, their representatives and others are provided with information about how to access complaint mechanisms. Care recipients and others are supported to access these mechanisms. Facilities are available to enable the submission of confidential complaints and ensure privacy of those using complaints mechanisms. Complaints processes link with the home's continuous improvement system and where appropriate, complaints trigger reviews of and changes to the home's procedures and practices. Complaints are documented and considered and feedback is provided to complainants if requested. Management and staff have an understanding of the complaints process and how they can assist care recipients and representatives with access. A high proportion of care recipients interviewed for the consumer experience report said staff explain things to them always or most of the time. Care recipients demonstrated an awareness of the complaints mechanisms available to them.

### 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 the home's vision, philosophy, objectives and commitment to quality. This information is communicated to care recipients, representatives, staff and others through a range of documents. In response to the consumer experience report a high proportion of care recipients agreed that the home is well run.

### 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

There are systems and processes to ensure there are sufficient skilled and qualified staff to deliver services that meet the Accreditation Standards and the home's philosophy and objectives. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. Staffing levels and skill mix are reviewed in response to changes in care recipients' needs and there are processes to address planned and unplanned leave. The home's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs. In response to the consumer experience report, a high proportion of care recipients said staff always or mostly follow up on things. One care recipient said that staff only sometimes follow up on things.

### 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

The home has processes to monitor stock levels, order goods and maintain equipment to ensure delivery of quality services. Goods and equipment are securely stored and, where appropriate, stock rotation occurs. Preventative maintenance and cleaning schedules ensure equipment is monitored for operation and safety. The home purchases equipment to meet care recipients' needs and maintains appropriate stocks of required supplies. Staff receive training in the safe use and storage of goods and equipment. Staff and care recipients interviewed said they are satisfied with the supply and quality of goods and equipment available at the home.

### 1.8 Information systems

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

#### Team's findings

The home meets this expected outcome

The home has systems to provide all stakeholders with access to current and accurate information. Management and staff have access to information that assists them in providing care and services. Electronic and hard copy information is stored securely and processes are in place for backup, archive and destruction of obsolete records, in keeping with legislative requirements. Key information is generally collected, analysed, revised and updated on an ongoing basis. Data obtained through information management systems is generally used to identify opportunities for improvement. The home regularly reviews its information management systems to ensure they are effective. Staff interviewed said they are satisfied they have access to current and accurate information. Care recipients interviewed are satisfied the information provided is appropriate to their needs, and supports them in their decision-making.

### 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 mechanisms to identify external service needs and quality goals. The home's expectations in relation to service and quality is specified and communicated to the external providers. The home has agreements with external service providers which outline minimum performance, staffing and regulatory requirements. There are processes to review the quality of external services provided and, where appropriate, action is taken to ensure the needs of care recipients and the home are met. Staff are able to provide feedback on external service providers. Care recipients and staff said they are satisfied with the quality of 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 improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 2 Health and personal care are:

* The home identified opportunities to enhance the management of vulnerable care recipients who may present with lung infections. As a result, the home has embarked on a three month study project which includes screening measures, oral health assessments and the provision of electric toothbrushes. Care recipients have been assessed and management said the program is expected to be fully implemented by April 2018. They went on to say an unexpected outcome to date, includes some care recipients have been identified with dental issues and a dentist referral process is in progress.
* A staff member, studying dementia care, identified an opportunity to explore strategies and interventions to support care recipients with ‘vocalising behaviours’. Funding, to support the program, was sought from ‘Wicking Dementia’, resulting in approval for a two year project including research into best practice in managing care recipient ‘vocalisation’ and research options. In addition, it was identified care recipients, representatives and staff would benefit from further understanding of behaviours of concern and subsequently education for these stakeholders has commenced. Management said the home is 10 months into the project and already there has been a demonstrated improvement from staff regarding recognising triggers and strategies to support care recipients.
* Care recipient falls management was identified as an issue at a clinical risk management meeting. As a result the home introduced a ‘falls working group’. Adopting a multi-disciplinary approach, including registered and enrolled nursing staff and allied health professionals the group is responsible for reviewing the homes data and trends and implementing initiatives to support best practice falls prevention. Management said a similar approach is being proposed to support care recipient medication management and dietary requirements.

### 2.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 2 Health and personal care, management are aware of the regulatory responsibilities in relation to:

* There is safe and secure storage of care recipient medications.
* Registered nurses supervise the provision of clinical and specialised nursing care according to relevant legislation and care recipient needs.
* Documented policies and procedures guide staff in their approach to reporting care recipient 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to health and personal care. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 2 Health and personal care include:

* Diabetes management
* Pain management
* Percutaneous endoscopic gastrostomy feeding.

### 2.4 Clinical care

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

#### Team's findings

The home meets this expected outcome

The home has mechanisms to ensure care recipients receive clinical care that is appropriate to their needs and preferences. Care needs are identified on entry and on an ongoing basis through a review and transfer of information, consultation with the care recipient and/or their representative and assessment processes. Individual care plans are developed by qualified staff and reviewed regularly. There are processes to ensure staff have access to current information to inform care delivery including care plans, progress notes and handovers. Care recipients' clinical care needs are monitored, evaluated and reassessed on a routine basis. Changes in care needs are identified and documented; where appropriate, referrals are made to medical officers or health professionals. Staff provide care consistent with individual care plans. When interviewed for the consumer experience report the majority of care recipients responded that staff meet their healthcare requirements most of the time or always. A small minority of care recipients said staff met their healthcare needs some of the time.

### 2.5 Specialised nursing care needs

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

#### Team's findings

The home meets this expected outcome

Care recipients' specialised nursing care needs are identified through assessment processes on entry to the home. Care is planned and managed by appropriately qualified staff. This information, together with instructions from medical officers and health professionals is documented in the care plan. Specialised nursing care needs are reassessed when a change in care recipient needs occurs and on a regular basis. The home's monitoring processes identify opportunities for improvement in relation to specialised nursing care systems and processes. Staff have access to specialised equipment, information and other resources to ensure care recipients' needs are met. Specialised nursing care is delivered by appropriately qualified staff consistent with the care plan. Care recipients interviewed are satisfied with how care recipients' specialised nursing care needs are managed.

### 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

The home has systems to ensure care recipients are referred to appropriate health specialists in accordance with their needs and preferences. Health specialist directives are communicated to staff and documented in the care plan and care is provided consistent with these instructions. Staff practices are monitored to ensure care is in accordance with the care recipients' needs and preferences. Staff support care recipients to attend external appointments with health specialists. Care recipients interviewed stated they are satisfied referrals are made to appropriate health specialists of their choice and staff carry out their instructions.

### 2.7 Medication management

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

#### Team's findings

The home meets this expected outcome

The home has systems to ensure care recipients' medication is managed safely and correctly. There are processes to ensure adequate supplies of medication are available and medication is stored securely and correctly. Medical officers prescribe and review medication orders and these are dispensed by the pharmacy service. Documented medication orders and care plans usually provide guidance to staff when administering or assisting with medications. Procedural guidelines provide clarification surrounding safe medication practices. There are opportunities for care recipients to self-administer their medications with current information generally recorded. Registered and enrolled nursing staff administer medications and said they complete annual medication management competencies. Although the majority of care recipients interviewed are satisfied care recipients' medications are provided as prescribed and in a timely manner, one care recipient expressed concerns regarding her medication administration. Management responded with information on how medication administration matters will be addressed in the future, including the implementation of a new electronic medication management system.

### 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 is identified through assessment processes on entry to the home and as needs change. Specific assessment tools are available for care recipients who are not able to verbalise their pain. Care plans are developed from the assessed information and are evaluated to ensure interventions remain effective. Medical officers and allied health professionals are involved in the management of care recipients' pain. The home's monitoring processes identify opportunities for improvement in relation to pain management systems and processes. Staff assess care recipients' verbal and non-verbal indicators of pain and implement appropriate actions, including utilising a range of strategies to manage comfort levels. Care recipients interviewed are satisfied care recipients are as free as possible from pain.

### 2.9 Palliative care

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

#### Team's findings

The home meets this expected outcome

The home has processes for identifying and managing care recipients' individual palliative care needs and preferences. Assessments are completed with the care recipient and/or representative to identify end of life care wishes and this information is documented in an end of life plan. The home uses a multidisciplinary approach that addresses the physical, psychological, emotional, cultural and spiritual support required by care recipients and their representatives. There is a supportive environment which provides comfort and dignity to the care recipient and their representatives. Care recipients remain in the home whenever possible, in accordance with their preferences. Referrals are made to medical officers, palliative care specialist teams and other health specialist services as required. Staff practices are monitored to ensure the delivery of palliative care is in accordance with the end of life plan. Staff follow end of life plans and respect any changes which may be requested. Care recipients interviewed are satisfied care recipients' comfort, dignity and palliative care needs are maintained.

### 2.10 Nutrition and hydration

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

#### Team's findings

The home meets this expected outcome

Care recipients' nutrition and hydration requirements, preferences, allergies and special needs are identified and assessed on entry. Care recipients' ongoing needs and preferences are monitored, reassessed and care plans updated. There are processes to ensure catering and other staff have information about care recipient nutrition and hydration needs. Staff monitor care recipients' nutrition and hydration and identify those care recipients who are at risk. The home provides staff assistance, equipment, special diets and dietary supplements to support care recipients' nutrition and hydration. Staff have an understanding of care recipients' needs and preferences including the need for assistance, texture modified diet or specialised equipment. Staff practices are monitored to ensure nutrition and hydration needs are delivered in accordance with care recipients' needs and preferences. Care recipients interviewed are satisfied care recipients' nutrition and hydration requirements are met.

### 2.11 Skin care

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

#### Team's findings

The home meets this expected outcome

Care recipients' skin care requirements, preferences and special needs are assessed and identified, in consultation with care recipients and/or representatives. Care plans reflect strategies to maintain or improve care recipients' skin integrity and are reviewed regularly. Skin care needs are monitored, evaluated and reviewed as required. Referral processes to other health specialists are available if a need is identified. The home's monitoring processes identify opportunities for improvement in relation to skin care; this includes a process for documenting and analysing incidents relating to skin integrity. Staff promote skin integrity through the use of moisturisers, pressure relieving devices and pressure area care. Care recipients interviewed are satisfied with the assistance provided to maintain skin integrity.

### 2.12 Continence management

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

#### Team's findings

The home meets this expected outcome

Care recipients' continence needs and preferences are identified during the assessment process and reassessments occur as required. Strategies to manage care recipients' continence are documented in the care plan and regular evaluation occurs to ensure strategies remain effective. Care staff have an understanding of individual care recipients' continence needs and how to promote privacy when providing care. Changes in continence patterns are identified, reported and reassessed to identify alternative management strategies. Equipment and supplies such as continence aids are available to support continence management. The home's monitoring processes identify opportunities for improvement in relation to continence management; this includes the collection and analysis of data relating to infections. Staff are conscious of care recipients' dignity while assisting with continence needs. Care recipients interviewed are satisfied with the support provided to care recipients in relation to continence management.

### 2.13 Behavioural management

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

#### Team's findings

The home meets this expected outcome

The needs of care recipients with challenging behaviours are identified through assessment processes and in consultation with the care recipient, their representative and/or allied health professionals. Individual strategies including recommendations from specialist services, to assist with managing responsive behaviours are identified and generally documented in the care plan and are regularly evaluated to ensure they remain effective. The home practices a minimal restraint policy; where relevant risk is identified and assessed by an allied health professional. Staff have an understanding of how to approach care regarding individual care recipients' behaviours of concern, including those care recipients who are at risk of wandering. Care recipients interviewed said staff are responsive and support care recipients with behaviours which may impact on others.

### 2.14 Mobility, dexterity and rehabilitation

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

#### Team's findings

The home meets this expected outcome

Care recipients' mobility, dexterity and rehabilitation needs are identified through assessment processes and in consultation with the care recipient and/or their representative.  Where a need is identified, referrals are made to medical officers and other health specialists, including physiotherapists. Strategies to manage care recipients' mobility and dexterity are documented in the care plan and are regularly evaluated and reviewed to ensure care recipients' needs are met. The home's monitoring processes identify opportunities for improvement in relation to mobility, dexterity and rehabilitation, including the collection and analysis of data relating to accidents and incidents. Care recipients and staff have access to a variety of equipment to assist with care recipients' mobility, dexterity and rehabilitation needs. Associated programs are delivered by appropriately skilled staff, consistent with the care plan. Care recipients interviewed are satisfied with the support provided for achieving optimum levels of 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

Care recipients' oral and dental health needs are identified through assessment processes and in consultation with the care recipient and/or their representative. Care strategies are documented on the care plan and are regularly evaluated and reviewed to ensure care recipients' changing needs are met. The home's monitoring processes identify opportunities for improvement in relation to oral and dental management systems and processes, including clinical monitoring processes and consultation. Equipment to meet care recipients' oral hygiene needs is available. Staff provide assistance with oral and dental care and where necessary referrals are made to health specialists such as dentists. Care recipients interviewed are satisfied with the assistance given by staff to maintain care recipients' teeth, dentures and overall oral hygiene.

### 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

Sensory losses are identified through assessment processes and in consultation with care recipients and/or their representative. Care plans identify individual needs and preferences and are reviewed regularly. Care recipients are referred to health specialists, such as audiologists and optometrists, according to assessed need or request and are assisted to attend appointments as required. The home's monitoring processes identify opportunities for improvement in relation to how sensory loss is managed, including clinical monitoring processes and consultation with care recipients, representatives and health professionals. Staff receive instruction in the correct use and care of sensory aids and are aware of the assistance required to meet individual care recipients' needs. Care recipients interviewed are satisfied with the support provided to manage care recipient sensory needs.

### 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' sleep patterns, including settling routines and personal preferences, are identified through assessment processes on entry. Care plans are developed and reviewed to ensure strategies to support natural sleep remain effective and reflect care recipients' needs and preferences. Care recipients experiencing difficulty sleeping are offered a range of interventions to promote sleep; where appropriate medical officers are informed of sleep problems. The environment is optimised to ensure it supports natural sleep and minimises disruption. Environmental and clinical monitoring processes identify opportunities for improvement in relation to sleep management. Staff support care recipients when normal sleep patterns are not being achieved. Care recipients interviewed are satisfied support is provided to care recipients and they are assisted to achieve natural sleep patterns.

## Standard 3 - Care recipient lifestyle

### Principle:

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

### 3.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 3 Care recipient lifestyle are:

* A strategic initiative identified the opportunity to ascertain how technology and research could be introduced to enhance clinical practice and the lives of care recipients. Adopting recommendations in a research paper ‘Building connection: the use of socialisation robots in residential aged care’ the home purchased an interactive robot, named ‘Elroy’. Internal information technology staff programmed the robot and developed procedures for staff on its use. A dementia support care worker transports ‘Elroy’ around the various Masonic Care Tasmania homes. Management said further work is underway to develop an ‘Elroy’ activity program and seek feedback and evaluate the outcomes, although there has been positive feedback regarding ‘Elroy’ and his ability to engage with care recipients.
* The home’s newly appointed leisure and lifestyle coordinator identified a gap in lifestyle staff knowledge regarding care recipient swallowing difficulties. As a result, leisure and lifestyle staff have participated in managing care recipient dysphagia (swallowing difficulty) training by the home’s dietitian. Management said leisure and lifestyle staff now feel more confident in supporting care recipients food and fluid intake. The home’s dietitian attends on a routine basis to provide further staff training and information, as required.
* The new lifestyle coordinator identified the opportunity to enhance the home’s volunteer program. A review of the home’s processes and procedures regarding the recruitment and orientation of volunteers has been undertaken, resulting in four new volunteers being appointed. The volunteer recruitment drive is expected to continue. Management said the appointment of new volunteers has supported care recipients further enjoyment of the outdoors and involvement in gardening activities.

### 3.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 3 Care recipient lifestyle management are aware of the regulatory responsibilities in relation to:

* The ‘Charter of care recipients’ rights and responsibilities – residential care’ is displayed and reproduced in relevant publications.
* Care recipients and their representatives are provided with information regarding care recipients’ rights and responsibilities and security of tenure.
* There are documented guidelines and procedures to ensure care recipients’ privacy and confidentiality is maintained.

### 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

The home has a system to monitor and ensure staff have the knowledge and skills to enable them to effectively perform their roles in relation to care recipient lifestyle. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 3 Care recipient lifestyle include:

* Elder abuse
* Privacy compliance
* Spiritual and cultural needs.

### 3.4 Emotional support

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

#### Team's findings

The home meets this expected outcome

Care recipients' emotional needs are identified on entry and on an ongoing basis. Processes to assist care recipients include the provision of information prior to entering the home, support during the settling in period, involvement of family and significant others and a lifestyle plan that meets care recipient needs and preferences. Emotional support is provided to care recipients on an ongoing basis based on their identified need; concerns relating to emotional health are referred to appropriate support services. The home's monitoring processes, including feedback and care reviews, identify opportunities for improvement in relation to the emotional support provided. Staff engage with care recipients and support emotional wellbeing in accordance with care recipient preferences. In response to the consumer experience report, a small number of care recipients said they agreed or responded with a neutral answer when asked about who they would talk to if they were sad or worried. These care recipients said they would seek emotional support from their family. A high proportion of care recipients agreed that they can talk to staff if they feel sad or worried.

### 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' needs and preferences are assessed on entry and on an ongoing basis to ensure there are opportunities to maximise independence, maintain friendships and participate in the life of the community. Consideration is given to sensory and communication needs as an element of this process. Strategies to promote care recipients' independence are documented in the care plan and are evaluated and reviewed to ensure they remain current and effective. The living environment is monitored and equipment is available to ensure care recipients' independence is maximised. The home's monitoring processes, including feedback, and environmental and care reviews, identify opportunities for improvement in relation to care recipient independence. Staff are familiar with the individual needs of care recipients. In response to the consumer experience report a large proportion of care recipients said they agree they are encouraged to maintain their independence. However, one care recipient provided a neutral response. We observed care recipients engaged in activities, using mobility devices and able to move freely within the home, including outdoor areas.

### 3.6 Privacy and dignity

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

#### Team's findings

The home meets this expected outcome

Care recipients' preferences in relation to privacy, dignity and confidentiality are identified on entry and on an ongoing basis to ensure these needs are recognised and respected. Strategies for ensuring privacy and dignity are planned and implemented; this information is documented in the care plan. The living environment supports care recipients' need for personal space and provides areas for receiving guests. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to the home's privacy, dignity and confidentiality systems and processes. Staff have received education in relation to privacy, dignity and confidentiality and their practices support this. In response to the consumer experience report a high proportion of care recipients said that staff treat them with respect always or most of the time.

### 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' interests and activities of choice are identified on entry; barriers to participation, past history, and cultural and spiritual needs are recognised. This information is documented and regularly updated to inform staff of care recipients' current preferred leisure choices. A varied program of activities is available and is reviewed and evaluated to ensure it continues to meet the needs and preferences of care recipients. The activities program respects care recipients' varied needs and includes group, one-on-one and community activities. Staff encourage and support care recipient participation. Care recipients are satisfied with activities and confirm they are supported to participate in activities of interests 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

Individual care recipients' customs, beliefs and cultural and ethnic backgrounds are identified on entry through consultation with the care recipient and their representatives. Relevant information relating to care recipients' cultural and spiritual life is documented in care plans which are regularly evaluated and reviewed. The home has access to support services such as interpreters and community groups and provision is made for the observation of special days. Care recipients' cultural and spiritual needs are considered in meal planning and the facilitation of leisure activities. The home's monitoring processes identify opportunities for improvement in relation to the way care recipients' cultural and spiritual life is valued and fostered. Staff support care recipients to attend and participate in activities of their choice. Care recipients interviewed confirmed their customs and beliefs are respected.

### 3.9 Choice and decision making

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

#### Team's findings

The home meets this expected outcome

The home has processes to ensure care recipients and their representatives are provided with information about their rights and responsibilities on entry to the home and on an ongoing basis. The home assesses each care recipients' ability to make decisions and identifies authorised representatives where care recipients are not able to make decisions for themselves. Staff are provided with information about care recipients' rights and responsibilities and provide opportunities for the care recipient to exercise choice and make decisions when providing care and services. Staff practices are monitored to ensure care and services delivered are in line with the choices and preference of care recipients. Staff demonstrated their understanding of care recipients' rights to make choices and how to support them in their choices. Care recipients are satisfied they can participate in decisions about the care and services they receive and that staff respect their 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 and their representatives are provided with information about care recipients' rights and responsibilities, the terms and conditions of their tenure, any limitations to care provision within the home, fees and charges and information about complaints, when they enter the home. Changes to care recipients' security of tenure or rights and responsibilities are communicated to care recipients and/or their representative. If a change in care recipient health requires a room change or transfer to another home, this is discussed with the care recipient and/or their representative. The home's monitoring processes, including feedback, meetings and care reviews, identify opportunities for improvement in relation to care recipient rights, responsibilities and security of tenure. Staff demonstrated an understanding of care recipient rights. Care recipients interviewed are satisfied they have secure tenure within the home and understand their rights and responsibilities.

## Standard 4 - Physical environment and safe systems

### Principle:

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

### 4.1 Continuous improvement

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.1 Continuous improvement for information about the home's systems to identify and implement improvements.

Recent examples of improvements in Standard 4 Physical environment and safe systems are:

* During a practice drill at the home, it was identified not all smoke doors closed correctly, some signage on fire and smoke doors was incorrect and not all marshalling points have a nurse call system to identify the location of the fire alarm. As a result, the closure and signage on fire and smoke doors have been rectified and the home is investigating having nurse call screens installed in two units of the home to enable a more efficient response to fire alarm activations.
* In late 2017 care recipients identified, at a meeting, shortfalls in their satisfaction with the food. As a result the home established a Tasmanian, state wide food review group, in November 2017. The group includes representation from chefs, catering staff and the home’s dietitian. The aim of the menu group is to combine state wide menus and to explore ways in which to improve care recipient menu options, including vegetarian choices. Three meetings have been conducted to date. The home is in the process of introducing a new six week rotating menu, which includes two choices for the lunch main meal, a vegetarian choice and flexibility to accommodate seasonal changes and produce.
* The home experienced a respiratory outbreak in September 2017. A review of the home’s processes and procedures identified gaps in the ‘management plan’ which included the uptake, by all stakeholders of the existing vaccination program. As a result executive management decided, in consultation with the Public Health Department, to expand the vaccination program to include two staff family members and two care recipient representatives. The program is free of charge and will be supported by two registered nursing staff who are qualified ‘immunisers’. A marketing program has commenced including Face book, the internet and information in the newsletter inviting relevant stakeholders to register for immunisation.

### 4.2 Regulatory compliance

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

#### Team's findings

The home meets this expected outcome

Refer to Expected outcome 1.2 Regulatory compliance for information about the home's systems to identify and ensure compliance with relevant regulatory requirements.

Relevant to Standard 4 physical environment and safe systems, management are aware of the regulatory responsibilities in relation to:

* Chemicals are stored safely and safety data sheets are easily accessible.
* The building complies with relevant regulatory requirements.
* A food safety program is current and complies with legislation.

### 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

The home has a system to monitor the knowledge and skills of staff members and enable them to effectively perform their role in relation to physical environment and safe systems. Refer to Expected outcome 1.3 Education and staff development for more information.

Examples of education and training provided in relation to Standard 4 Physical environment and safe systems include:

* Food handling
* Handwashing and infection control
* 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 generally reflects the safety and comfort needs of care recipients, including comfortable temperatures, noise and light levels, sufficient and appropriate furniture and safe, easy access to internal and external areas. Environmental strategies are employed to minimise care recipient restraint. The safety and comfort of the living environment is assessed and monitored through feedback from meetings, surveys, incident and hazard reporting, audits and inspections. There are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings. Staff support a safe and comfortable environment through hazard, incident and maintenance reporting processes. In response to the consumer experience report, a high proportion of care recipients said they feel safe in the home. However, we received general feedback from further care recipients interviewed who expressed dissatisfaction with the living environment. Management provided information on how the matters raises will be addressed in the future.

### 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

There are processes to support the provision of a safe working environment, including policies and procedures, staff training, routine and preventative maintenance and incident and hazard reporting mechanisms. Opportunities for improvement in the occupational health and safety program are identified through audits, inspections, supervision of staff practice, and analysis of incident and hazard data. Sufficient goods and equipment are available to support staff in their work and minimise health and safety risks. Staff have an understanding of safe work practices and are provided with opportunities to have input to the home's workplace health and safety program. Staff were observed to carry out their work safely and are satisfied management is actively working to provide 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 relating to fire, security and other emergencies are documented and accessible to staff; this includes an emergency evacuation plan. Staff are provided with education and training about fire, security and other emergencies when they commence work at the home and on an ongoing basis. Emergency equipment is inspected and maintained and the environment is monitored to minimise risks. Staff have an understanding of their roles and responsibilities in the event of a fire, security breach or other emergency and there are routine security measures. Care recipients interviewed are aware of what they should do on hearing an alarm and feel safe and secure in the home.

### 4.7 Infection control

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

#### Team's findings

The home meets this expected outcome

The home has processes to support an effective infection control program. The infection control program includes regular assessment of care recipients' clinical care needs in relation to current infections, susceptibility to infections and prevention of infections. Staff and management generally follow required guidelines for reporting and management of notifiable diseases. The home's monitoring processes identify opportunities for improvement in relation to infection control; this includes observation of staff practices, analysis of clinical and infection data and evaluation of results. Preventative measures used to minimise infection include staff training, a food safety program, cleaning regimes, vaccination programs, a pest control program, waste management and laundry processes. Staff are provided with information about infections at the home and management have undertaken a review of outbreak management procedures in order to further strengthen their approach to the management of infectious outbreaks. Care recipients and staff interviewed are satisfied with the prevention and management of infections.

### 4.8 Catering, cleaning and laundry services

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

#### Team's findings

The home meets this expected outcome

The home identifies care recipients' needs and preferences relating to hospitality services on entry to the home through assessment processes and consultation with the care recipient and their representatives. There are processes available that support care recipients to have input into the services provided and the manner of their provision. The home's monitoring processes identify opportunities for improvement in relation to the hospitality services provided; this includes feedback from care recipients and representatives and monitoring of staff practice. Hospitality staff interviewed said they readily have access to information about care recipient preferences and receive feedback about services provided. Staff are satisfied the hospitality services enhance the working environment. In response to the consumer experience report, the majority of care recipients said they like the food most of the time, although some care recipients said they enjoy the food only some of the time. Management is aware of this matter and the home has plans to introduce a new menu, and will be consulting with care recipients to assist with improving the meal experience.