



**Australian Government**  
**Australian Aged Care Quality Agency**

**Reconsideration Decision**

**Hesse Rural Health Service Nursing Home RACS ID: 4474**

**Approved Provider: Hesse Rural Health Service**

**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 06 March 2018

Reconsideration Decision An authorised delegate of the CEO of the Australian Aged Care Quality Agency has decided to vary the decision made on 18 August 2015 regarding the period of accreditation. The period of accreditation of the accredited service will now be 9 October 2015 to 9 August 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 06 March 2018

Accreditation expiry date 9 August 2019



**Australian Government**

---

**Australian Aged Care Quality Agency**

## **Hesse Rural Health Service Nursing Home**

RACS ID 4474

8 Gosney Street

WINCHELSEA VIC 3241

Approved provider: Hesse Rural Health Service

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 October 2018.

We made our decision on 18 August 2015.

The audit was conducted on 21 July 2015 to 22 July 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 recipient 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**

**Hesse Rural Health Service Nursing Home 4474**

**Approved provider: Hesse Rural Health Service**

### **Introduction**

This is the report of a re-accreditation audit from 21 July 2015 to 22 July 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 21 July 2015 to 22 July 2015.

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

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

## Assessment team

Team leader:	Jennifer Clarke
Team member:	Carmel Fitzgerald

## Approved provider details

Approved provider:	Hesse Rural Health Service
--------------------	----------------------------

## Details of home

Name of home:	Hesse Rural Health Service Nursing Home
RACS ID:	4474

Total number of allocated places:	24
Number of care recipients during audit:	23
Number of care recipients receiving high care during audit:	23
Special needs catered for:	NA

Street:	8 Gosney Street	State:	Victoria
City:	Winchelsea	Postcode:	3241
Phone number:	03 5267 1200	Facsimile:	03 5267 1215
E-mail address:	hesse@swarh.vic.gov.au		

## Audit trail

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

### Interviews

	Number		Number
Executive management team	5	Care recipients/representatives	6
Aged care manager	1	Lifestyle and allied health	4
Registered nurses/clinical and care staff	7	Hotel service staff	3
General practitioner	1	Administration assistant	2

### Sampled documents

	Number		Number
Care recipients' files and associated documents	7	Medication charts	4
Care recipient administration files	5	Personnel files	6

### Other documents reviewed

The team also reviewed:

- Annual essential safety measures report
- Annual fire safety statement
- Audits, audit schedule and surveys
- Care alerts and correspondence
- Care recipients' information package and surveys
- Catering cleaning and laundry records and schedules
- Catering certification documents
- Clinical incident records
- Comments and complaints documentation
- Communication diary
- Confidentiality agreements
- Education records
- Emergency contingency plans and procedures
- Essential services schedules and related documentation
- External contractor agreements
- Fire and other emergency assessment and maintenance documentation
- Food safety program, audits, dietary information and menu
- Handover documentation
- Interview and appraisal documentation staff
- Inventory and equipment management documents

- Lifestyle calendar, assessments, care plans, evaluations and participation records
- Mandatory reporting register
- Material Safety Data Sheets
- Meeting minutes and newsletters
- Occupational health and safety documentation
- Organisational structure
- Orientation documentation
- Plan for continuous improvement and associated records
- Policies and procedures
- Position descriptions and duty lists
- Preventative and remedial maintenance records
- Re-accreditation self-assessment
- Regulatory compliance monitoring tools and related documentation
- 'Resident' emergency evacuation list
- Rosters
- Routine observation and inspection audits
- Staff orientation information pack.

### **Observations**

The team observed the following:

- Activities in progress
- Charter of care recipients' rights and responsibilities on display
- Chemical storage and material safety data sheets
- Cleaning and laundry processes
- Clinical supplies
- Electrical tagging process
- Emergency evacuation maps, egress routes and assembly areas
- Equipment and supply storage areas
- Equipment in use
- External complaints brochures
- Gastroenteritis and Ebola outbreak kits
- Interactions between staff and care recipients
- Internal feedback forms
- Living environment internal and external
- Meal and refreshment service
- Mobility aids and equipment
- Notice boards and information displays
- Notification to stakeholders of re-accreditation audit



- Occupational health and safety information
- Organisation's vision mission and values on display
- Safety and security mechanisms
- Short observation of group activity
- Staff assisting at meals.

## 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 an established system at the home and in the health service to pursue continuous improvement across the Standards. The system draws from a structured quality program that includes audits, surveys, analysis of clinical trends and initiatives driven by the health service. Management identify other opportunities for continuous improvement activities through feedback mechanisms, meetings and other source documents. Processes support and encourage input from staff, care recipients, representatives and visitors. Plans for continuous improvement are maintained at an organisational level and by management within the home. There are processes to prioritise and track the progress of new initiatives and to evaluate the outcome of any improvement generated through the system. Management discuss improvement initiatives with staff, care recipients and representatives through newsletters, memoranda and meetings.

Improvements relevant to Standard 1 include:

- To enhance staff understanding of Hesse Rural Health Services quality frame work, a visual flowchart representation was developed. Management advised and staff confirmed they now have a greater understanding of the home's quality framework and their role within it.
- Audits, observations and increasing care recipient acuity resulted in the purchase of new and additional equipment for the home. This included air mattresses, scissor lift and new visual artworks featuring local places of interest. Staff, care recipients and representatives provided positive feedback.

#### 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

There are systems in use at the home for identifying legislative and regulatory updates, communicating changes to staff and managing and evaluating compliance. Management staff receive relevant information from a legal updating service, peak bodies and government departments and agencies. Management staff implement or change policies and procedures as needed in response to legislative changes. Staff are advised of compliance requirements at meetings, via electronic mail, education sessions and revised policies and procedures. Staff use the audit system to monitor compliance with relevant legislation, regulations and

guidelines. Staff and management advised they are aware of their obligations in relation to regulatory compliance.

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

- Management advised stakeholders of the re-accreditation audit within the required time frame via letters and flyers posted in the home.
- The organisation follows processes to monitor police certificates and credential checks for staff, volunteers and service providers.
- Confidential documents are stored and destroyed securely.

### **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 demonstrate they have systems to ensure their staff have appropriate knowledge and skills to perform their roles effectively. Selection and recruitment processes identify required skills and orientation processes and mandatory education ensure staff skills are relevant to individual roles. Management provides additional education sessions based on training needs and staff interests identified from audit results, staff requests, meeting feedback, performance appraisals or changes in care recipients' needs. Management maintain attendance records and evaluate the effectiveness of sessions. Staff reported they are satisfied with the education provided at the home and how they are encouraged to expand their knowledge.

Training opportunities provided relevant to Standard 1 include:

- superior service training
- confidentiality training
- quality and safety governance.

### **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 formal and informal comments and complaints processes accessible to each care recipient, their representatives and other interested parties. Information packs, posters and brochures convey information about complaint handling processes and external complaints resolution services. Stakeholders are encouraged to raise comments or concerns via the feedback form or verbally with management in the home. Feedback is also received through resident and relative meetings and surveys. A locked lodgement box located within the home promotes confidentiality. The feedback form provides information on processes to escalate concerns to the chief executive officer of the health service. Staff are aware of ways to raise concerns and feel comfortable to advocate for care recipients. Care recipients and representatives said management are very responsive to any concerns raised.

## **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

Hesse Rural Health Service's commitment to quality is embedded in its vision, mission and values. Management communicates these statements of strategic intent to care recipients, representatives and staff through the induction process and handbooks and by displaying them within the home.

## **1.6 Human resource management**

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

### **Team's findings**

The home meets this expected outcome

There are systems and processes in use to ensure there are appropriately skilled and qualified staff for care and service to be delivered in accordance with the Accreditation Standards and the organisation's philosophy. Staff are selected, orientated, educated and appraised using formal processes. Management use audit results, competencies, observation of staff practices and staff feedback to evaluate systems and ensure optimal care and service delivery. There are processes for orientation and review of casual staff. Management monitors staffing levels and implements changes to reflect increasing care or service needs. Staff advised they have sufficient time to provide care and services required. Care recipients and representatives are satisfied with staff skills and competency in providing their care and services.

## **1.7 Inventory and equipment**

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

### **Team's findings**

The home meets this expected outcome

There are stocks of appropriate goods and equipment available sufficient to provide quality service delivery to care recipients. Management and staff identify equipment requirements through observation, identification of care recipient needs, audit results and improvement processes. Goods and equipment are procured or replaced as required, according to budget allocation and routine ordering processes. Maintenance staff follow a preventative and remedial maintenance system to ensure equipment is in working condition. Staff follow a formal review process for the suitability of new equipment and education is provided where needed for correct use. Equipment, goods and food items are stored appropriately. Maintenance staff follow scheduled and corrective maintenance programs to ensure optimal functioning of equipment. Care recipients and staff reported they are satisfied with the availability of appropriate goods and equipment.

## **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 is a range of strategies in place to provide an effective information system at the home. This includes a paper based care planning system and various software programs for the organising and provision of information. The home routinely collects key indicator data to inform the quality system, monitor performance and to meet internal and external reporting requirements. The home provides meeting minutes and uses memoranda, clinical handovers, noticeboards, reports and scheduled meetings to communicate with all stakeholders. Interviews with care recipients, representatives and staff confirm they receive appropriate and relevant information.

## **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 and staff follow the organisational systems and processes to ensure externally sourced services meet the home's service needs and quality goals. A range of external contractors provide services based on responsiveness, quality performance, availability and compliance with the home's documentation requirements. Management maintains details of service providers' ongoing suitability including agreements, provision of police certificates, insurances and qualifications. Internal maintenance staff monitor contractors when they are in the home. Management evaluates service provision through audit results, staff and care recipient feedback, surveys and observation. Staff and care recipients are satisfied with how the organisation manages external contractors in their environment.

## **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

There is a system that demonstrates improvements in health and personal care. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 2 include:

- Management identified the handover process across the health service was disjointed and did not ensure the effective dissemination of information to clinical care staff. In response to this an internationally recognised standardised format for the provision of clinical handover was adopted. Management and staff report they are now informed of care recipient care needs across the health service in a structured, precise and consistent manner. This initiative has resulted in better clinical outcomes for care recipients.
- Management adopted a new suite of documents following a review of policy, procedure and forms in relation to skincare, pressure injury prevention and wound care in accordance with best practice. This includes the Braden scale pressure injury risk assessment tool, pressure injury prevention care plan and daily skin assessment chart. Management advised and staff confirmed this has resulted in the early identification of and interventions for the potential break down in a care recipient's skin integrity.

### **2.2 Regulatory compliance**

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

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

The home meets this expected outcome

The system the home uses to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff advised they are informed of changes to legislation or regulations as they occur.

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

- Registered staff have their registration verified annually.
- A scope of practice guide has been developed for registered and enrolled nurses and personal care workers.
- There are policies and procedures to guide staff in the event of a care recipient's unexplained absence which includes maintenance of a register.

### **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 relation to care recipient health and personal care. Refer to expected outcome 1.3 Education and staff development for information about the home’s education and staff development systems and processes.

Training opportunities provided relevant to Standard 2 include:

- delirium
- wound care - skin tears
- syringe driver education.

### **2.4 Clinical care**

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

#### **Team’s findings**

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. Registered nurses complete initial and ongoing assessments according to documented schedules. Initial assessment data contributes to an interim care plan until the care planning process is complete. Registered nurses initiate re-assessment of care recipients in response to changes in their health status and refer care recipients to medical and health specialists as needed. Staff have access to policies and procedures, care and handover information and attend relevant clinical education. Management monitor clinical care through clinical indicators, scheduled audits, care reviews and stakeholder feedback. Care recipients and representatives said they are satisfied with the level of consultation and care provided.

### **2.5 Specialised nursing care needs**

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

#### **Team’s findings**

The home meets this expected outcome

Appropriately qualified nursing staff identify and meet care recipients’ specialised nursing care needs. Assessment for specialised nursing requirements occurs on entry to the home and when necessary. Registered nurses develop nursing care plans outlining specialised needs, preferences and care strategies to guide staff practice. Staff consult with other health specialists and include prescribed treatments into the care plan and review process. Staff have access to appropriate specialised nursing equipment and educational resources. Management monitor specialised nursing through scheduled audits, care reviews and stakeholder feedback. Care recipients and representatives are satisfied specialised nursing care is provided in accordance with their needs and preferences.

## **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

Referral to health specialists occurs according to care recipients’ needs and preferences. Clinical reviews and assessments ensure staff identify care recipients’ referral needs on entry and as required. Health specialists visit the home and staff assist care recipients to attend external appointments. Care plans include diagnosis, treatment and updates to care occurring as a result of referrals. Care recipients and representatives expressed satisfaction with the assistance they receive in accessing other health professionals.

## **2.7 Medication management**

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

### **Team’s findings**

The home meets this expected outcome

Registered nurses oversee the medication requirements for all care recipients. Appropriately trained and competent registered and enrolled nurses administer care recipients’ medication in accordance with legislative guidelines and the home’s medication policies, procedures and guidelines. Registered nurses complete initial and ongoing assessments identifying medication requirements, preferences, allergies and any special assistance needed. Medication profiles and charts are current, with clear medication orders, identification information and detail care recipients’ preferences and special needs when taking medication. Management monitor medication systems and practices through audits, competencies, incident reporting and regular staff and pharmacist reviews. Issues identified through these processes are reported through the meeting structure. Care recipients and representatives expressed satisfaction with medication management.

## **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

Pain management and care strategies ensure all care recipients are as free as possible from pain. Nursing staff complete initial pain assessments identifying care recipients’ past and current pain experiences and commence appropriate treatments. Staff complete assessments and charting for continuing pain using this information to formulate care plans. Pain relieving equipment is available and care recipients are encouraged to participate in regular physiotherapy, exercise and lifestyle programs. Staff have access to education and clinical resources relating to pain management. Management monitor outcomes through care reviews, audits and stakeholder feedback. Care recipients and representatives expressed satisfaction with the management of 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

Care management systems and staff practices ensure dignity and comfort for care recipients nearing the end of their life. Palliative care preferences are included in assessment and care planning outlining care recipients’ wishes and preferences for end of life care. Systems are in place to guide registered nurse review and adjust care recipients’ care during the palliative stages of their life. Palliative specialists are available to provide advice and support as required. There are sufficient palliative care resources and relevant staff education is ongoing. Care recipients and representatives expressed satisfaction with the cultural, spiritual and palliative care opportunities available to them.

## **2.10 Nutrition and hydration**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. During the initial entry period registered nurses assess care recipients’ nutrition and hydration needs and preferences in consultation with the care recipient and or their representative. Assessments and care plans identify food allergies, clinical requirements, personal and cultural preferences and the level of assistance required. The home displays a daily menu and alternative meals and fresh fruit are available. Individual care strategies include structured meal times, texture modified meals, special fluids and a choice of modified cutlery and crockery. Registered nurses monitor care recipients for weight variations and nutritional status initiating dietary supplements and referrals to other health specialists as required. Care recipients and representatives expressed satisfaction with the meals and drinks provided.

## **2.11 Skin care**

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

### **Team’s findings**

The home meets this expected outcome

Care recipients’ skin integrity is consistent with their general health. Initial and ongoing skin assessments identify care recipients’ skin risks and registered nurses use this information to develop care plans to minimise and manage identified risks. Care plans detail care recipients’ skin care needs and risk management strategies such as daily monitoring, specific hygiene care, regular position changes and safe manual handling. Management monitor the effectiveness of care through the care plan review process, audits, incident analysis and stakeholder feedback. Care recipients and representatives expressed satisfaction with the care provided to manage their 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 receive continence care appropriate to their needs. Registered nurses assess each care recipient for their continence needs and preferences on entry to the home and on a regular basis. This includes consultation with the continence nurse if indicated and the use of the appropriate management aids. Care plans detail care recipients’ preferences, established habits and strategies to maintain independence, comfort and dignity. Staff demonstrated knowledge of care recipients’ continence needs and preferences. Care plan review and program evaluation includes monitoring of infection data, assessing the suitability of aids and obtaining feedback from care recipients and staff. Care recipients and representatives expressed satisfaction with the assistance they receive for continence care.

## **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 management of care recipients with challenging behaviours is effective. Registered nurses assess care recipients’ behaviour patterns on entry to the home identifying behavioural concerns and formulate plans to manage identified behaviours. Assessments include observations of verbal, physical, wandering and other behaviours over a designated period and these inform the development of the care recipients’ care plan. Incident reports are completed when care recipients exhibit challenging behaviours. The team observed care recipients responding to specific life enhancement programs, positive staff and care recipient interaction and noted a respect for the uniqueness of the individual within the community. Management monitor the effectiveness of care through audits, incident analysis, care reviews and stakeholder feedback. Care recipients and representatives expressed satisfaction with the management of care recipients with challenging behaviours.

## **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 plan strategies encourage care recipients to maintain their mobility and dexterity skills by participating in activities of daily life according to their capabilities. Physiotherapists identify care recipients’ individual needs relating to exercise activities, level of assistance and need for assistive devices such as walking aids and mobility aids. Care and lifestyle programs enhance mobility and dexterity with exercise activities and falls minimisation management. Appropriate transfer equipment is available and staff have received education in manual handling and transferring care recipients safely. Management monitor care through audits, incident report data, care reviews and stakeholder feedback. Care recipients and representatives expressed satisfaction with the care they receive to maintain their 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 receive oral and dental care appropriate to their individual needs and preferences. Dental assessments and care plans include care recipients’ preferences, details of teeth or dentures, identification of any problems with mouth, gums and lips and the level of staff assistance required. Care recipients have access to dental professionals and appropriate dental supplies. Menu options include alternative food textures to manage dental or swallowing difficulties. Management monitor care through audits, care reviews and stakeholder feedback. Care recipients and representatives confirmed staff assist care recipients with oral hygiene care and to access dental services.

## **2.16 Sensory loss**

*This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.*

### **Team’s findings**

The home meets this expected outcome

Care and assessment processes ensure the effective identification and management of care recipients’ sensory loss. Care plans detail specific individual strategies and include the level of assistance required, care of aids and strategies to optimise sensory function. Staff assist with specialists’ referrals to audiologists, optometrists or other services. The environment is light with clear signage, wide corridors and secure grounds. The lifestyle program includes group and individual sensory stimulating activities. Care plan reviews, audits and care recipient and representative consultation are in place to monitor effectiveness of care. Care recipients and representatives expressed satisfaction with the support and care provided to manage their 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 are able to achieve natural sleep patterns. Registered nurses identify care recipient sleep needs and preferences using entry and ongoing assessments, observation and care recipients’ feedback. Care plans detail individual preferences and needs including comfort measures to promote sleep, individual rituals and preferences for day rest, retiring and waking. Audits, handover and care plan reviews are in place to monitor the night time environment and care recipient satisfaction. Care recipients said they usually slept well and staff provided assistance as needed.

### **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

There is a system that demonstrates improvements in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 3 include:

- A pilot study ‘promoting meaningful engagement with residents’ was conducted by occupational therapy students of a local university, within the Hesse Rural Health Service. The project has been rolled out across the home. Staff said they now have a greater understanding of the uniqueness of the care recipient. Care recipients and representatives said they felt that the staff knew them well and respected their individuality.
- In response to the benefits identified in the development of care recipient ‘life stories’, life story boards have been developed in partnership with care recipients and their families. These boards when completed are installed at the entrance to the care recipient’s room. Management advised staff and representatives confirmed that the boards support conversation with the care recipient. It is intended if appropriate that the life-story board will accompany the care recipient during a hospital stay.

#### **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

The system the home uses to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance.

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

- Staff sign agreements that they will maintain the confidentiality of care recipient information.
- A mandatory reporting register is used to document and review all episodes of assault.
- The home has systems to demonstrate compliance related to care recipient financial agreements.

### **3.3 Education and staff development**

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to their management of care recipient lifestyle. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Training opportunities provided relevant to Standard 3 include:

- lived experience of dementia
- diversity and inclusion
- effective consumer representation.

### **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

Management and staff follow formal and informal organisational processes to support care recipients from their arrival in adjusting to life in the home. Nursing, care and lifestyle staff identify emotional needs initially and document suggested interventions for others to follow to contribute to ongoing emotional support. All staff are encouraged to contribute to ongoing formal and informal review and assessment of emotional needs and preferences. Lifestyle care plans identify emotional support. Care recipients are encouraged to bring personal items to decorate their rooms as they feel comfortable. Staff interviews indicated they have a comprehensive knowledge of individual needs and preferences. Families and friends are welcomed and encouraged to visit and participate in the home's activities and care recipients are encouraged to maintain as many of their previous interests as possible. Care recipients advised they are happy with how staff support their emotional needs.

### **3.5 Independence**

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

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

The home meets this expected outcome

Management and staff foster and encourage care recipients to be as independent as possible. Assessment of independence includes discussions with individuals regarding their expectations and wishes, as well as assessment of physical, cognitive, emotional, social and financial status to identify issues that may limit independence. Staff assist care recipients with mobility, communication and cognitive difficulties to maintain as much independence as possible. Staff use risk assessments where needed to identify need for assistance with certain activities. Management and staff encourage care recipients to attend activities of interest to them in the wider community with organisational or family assistance as needed, manage their own financial affairs where possible and maintain their civic responsibilities as

they choose. Care recipients report staff assist them to maintain their independence, connections with friends and links with the local community.

### **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

Management and staff recognise and respect each care recipients' right to privacy, dignity and confidentiality. Staff sign forms to protect care recipients' personal information and are advised of how they can maintain confidentiality in a small town setting. Care recipients have access to sitting areas of various sizes in and around the home and also give written consent for the use of photos and names on doors. Staff assist care recipients respectfully and patiently during daily living activities and at meal service. Staff demonstrated awareness of care recipient right to privacy and dignity by knocking on doors before entering rooms and speaking respectfully to care recipients. Care recipient information is stored securely and appropriately. Management evaluate how staff maintain privacy and dignity through audit and survey results and observations. Care recipients confirm staff treat them with respect and assist them to maintain their dignity.

### **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

Lifestyle staff identify each care recipient's leisure and lifestyle needs and preferences on entry to the home, documenting their choices and supporting interventions in individualised lifestyle plans. Care recipients play an active role in design of the lifestyle program. Lifestyle staff review and update plans to reflect care recipient feedback and changes in individual needs and preferences as they occur. Staff assist care recipients to maintain community links, go on outings and continue to pursue hobbies. The lifestyle program reflects care recipient choices including community, physical, social, cultural, spiritual and sensual activities for participants. Staff evaluate the program through attendance at activities, feedback at staff and care recipient meetings, informal discussions, audit and survey results. Care recipients report they have a copy of the program and staff routinely invite them to join activities in different areas of the home and they enjoy the activities they attend.

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

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

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

The home meets this expected outcome

The organisation assists care recipients in fostering their individual customs, beliefs and cultural backgrounds. Staff document cultural and spiritual preferences at initial assessment, develop care plans and support care recipients' participation in cultural or spiritual activities relevant to their needs on an ongoing basis. The home celebrates culturally significant days and care recipients have access to church services and visiting spiritual advisors in the

home. Staff advise they can access culturally and linguistically diverse information as required. Care recipients and representatives are satisfied with the ways staff support them 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

Management and staff support care recipients and promote them to exercise choice and control over their own lifestyle, health and social needs. Care recipients are informed of their rights and responsibilities, have input into services they receive and make daily decisions about rising and retiring times, food choices, activities and levels of socialisation. Care recipients and their representatives are encouraged to provide feedback about care and services they receive at meetings, in care conferences and in informal conversation with staff and management. Care recipients are encouraged to make choices and staff assist where possible to achieve them. Care recipients and representatives confirm they are satisfied with how staff consult them about their care, the services they receive and how staff respect their decisions.

### **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 management and staff follow policies and procedures to ensure care recipients understand their rights and responsibilities. Care recipients and/or their representative receive an information pack prior to entry to the home which includes an agreement which formalises occupancy arrangements and outlines the Charter of residents' rights and responsibilities. The agreement includes information about conditions of tenure, fees, complaint mechanisms and termination options. Management discuss at entry how changing care and service needs may prompt a proposal for a change of location within the home and the process that needs to be followed for this to occur. Management review and update agreements in line with changing legislation. Care recipients and representatives said they feel secure and safe at the home and they are aware they have 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

There is a system that shows ongoing improvements in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.1 Continuous improvement.

Improvements relevant to Standard 4 include:

- As a result of an environmental review management have upgraded the non–ensuited room area in Chelsea Lodge and this has included painting, installation of air conditioning, hand rails and cabinetry works linking the area with the rest of the home. Although in the process of being completed, both care recipients and staff spoke positively about the benefits the change would bring to care recipients residing in those rooms.
- To enable safe access to high areas management have purchased a scissor lift. Maintenance staff advised this specialised piece of equipment would enable them to safely and effectively maintain high areas, clean sky lights, change globes while minimising the intrusive nature of the procedures to care recipients in their home.

### **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 system the home uses to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in expected outcome 1.2 Regulatory compliance. Staff advised they maintain compliance with safe working practices described in policies within the home.

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

- Bullying and harassment training has been held at the home in the past 12 months
- The home has an audited food safety program.
- There is ongoing monitoring of fire safety systems and equipment.



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

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

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

The home meets this expected outcome

Management and staff have appropriate knowledge and skills to perform their roles effectively in relation to the physical environment and safe systems. The education and staff development system is described in expected outcome 1.3 Education and staff development.

Training opportunities provided relevant to Standard 4 include:

- aged care catering and hospitality
- temperature checking
- food safety.

### **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 and staff are actively working to provide a safe and comfortable environment for care recipients. The internal and external environments are comfortable with appropriate signage, security features and areas for care recipients to socialise and families to meet apart from bedrooms. Care recipients are accommodated in single rooms with ensuite bathrooms and have access to a call bell system for assistance. The home has cleaning, maintenance and security systems and procedures in place. Communal lounge and dining areas, outdoor sitting areas and extensive garden and mini farm areas with animals are accessible to care recipients and their families. Management maintain temperature, lighting and noise levels at a comfortable level. Care recipients and representatives are satisfied with the quality and comfort levels they experience and feel safe in 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 and staff follow policies and procedures to create a safe working environment that meets regulatory requirements. Staff report hazards to maintenance for action. They report staff incidents for immediate action and periodic analysis to prevent recurrence. Staff complete workplace audits and follow maintenance schedules as parts of a program to ensure safety of the environment and equipment. Safety representatives from different working groups inform management and meet regularly to discuss and monitor safety related issues. Staff receive ongoing training for manual handling, chemical management, fire and emergency and infection control. Staff manage hazards and maintenance requests in a timely manner. Staff report they contribute to the home's health and safety system at meetings and through reporting of hazards and incident identification and are satisfied with how management supports the creation of 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

The home has policies, procedures, equipment for detecting and acting on fire security and other emergency risks and incidents and keeps current care recipient mobility lists in an easily accessible location. Management and staff are aware of their responsibilities in response to an emergency. Emergency exits are clearly marked, lit and large enough to facilitate the transfer of care recipients to any of the evacuation areas. Skilled contractors carry out regular testing and maintenance on all emergency alarms, fire systems and equipment. The home has an electrical testing and tagging system and exit doors automatically release in the event of an emergency. Staff confirmed they have annual education in fire and other emergencies, are aware of actions to take in case of fire and whose direction they follow. Care recipients report they feel safe in the home and would wait for instructions from staff before acting when a fire alarm goes off.

#### **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 and staff have an effective infection control program. Processes include the monitoring of infections and the home's surveillance system includes collection and analysis of clinical data to identify trends. Staff have access to personal protective products such as gloves, aprons, sharps containers, waste receptacles and storage areas. Hand-washing facilities and hand sanitising equipment is located throughout the home. The home has current information to guide staff in managing infectious outbreaks. Safe food storage and handling practices are evident in the kitchen. Cleaning and laundry processes support prevention and minimisation of cross contamination. Regular pest control procedures are in place. Staff, care recipients and representatives are satisfied with the actions taken by the home to manage and control the risk of infection.

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

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

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

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life. Catering services identify care recipient preferences, nutritional needs and assistance requirements and provide choices of meals and drinks accordingly, while following a food safety program. Care recipients and a dietician have ongoing input into the type and quality of meals provided. Management provide cleaning services which maintain care recipient rooms, the general living environment, staff areas and equipment according to regulated cleaning standards and care recipient needs. The use of toxic chemicals for cleaning is minimised. Additional services can be activated in the event of an outbreak of infection. Laundry services include an internal process for personal laundry by care and nursing staff and an external contractor for linen. Staff provide hospitality services according to documented procedures in accordance with current health and hygiene standards, including

infection control requirements. Management review hospitality services in response to care recipients' changing needs, stakeholder feedback and audit and survey results. Care recipients are satisfied with the catering, cleaning and laundry services provided at the home.